

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet S Parts I-III Date/Time Prepared: 11/22/2022 9:31 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 11/22/2022 Time: 9:31 am
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY MEDICAL CENTER, INC. (15-0034) for the cost reporting period beginning 07/01/2021 and ending 06/30/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Mary F. Sudicky	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	Mary F. Sudicky		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronic)		4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	547,353	19,797	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	27,972	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	575,325	19,797	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:31 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1500 SOUTH LAKE PARK AVENUE			PO Box:							1.00	
2.00	City: HOBART			State: IN		Zip Code: 46342		County: LAKE			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
		V		XVIII		XIX						
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ST. MARY MEDICAL CENTER, INC.		150034	23844	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		SMMC REHABILITATION UNIT		15T034	23844	5	01/01/2001	N	P	P	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		SMMC HOME HEALTH AGENCY		157313	23844		02/08/1996	N	P	N	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2021		06/30/2022		20.00	
21.00	Type of Control (see instructions)						2				21.00	
							1.00		2.00		3.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03		
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.04		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0034			Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:31 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	876	216	181	67	5,111	159	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.	8	0	0	0	485		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic classification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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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)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

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

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		76.00
					1.00	
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N			81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N		87.00
					V	XIX
					1.00	2.00
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.06
Rural Providers						
105.00	Does this hospital qualify as a CAH?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:31 am	
		V		XIX			
		1.00		2.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00	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	
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	1		0		118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:31 am	
		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	15H054				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: COMMUNITY FOUNDATION OF NW IN, INC.	Contractor's Name: WPS		Contractor's Number: 08001			141.00
142.00	Street: 10010 DONALD S POWERS DRIVE STE 201	PO Box:					142.00
143.00	City: MUNSTER	State: IN	Zip Code: 46321				143.00
						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.	N					146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		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
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							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: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:31 am
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part II Date/Time Prepared: 11/22/2022 9:31 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			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	09/27/2022	Y	09/27/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part II Date/Time Prepared: 11/22/2022 9:31 am	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CATHERINE		WOERNER	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY FOUNDATION OF NW IN, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	12197031267		CATHERINE.R.WOERNER@COMHS.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part II Date/Time Prepared: 11/22/2022 9:31 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0034

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2022 9:31 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	160	58,400	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)		160	58,400	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		180	65,700	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		200				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: 15-0034

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2022 9:31 am

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)	12,514	563	31,575			1.00
2.00 HMO and other (see instructions)	12,192	5,575				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	841	485				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			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	12,514	563	31,575			7.00
8.00 INTENSIVE CARE UNIT	1,478	222	5,367			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		91	1,498			13.00
14.00 Total (see instructions)	13,992	876	38,440	0.00	1,083.86	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,969	8	4,890	0.00	25.72	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	12,087	0	27,598	0.00	27.13	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,136.71	27.00
28.00 Observation Bed Days		0	3,473			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	159	277			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: 15-0034

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2022 9:31 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,803	143	7,708	1.00
2.00 HMO and other (see instructions)			2,004	1,108		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				42		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	2,803	143	7,708	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	290	1	459	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0034

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

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2022 9:31 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	82,306,666	0	82,306,666	2,364,338.42	34.81
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		174,894	0	174,894	3,744.00	46.71
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)		4,945,233	0	4,945,233	120,181.09	41.15
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		5,731,115	0	5,731,115	105,101.81	54.53
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		652,010	0	652,010	4,110.02	158.64
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		10,667,430	0	10,667,430	293,009.00	36.41
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		21,198,124	0	21,198,124		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,179,789	0	1,179,789		
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		37,859	0	37,859		
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)		2,776,317	0	2,776,317		
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: 15-0034

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

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2022 9:31 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	583,653	0	583,653	17,085.00	34.16	26.00
27.00	Administrative & General	8,487,892	0	8,487,892	283,832.00	29.90	27.00
28.00	Administrative & General under contract (see inst.)	1,578,779	0	1,578,779	14,955.07	105.57	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,428,617	0	2,428,617	70,317.00	34.54	30.00
31.00	Laundry & Linen Service	108,028	0	108,028	6,634.00	16.28	31.00
32.00	Housekeeping	2,070,222	0	2,070,222	117,220.00	17.66	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,035,649	-752,887	1,282,762	66,603.00	19.26	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	752,887	752,887	39,091.00	19.26	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	4,030,736	0	4,030,736	106,934.00	37.69	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0034

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

Worksheet S-3
Part III
Date/Time Prepared:
11/22/2022 9:31 am

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on 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		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	83,710,551	0	83,710,551	2,375,549.49	35.24	1.00
2.00	Excluded area salaries (see instructions)	4,945,233	0	4,945,233	120,181.09	41.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)	78,765,318	0	78,765,318	2,255,368.40	34.92	3.00
4.00	Subtotal other wages & related costs (see inst.)	17,050,555	0	17,050,555	402,220.83	42.39	4.00
5.00	Subtotal wage-related costs (see inst.)	23,974,441	0	23,974,441	0.00	30.44	5.00
6.00	Total (sum of lines 3 thru 5)	119,790,314	0	119,790,314	2,657,589.23	45.07	6.00
7.00	Total overhead cost (see instructions)	21,323,576	0	21,323,576	722,671.07	29.51	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part IV Date/Time Prepared: 11/22/2022 9:31 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	2,514,297	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	12,510,372	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	668,433	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	63,723	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)	47,828	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	669,335	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,872,783	17.00
18.00	Medicare Taxes - Employers Portion Only	1,144,435	18.00
19.00	Unemployment Insurance	-75,435	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,415,771	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part V Date/Time Prepared: 11/22/2022 9:31 am
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	5,731,115	22,415,771	1.00
2.00	Hospital	5,731,115	22,415,771	2.00
3.00	SUBPROVIDER - IPF			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			8.00
9.00	NURSING FACILITY			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			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0034 Component CCN: 15-7313	Period: From 07/01/2021 To 06/30/2022	Worksheet S-4 Date/Time Prepared: 11/22/2022 9:31 am PPS
		Home Health Agency I		

					1.00		
0.00	County						0.00

	Title V	Title XVIII	Title XIX	Other	Total	
	1.00	2.00	3.00	4.00	5.00	

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,707	60	1,176	2,943	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	637.00	0.00	1,021.00	1,658.00	2.00

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.96	0.00	0.96	4.00
5.00	Other Administrative Personnel			9.77	0.00	9.77	5.00
6.00	Direct Nursing Service			7.57	0.00	7.57	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.51	0.00	2.51	8.00
9.00	Physical Therapy Supervisor			1.09	0.00	1.09	9.00
10.00	Occupational Therapy Service			1.34	0.00	1.34	10.00
11.00	Occupational Therapy Supervisor			0.47	0.00	0.47	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.39	0.00	0.39	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.58	0.00	2.58	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00

					CBSA Data	
					1.00	

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					1	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	23844					20.00

	Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
	Without Outliers	With Outliers				
	1.00	2.00				

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,352	1,149	131	158	5,790	21.00
22.00	Skilled Nursing Visit Charges	911,310	240,630	27,105	33,700	1,212,745	22.00
23.00	Physical Therapy Visits	2,471	921	53	92	3,537	23.00
24.00	Physical Therapy Visit Charges	606,132	226,176	12,876	23,052	868,236	24.00
25.00	Occupational Therapy Visits	867	646	2	52	1,567	25.00
26.00	Occupational Therapy Visit Charges	212,940	158,640	480	12,948	385,008	26.00
27.00	Speech Pathology Visits	62	81	1	7	151	27.00
28.00	Speech Pathology Visit Charges	15,036	19,740	252	1,764	36,792	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	535	472	2	33	1,042	31.00
32.00	Home Health Aide Visit Charges	84,997	74,792	310	5,347	165,446	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	8,287	3,269	189	342	12,087	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,830,415	719,978	41,023	76,811	2,668,227	35.00
36.00	Total Number of Episodes (standard/non outlier)	843		107	25	975	36.00
37.00	Total Number of Outlier Episodes		147		11	158	37.00
38.00	Total Non-Routine Medical Supply Charges	122,902	30,198	2,886	3,283	159,269	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet S-10 Date/Time Prepared: 11/22/2022 9:31 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.198906	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		16,007,980	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	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		156,839,667	6.00	
7.00	Medicaid cost (line 1 times line 6)		31,196,351	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)		15,188,371	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		15,188,371	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	6,352,134	452,224	6,804,358	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,263,478	452,224	1,715,702	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,263,478	452,224	1,715,702	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)			8,191,360	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			670,950	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,032,231	27.01
28.00	Non-Medicare bad debt expense (see instructions)			7,159,129	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,785,275	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,500,977	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			18,689,348	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet A	Date/Time Prepared: 11/22/2022 9:31 am
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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		10,221,346		10,397,551	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,000,136		9,010,191	2.00
3.00	00300	OTHER CAP REL COSTS		0		0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	583,653	12,373,569		12,957,222	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	483,219	190,636	673,855	673,855	5.01
5.02	00570	ADMINISTRATIVE	2,649,863	411,134	3,060,997	3,060,997	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	5,354,810	52,809,662	58,164,472	57,978,212	5.04
7.00	00700	OPERATION OF PLANT	2,428,617	7,945,996	10,374,613	10,374,613	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	108,028	995,850	1,103,878	1,103,878	8.00
9.00	00900	HOUSEKEEPING	2,070,222	1,090,416	3,160,638	3,160,638	9.00
10.00	01000	DIETARY	2,035,649	1,801,786	3,837,435	2,418,156	10.00
11.00	01100	CAFETERIA	0	0	0	1,419,279	11.00
13.00	01300	NURSING ADMINISTRATION	4,030,736	3,091,207	7,121,943	7,121,943	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	305,871	70,118	375,989	375,989	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,112,209	4,046,875	18,159,084	18,801,453	30.00
31.00	03100	INTENSIVE CARE UNIT	4,537,591	1,295,589	5,833,180	5,833,180	31.00
41.00	04100	SUBPROVIDER - IIRF	1,996,770	1,308,304	3,305,074	3,305,074	41.00
43.00	04300	NURSERY	0	0	0	1,568,037	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,106,300	16,366,859	23,473,159	23,171,416	50.00
51.00	05100	RECOVERY ROOM	2,993,304	646,545	3,639,849	3,639,849	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,858,946	988,419	3,847,365	1,636,959	52.00
53.00	05300	ANESTHESIOLOGY	0	4,448,887	4,448,887	4,448,887	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,382,734	2,005,679	5,388,413	5,388,413	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	615,880	731,639	1,347,519	1,347,519	55.00
56.00	05600	RADIOISOTOPE	578,795	1,034,858	1,613,653	1,613,653	56.00
57.00	05700	CT SCAN	1,140,471	1,327,265	2,467,736	2,467,736	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	553,524	765,310	1,318,834	1,318,834	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,646,799	2,107,912	3,754,711	3,533,258	59.00
60.00	06000	LABORATORY	3,903,784	6,568,107	10,471,891	10,471,891	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	238,424	1,393,567	1,631,991	1,631,991	63.00
64.00	06400	INTRAVENOUS THERAPY	403,699	146,454	550,153	550,153	64.00
65.00	06500	RESPIRATORY THERAPY	2,442,624	741,090	3,183,714	3,183,714	65.00
66.00	06600	PHYSICAL THERAPY	20,113	3,748,741	3,768,854	3,768,854	66.00
67.00	06700	OCCUPATIONAL THERAPY	50	1,038,470	1,038,520	1,038,520	67.00
68.00	06800	SPEECH PATHOLOGY	8,956	618,372	627,328	627,328	68.00
69.00	06900	ELECTROCARDIOLOGY	838,657	453,235	1,291,892	1,291,892	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	430,649	223,511	654,160	654,160	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,941,195	10,941,195	11,141,952	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,481,498	15,481,498	15,803,937	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,585,678	14,759,271	17,344,949	17,344,949	73.00
74.00	07400	RENAL DIALYSIS	0	831,862	831,862	831,862	74.00
76.97	07697	CARDIAC REHABILITATION	476,855	93,718	570,573	570,573	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,292,037	1,133,803	2,425,840	2,425,840	90.00
91.00	09100	EMERGENCY	5,448,557	1,788,161	7,236,718	7,236,718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	2,630,212	615,872	3,246,084	3,246,084	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	82,294,286	197,652,924	279,947,210	279,947,210	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	12,380	1,592	13,972	13,972	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,290	9,290	9,290	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	495,102	495,102	495,102	194.00
194.01	07952	ADVERTISING	0	365,001	365,001	365,001	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	82,306,666	198,523,909	280,830,575	280,830,575	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0034

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

Worksheet A
Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-152,316	10,245,235	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,190,704	10,200,895	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,609,818	14,567,040	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	673,855	5.01
5.02	00570	ADMITTING	0	3,060,997	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,054,026	3,054,026	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	-31,002,738	26,975,474	5.04
7.00	00700	OPERATION OF PLANT	-925	10,373,688	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,103,878	8.00
9.00	00900	HOUSEKEEPING	0	3,160,638	9.00
10.00	01000	DIETARY	-3,473	2,414,683	10.00
11.00	01100	CAFETERIA	-986,654	432,625	11.00
13.00	01300	NURSING ADMINISTRATION	-2,057,934	5,064,009	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,372,171	2,372,171	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	-7,438	368,551	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-151	18,801,302	30.00
31.00	03100	INTENSIVE CARE UNIT	-68	5,833,112	31.00
41.00	04100	SUBPROVIDER - IRF	0	3,305,074	41.00
43.00	04300	NURSERY	0	1,568,037	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-30	23,171,386	50.00
51.00	05100	RECOVERY ROOM	0	3,639,849	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-517,500	1,119,459	52.00
53.00	05300	ANESTHESIOLOGY	-4,024,076	424,811	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,448	5,385,965	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	1,347,519	55.00
56.00	05600	RADIOISOTOPE	0	1,613,653	56.00
57.00	05700	CT SCAN	-2,900	2,464,836	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,318,834	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,363	3,531,895	59.00
60.00	06000	LABORATORY	-610,630	9,861,261	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	-106,604	1,525,387	63.00
64.00	06400	INTRAVENOUS THERAPY	0	550,153	64.00
65.00	06500	RESPIRATORY THERAPY	-3,930	3,179,784	65.00
66.00	06600	PHYSICAL THERAPY	0	3,768,854	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,038,520	67.00
68.00	06800	SPEECH PATHOLOGY	0	627,328	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,291,892	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	654,160	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,141,952	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,803,937	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-1,186,872	16,158,077	73.00
74.00	07400	RENAL DIALYSIS	0	831,862	74.00
76.97	07697	CARDIAC REHABILITATION	-13,313	557,260	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-191,841	2,233,999	90.00
91.00	09100	EMERGENCY	713	7,237,431	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	3,246,084	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-32,645,772	247,301,438	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	13,972	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,290	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	495,102	194.00
194.01	07952	ADVERTISING	0	365,001	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-32,645,772	248,184,803	200.00

RECLASSIFICATIONS

Provider CCN: 15-0034

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

Worksheet A-6

Date/Time Prepared:
11/22/2022 9:31 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - RECLASS PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	176,205	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,055	2.00
	0		0	186,260	
B - CAFETERIA EXPENSES RECLASS					
1.00	CAFETERIA	11.00	752,887	666,392	1.00
	0		752,887	666,392	
C - RECLASS LDRP COSTS					
1.00	ADULTS & PEDIATRICS	30.00	477,339	165,030	1.00
2.00	NURSERY	43.00	1,165,196	402,841	2.00
	0		1,642,535	567,871	
D - INVENTORY ADJUSTMENT					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	200,757	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	322,439	2.00
	0		0	523,196	
500.00	Grand Total: Increases		2,395,422	1,943,719	500.00

RECLASSIFICATIONS

Provider CCN: 15-0034

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

Worksheet A-6

Date/Time Prepared:
11/22/2022 9:31 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - RECLASS PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.04	0	186,260	12		1.00
2.00		0.00	0	0	12		2.00
			0	186,260			
B - CAFETERIA EXPENSES RECLASS							
1.00	DIETARY	10.00	752,887	666,392	0		1.00
			752,887	666,392			
C - RECLASS LDRP COSTS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,642,535	567,871	0		1.00
2.00		0.00	0	0	0		2.00
			1,642,535	567,871			
D - INVENTORY ADJUSTMENT							
1.00	OPERATING ROOM	50.00	0	301,743	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	221,453	0		2.00
			0	523,196			
500.00	Grand Total: Decreases		2,395,422	1,943,719			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0034

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

Worksheet A-7
Part I
Date/Time Prepared:
11/22/2022 9:31 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	13,037,475	5,800,978	0	5,800,978	175,202	1.00
2.00	Land Improvements	8,088,425	108,214	0	108,214	0	2.00
3.00	Buildings and Fixtures	129,213,761	22,840,256	0	22,840,256	-6,266,759	3.00
4.00	Building Improvements	79,238,765	12,379,131	0	12,379,131	3,152,047	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	81,996,597	8,372,089	0	8,372,089	120,059	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	311,575,023	49,500,668	0	49,500,668	-2,819,451	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	311,575,023	49,500,668	0	49,500,668	-2,819,451	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	18,663,251	0				1.00
2.00	Land Improvements	8,196,639	0				2.00
3.00	Buildings and Fixtures	158,320,776	0				3.00
4.00	Building Improvements	88,465,849	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	90,248,627	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	363,895,142	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	363,895,142	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0034

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

Worksheet A-7
Part II
Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	7,783,502	2,437,844	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,231,411	2,768,725	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,014,913	5,206,569	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	10,221,346				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,000,136				2.00
3.00	Total (sum of lines 1-2)	0	19,221,482				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0034

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

Worksheet A-7
Part III
Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	273,646,515	0	273,646,515	0.751993	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	90,248,627	0	90,248,627	0.248007	0	2.00
3.00	Total (sum of lines 1-2)	363,895,142	0	363,895,142	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,950,795	2,118,235	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,422,115	2,768,725	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,372,910	4,886,960	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	176,205	0	0	10,245,235	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,055	0	0	10,200,895	2.00
3.00	Total (sum of lines 1-2)	0	186,260	0	0	20,446,130	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0034

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

Worksheet A-8

Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-6,984,375				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	-22,298,232				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 COVID DRUG DONATIONS	B	-1,186,850	0	DRUGS CHARGED TO PATIENTS	73.00	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	
33.01 OTHER REVENUE	B	-319,609	CAP REL COSTS-BLDG & FIXT	1.00	10 33.01
33.02 OTHER REVENUE	B	-705	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.02
33.03 OTHER REVENUE	B	-36,943	OTHER ADMINISTRATIVE & GENERAL	5.04	0 33.03
33.04 OTHER REVENUE	B	-3,473	DIETARY	10.00	0 33.04
33.05 OTHER REVENUE	B	-986,654	CAFETERIA	11.00	0 33.05
33.06 OTHER REVENUE	B	-10	NURSING ADMINISTRATION	13.00	0 33.06
33.07 OTHER REVENUE	B	-7,438	PARAMEDICAL EDUCATION PROGRAM EMS	23.00	0 33.07
33.08 OTHER REVENUE	B	-151	ADULTS & PEDIATRICS	30.00	0 33.08
33.09 OTHER REVENUE	B	-68	INTENSIVE CARE UNIT	31.00	0 33.09
33.10 OTHER REVENUE	B	-30	OPERATING ROOM	50.00	0 33.10
33.11 OTHER REVENUE	B	-1,188	RADIOLOGY-DIAGNOSTIC	54.00	0 33.11
33.12 OTHER REVENUE	B	-1,363	CARDIAC CATHETERIZATION	59.00	0 33.12
33.13 OTHER REVENUE	B	-162,605	LABORATORY	60.00	0 33.13
33.14 OTHER REVENUE	B	-3,930	RESPIRATORY THERAPY	65.00	0 33.14
33.15 OTHER REVENUE	B	-22	DRUGS CHARGED TO PATIENTS	73.00	0 33.15
33.16 OTHER REVENUE	B	-2,792	CLINIC	90.00	0 33.16
33.17 OTHER REVENUE	B	713	EMERGENCY	91.00	0 33.17
33.18 PRE-MERGER ASSETS DEPRECIATION	A	53,714	CAP REL COSTS-BLDG & FIXT	1.00	9 33.18
33.19 TAXABLE LABS	A	-448,025	LABORATORY	60.00	0 33.19
33.20 TAXABLE LABS	A	-106,604	BLOOD STORING, PROCESSING, & TRANS.	63.00	0 33.20
33.21 PATIENT TELEPHONE SERVICE	A	-143,442	OTHER ADMINISTRATIVE & GENERAL	5.04	0 33.21
33.22 PATIENT TELEPHONE PURCHASES	A	-2,117	OTHER ADMINISTRATIVE & GENERAL	5.04	0 33.22
33.23 PATIENT TV DEPRECIATION	A	-2,648	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.23
33.24 PATIENT TV PURCHASES	A	-925	OPERATION OF PLANT	7.00	0 33.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,645,772			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: 15-0034

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

Worksheet A-8-1

Date/Time Prepared: 11/22/2022 9:31 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.04	OTHER ADMINISTRATIVE & GENERAL	0	15,511,405	1.00
2.00	5.04	OTHER ADMINISTRATIVE & GENERAL	0	31,421,385	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXTURES	113,579	0	3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	1,193,352	0	3.01
3.02	5.04	OTHER ADMINISTRATIVE & GENERAL	7,575,944	0	3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	1,630,963	0	3.03
3.04	16.00	MEDICAL RECORDS & LIBRARY	2,372,171	0	3.04
3.05	5.03	CASHIERING/ACCOUNTS RECEIVABLE	3,054,026	0	3.05
3.06	5.04	OTHER ADMINISTRATIVE & GENERAL	8,883,774	0	3.06
3.07	5.04	OTHER ADMINISTRATIVE & GENERAL	0	587,101	3.07
3.08	5.04	OTHER ADMINISTRATIVE & GENERAL	71,120	0	3.08
3.09	13.00	NURSING ADMINISTRATION	152,913	0	3.09
3.10	5.04	OTHER ADMINISTRATIVE & GENERAL	173,817	0	3.10
4.00	0.00		0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		25,221,659	47,519,891	5.00

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

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

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

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

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

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

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

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

Provider CCN: 15-0034

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2022 9:31 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-15,511,405	0		1.00
2.00	-31,421,385	0		2.00
3.00	113,579	9		3.00
3.01	1,193,352	9		3.01
3.02	7,575,944	0		3.02
3.03	1,630,963	0		3.03
3.04	2,372,171	0		3.04
3.05	3,054,026	0		3.05
3.06	8,883,774	0		3.06
3.07	-587,101	0		3.07
3.08	71,120	0		3.08
3.09	152,913	0		3.09
3.10	173,817	0		3.10
4.00	0	0		4.00
5.00	-22,298,232	0		5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0034

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2022 9:31 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	90.00	CLINIC	174,894	174,894	0	0	0	1.00
2.00	90.00	CLINIC	14,155	14,155	0	0	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	20,440	20,440	0	0	0	3.00
4.00	5.04	OTHER ADMINISTRATIVE & GENERAL	5,000	5,000	0	0	0	4.00
5.00	13.00	NURSING ADMINISTRATION	2,210,837	2,210,837	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	517,500	517,500	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	1,260	1,260	0	0	0	7.00
8.00	57.00	CT SCAN	2,900	2,900	0	0	0	8.00
9.00	76.97	CARDIAC REHABILITATION	13,313	13,313	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	4,024,076	4,024,076	0	0	0	10.00
200.00			6,984,375	6,984,375	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	90.00	CLINIC	0	0	0	0	0	1.00
2.00	90.00	CLINIC	0	0	0	0	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	3.00
4.00	5.04	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	4.00
5.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	57.00	CT SCAN	0	0	0	0	0	8.00
9.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	90.00	CLINIC	0	0	0	174,894		1.00
2.00	90.00	CLINIC	0	0	0	14,155		2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	20,440		3.00
4.00	5.04	OTHER ADMINISTRATIVE & GENERAL	0	0	0	5,000		4.00
5.00	13.00	NURSING ADMINISTRATION	0	0	0	2,210,837		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	517,500		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,260		7.00
8.00	57.00	CT SCAN	0	0	0	2,900		8.00
9.00	76.97	CARDIAC REHABILITATION	0	0	0	13,313		9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	4,024,076		10.00
200.00			0	0	0	6,984,375		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0034

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	10,245,235	10,245,235			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	10,200,895		10,200,895		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,567,040	41,151	1,272	14,609,463	4.00
5.01 00560	PURCHASING RECEIVING AND STORES	673,855	79,143	7,031	86,384	846,413 5.01
5.02 00570	ADMITTING	3,060,997	100,074	10,155	473,711	1,492 5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	3,054,026	12,271	0	0	0 5.03
5.04 00590	OTHER ADMINISTRATIVE & GENERAL	26,975,474	497,019	1,096,340	957,269	3,452 5.04
7.00 00700	OPERATION OF PLANT	10,373,688	1,388,363	279,100	434,159	1,112 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,103,878	16,922	0	19,312	28 8.00
9.00 00900	HOUSEKEEPING	3,160,638	65,761	28,156	370,089	3,317 9.00
10.00 01000	DIETARY	2,414,683	125,361	57,713	229,317	5,480 10.00
11.00 01100	CAFETERIA	432,625	84,054	24,734	134,592	2,348 11.00
13.00 01300	NURSING ADMINISTRATION	5,064,009	73,554	80,496	720,567	5,991 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,372,171	36,673	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM EMS	368,551	7,706	3,851	54,680	1,159 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	18,801,302	1,521,013	273,032	2,608,146	51,954 30.00
31.00 03100	INTENSIVE CARE UNIT	5,833,112	228,038	203,935	811,176	24,612 31.00
41.00 04100	SUBPROVIDER - I RF	3,305,074	190,307	17,031	356,959	4,179 41.00
43.00 04300	NURSERY	1,568,037	81,642	105,953	208,300	4,517 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,171,386	842,886	3,363,667	1,270,379	401,614 50.00
51.00 05100	RECOVERY ROOM	3,639,849	267,644	99,858	535,107	9,945 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,119,459	85,044	110,368	217,455	4,705 52.00
53.00 05300	ANESTHESIOLOGY	424,811	4,200	7,641	0	12,625 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,385,965	251,850	712,389	604,725	17,684 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	1,347,519	52,432	32,508	110,100	1,071 55.00
56.00 05600	RADIOISOTOPE	1,613,653	102,295	52,933	103,470	1,041 56.00
57.00 05700	CT SCAN	2,464,836	70,534	781,719	203,880	9,073 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,318,834	63,175	494,460	98,952	2,157 58.00
59.00 05900	CARDIAC CATHETERIZATION	3,531,895	149,156	1,244,669	294,395	39,429 59.00
60.00 06000	LABORATORY	9,861,261	196,138	138,384	697,872	154,487 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	1,525,387	15,481	16,126	42,623	6,243 63.00
64.00 06400	INTRAVENOUS THERAPY	550,153	41,237	14,897	72,168	2,771 64.00
65.00 06500	RESPIRATORY THERAPY	3,179,784	63,453	45,488	436,663	11,038 65.00
66.00 06600	PHYSICAL THERAPY	3,768,854	358,016	41,484	3,596	2,561 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,038,520	19,751	977	9	135 67.00
68.00 06800	SPEECH PATHOLOGY	627,328	5,710	62,838	1,601	450 68.00
69.00 06900	ELECTROCARDIOLOGY	1,291,892	64,807	302,528	149,925	1,683 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	654,160	46,479	28,675	76,986	5,705 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,141,952	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	15,803,937	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	16,158,077	62,429	217,841	462,236	3,859 73.00
74.00 07400	RENAL DIALYSIS	831,862	0	0	0	3 74.00
76.97 07697	CARDIAC REHABILITATION	557,260	136,018	3,109	85,246	354 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,233,999	233,800	64,926	230,975	7,443 90.00
91.00 09100	EMERGENCY	7,237,431	324,016	104,784	974,028	40,597 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	3,246,084	0	2,461	470,198	58 101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	247,301,438	8,005,603	10,133,529	14,607,250	846,372 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,357	0	0	0 190.00
191.00 19100	RESEARCH	13,972	0	0	2,213	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	9,290	2,211,863	0	0	3 192.00
194.00 07950	OTHER NON-REIMBURSABLE COST CENTER	495,102	0	66,811	0	37 194.00
194.01 07952	ADVERTISING	365,001	15,412	555	0	1 194.01
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	248,184,803	10,245,235	10,200,895	14,609,463	846,413 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0034

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
			5.02	5.03	5A.03	5.04	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE	3,646,429					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,066,297				5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	29,529,554	29,529,554		5.04
7.00	00700	OPERATION OF PLANT	0	0	12,476,422	1,684,953	14,161,375	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,140,140	153,977	29,486	8.00
9.00	00900	HOUSEKEEPING	0	0	3,627,961	489,960	114,587	9.00
10.00	01000	DIETARY	0	0	2,832,554	382,539	218,437	10.00
11.00	01100	CAFETERIA	0	0	678,353	91,612	146,462	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	5,944,617	802,826	128,165	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,408,844	325,317	63,901	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	0	435,947	58,875	13,427	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	220,563	185,465	23,661,475	3,195,506	2,650,309	30.00
31.00	03100	INTENSIVE CARE UNIT	48,836	41,065	7,190,774	971,121	397,348	31.00
41.00	04100	SUBPROVIDER - IIRF	23,307	19,598	3,916,455	528,921	331,602	41.00
43.00	04300	NURSERY	14,534	12,222	1,995,205	269,454	142,258	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	498,432	419,235	29,967,599	4,047,099	1,468,698	50.00
51.00	05100	RECOVERY ROOM	62,905	52,895	4,668,203	630,445	466,360	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,164	12,751	1,564,946	211,348	148,185	52.00
53.00	05300	ANESTHESIOLOGY	98,523	82,845	630,645	85,169	7,319	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	204,611	172,052	7,349,276	992,527	438,840	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	71,811	60,384	1,675,825	226,322	91,361	55.00
56.00	05600	RADIOISOTOPE	59,089	49,686	1,982,167	267,694	178,246	56.00
57.00	05700	CT SCAN	257,138	216,220	4,003,400	540,663	122,903	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	115,527	97,144	2,190,249	295,795	110,081	58.00
59.00	05900	CARDIAC CATHETERIZATION	283,141	238,085	5,780,770	780,699	259,899	59.00
60.00	06000	LABORATORY	433,101	364,182	11,845,425	1,599,736	341,764	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	17,578	14,781	1,638,219	221,243	26,976	63.00
64.00	06400	INTRAVENOUS THERAPY	12,591	10,588	704,405	95,131	71,855	64.00
65.00	06500	RESPIRATORY THERAPY	45,817	38,526	3,820,769	515,999	110,564	65.00
66.00	06600	PHYSICAL THERAPY	61,361	51,596	4,287,468	579,027	623,830	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,448	17,194	1,097,034	148,156	34,415	67.00
68.00	06800	SPEECH PATHOLOGY	5,251	4,415	707,593	95,561	9,950	68.00
69.00	06900	ELECTROCARDIOLOGY	108,736	91,433	2,011,004	271,588	112,923	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,543	27,364	871,912	117,753	80,988	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	101,675	85,496	11,329,123	1,530,009	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	118,652	99,771	16,022,360	2,163,836	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	331,988	279,160	17,515,590	2,365,498	108,780	73.00
74.00	07400	RENAL DIALYSIS	12,503	10,513	854,881	115,453	0	74.00
76.97	07697	CARDIAC REHABILITATION	7,040	5,920	794,947	107,358	237,006	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	28,436	23,911	2,823,490	381,315	407,389	90.00
91.00	09100	EMERGENCY	318,291	267,642	9,266,789	1,251,489	564,586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	16,837	14,158	3,749,796	506,414	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,646,429	3,066,297	244,992,186	29,098,388	10,258,900	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	12,357	1,669	21,532	190.00
191.00	19100	RESEARCH	0	0	16,185	2,186	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,221,156	299,969	3,854,088	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	561,950	75,892	0	194.00
194.01	07952	ADVERTISING	0	0	380,969	51,450	26,855	194.01
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,646,429	3,066,297	248,184,803	29,529,554	14,161,375	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part I Date/Time Prepared: 11/22/2022 9:31 am
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,323,603				8.00
9.00	00900	HOUSEKEEPING	0	4,232,508			9.00
10.00	01000	DIETARY	0	65,957	3,499,487		10.00
11.00	01100	CAFETERIA	0	44,224	0	960,651	11.00
13.00	01300	NURSING ADMINISTRATION	0	38,699	0	58,815	6,973,122
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19,295	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	4,054	0	5,766	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	964,523	800,258	2,477,239	214,503	2,637,469
31.00	03100	INTENSIVE CARE UNIT	163,946	119,979	206,521	57,662	706,441
41.00	04100	SUBPROVIDER - I RF	149,375	100,127	348,624	29,984	365,358
43.00	04300	NURSERY	45,759	42,955	0	14,992	179,455
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	443,472	0	115,324	1,418,701
51.00	05100	RECOVERY ROOM	0	140,817	149,907	41,517	507,074
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	44,744	96,036	14,992	187,345
53.00	05300	ANESTHESIOLOGY	0	2,210	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	132,507	0	56,509	0
55.00	05500	RADIOLOGY - THERAPEUTIC	0	27,586	0	8,073	0
56.00	05600	RADIOISOTOPE	0	53,821	0	6,919	0
57.00	05700	CT SCAN	0	37,110	0	17,299	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	33,239	0	8,073	0
59.00	05900	CARDIAC CATHETERIZATION	0	78,476	0	21,912	0
60.00	06000	LABORATORY	0	103,195	0	80,727	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	8,145	0	3,460	0
64.00	06400	INTRAVENOUS THERAPY	0	21,696	0	6,919	0
65.00	06500	RESPIRATORY THERAPY	0	33,385	0	31,138	0
66.00	06600	PHYSICAL THERAPY	0	188,365	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	10,392	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	3,004	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	34,097	0	12,686	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24,454	0	8,073	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	32,846	0	33,444	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	71,564	0	6,919	86,708
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	123,011	0	20,758	0
91.00	09100	EMERGENCY	0	170,476	221,160	71,501	884,571
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	12,686	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,323,603	3,054,160	3,499,487	960,651	6,973,122
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,502	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,163,737	0	0	0
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	0	0	0
194.01	07952	ADVERTISING	0	8,109	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,323,603	4,232,508	3,499,487	960,651	6,973,122

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part I Date/Time Prepared: 11/22/2022 9:31 am	
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0					14.00
15.00	01500	PHARMACY	0	0				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,817,357			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	170,392	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	37,727	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	18,005	0	0	41.00
43.00	04300	NURSERY	0	0	11,228	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	385,429	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	48,596	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	11,715	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	76,112	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	158,069	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55,476	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	45,648	0	0	56.00
57.00	05700	CT SCAN	0	0	198,647	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	89,249	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	218,735	0	0	59.00
60.00	06000	LABORATORY	0	0	334,584	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	13,579	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	9,727	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	35,395	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	47,403	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	15,797	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,056	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	84,002	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	25,140	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	78,548	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	91,663	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	256,472	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	9,659	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	5,439	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	21,968	0	0	90.00
91.00	09100	EMERGENCY	0	0	245,890	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	13,007	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	2,817,357	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07952	ADVERTISING	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	2,817,357	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0034

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description		PARAMEDICAL EDUCATION PROGRAM EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00560	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMINISTRATIVE				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	518,069			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	36,771,674	0	36,771,674
31.00	03100	INTENSIVE CARE UNIT	0	9,851,519	0	9,851,519
41.00	04100	SUBPROVIDER - IIRF	0	5,788,451	0	5,788,451
43.00	04300	NURSERY	0	2,701,306	0	2,701,306
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	37,846,322	0	37,846,322
51.00	05100	RECOVERY ROOM	0	6,652,919	0	6,652,919
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,279,311	0	2,279,311
53.00	05300	ANESTHESIOLOGY	0	801,455	0	801,455
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,127,728	0	9,127,728
55.00	05500	RADIOLOGY - THERAPEUTIC	0	2,084,643	0	2,084,643
56.00	05600	RADIOISOTOPE	0	2,534,495	0	2,534,495
57.00	05700	CT SCAN	0	4,920,022	0	4,920,022
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,726,686	0	2,726,686
59.00	05900	CARDIAC CATHETERIZATION	0	7,140,491	0	7,140,491
60.00	06000	LABORATORY	0	14,305,431	0	14,305,431
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,911,622	0	1,911,622
64.00	06400	INTRAVENOUS THERAPY	0	909,733	0	909,733
65.00	06500	RESPIRATORY THERAPY	0	4,547,250	0	4,547,250
66.00	06600	PHYSICAL THERAPY	0	5,726,093	0	5,726,093
67.00	06700	OCCUPATIONAL THERAPY	0	1,305,794	0	1,305,794
68.00	06800	SPEECH PATHOLOGY	0	820,164	0	820,164
69.00	06900	ELECTROCARDIOLOGY	0	2,526,300	0	2,526,300
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,128,320	0	1,128,320
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,937,680	0	12,937,680
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,277,859	0	18,277,859
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,312,630	0	20,312,630
74.00	07400	RENAL DIALYSIS	0	979,993	0	979,993
76.97	07697	CARDIAC REHABILITATION	0	1,309,941	0	1,309,941
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,777,931	0	3,777,931
91.00	09100	EMERGENCY	518,069	13,194,531	0	13,194,531
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	4,281,903	0	4,281,903
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	518,069	239,480,197	0	239,480,197
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,060	0	42,060
191.00	19100	RESEARCH	0	18,371	0	18,371
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,538,950	0	7,538,950
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	637,842	0	637,842
194.01	07952	ADVERTISING	0	467,383	0	467,383
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	518,069	248,184,803	0	248,184,803

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/22/2022 9:31 am	
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
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	41,151	1,272	42,423	42,423	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	79,143	7,031	86,174	251	5.01
5.02	00570	ADMINISTRATIVE	0	100,074	10,155	110,229	1,375	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	12,271	0	12,271	0	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	0	497,019	1,096,340	1,593,359	2,779	5.04
7.00	00700	OPERATION OF PLANT	0	1,388,363	279,100	1,667,463	1,260	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	16,922	0	16,922	56	8.00
9.00	00900	HOUSEKEEPING	0	65,761	28,156	93,917	1,074	9.00
10.00	01000	DIETARY	0	125,361	57,713	183,074	666	10.00
11.00	01100	CAFETERIA	0	84,054	24,734	108,788	391	11.00
13.00	01300	NURSING ADMINISTRATION	0	73,554	80,496	154,050	2,092	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	36,673	0	36,673	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	7,706	3,851	11,557	159	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,521,013	273,032	1,794,045	7,580	30.00
31.00	03100	INTENSIVE CARE UNIT	0	228,038	203,935	431,973	2,355	31.00
41.00	04100	SUBPROVIDER - IRF	0	190,307	17,031	207,338	1,036	41.00
43.00	04300	NURSERY	0	81,642	105,953	187,595	605	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	842,886	3,363,667	4,206,553	3,688	50.00
51.00	05100	RECOVERY ROOM	0	267,644	99,858	367,502	1,554	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	85,044	110,368	195,412	631	52.00
53.00	05300	ANESTHESIOLOGY	0	4,200	7,641	11,841	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	251,850	712,389	964,239	1,756	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	52,432	32,508	84,940	320	55.00
56.00	05600	RADIOISOTOPE	0	102,295	52,933	155,228	300	56.00
57.00	05700	CT SCAN	0	70,534	781,719	852,253	592	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	63,175	494,460	557,635	287	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	149,156	1,244,669	1,393,825	855	59.00
60.00	06000	LABORATORY	0	196,138	138,384	334,522	2,026	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	15,481	16,126	31,607	124	63.00
64.00	06400	INTRAVENOUS THERAPY	0	41,237	14,897	56,134	210	64.00
65.00	06500	RESPIRATORY THERAPY	0	63,453	45,488	108,941	1,268	65.00
66.00	06600	PHYSICAL THERAPY	0	358,016	41,484	399,500	10	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19,751	977	20,728	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,710	62,838	68,548	5	68.00
69.00	06900	ELECTROCARDIOLOGY	0	64,807	302,528	367,335	435	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	46,479	28,675	75,154	224	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	62,429	217,841	280,270	1,342	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	136,018	3,109	139,127	247	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	233,800	64,926	298,726	671	90.00
91.00	09100	EMERGENCY	0	324,016	104,784	428,800	2,828	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	2,461	2,461	1,365	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,005,603	10,133,529	18,139,132	42,417	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,357	0	12,357	0	190.00
191.00	19100	RESEARCH	0	0	0	0	6	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,211,863	0	2,211,863	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	66,811	66,811	0	194.00
194.01	07952	ADVERTISING	0	15,412	555	15,967	0	194.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	10,245,235	10,200,895	20,446,130	42,423	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/22/2022 9:31 am	
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
			5.01	5.02	5.03	5.04	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES	86,425					5.01
5.02	00570	ADMINITTING	152	111,756				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	12,271			5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	352	0	0	1,596,490		5.04
7.00	00700	OPERATION OF PLANT	114	0	0	91,090	1,759,927	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3	0	0	8,324	3,664	8.00
9.00	00900	HOUSEKEEPING	339	0	0	26,488	14,240	9.00
10.00	01000	DIETARY	560	0	0	20,680	27,147	10.00
11.00	01100	CAFETERIA	240	0	0	4,953	18,202	11.00
13.00	01300	NURSING ADMINISTRATION	612	0	0	43,402	15,928	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	17,587	7,941	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	118	0	0	3,183	1,669	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,305	6,772	728	172,752	329,371	30.00
31.00	03100	INTENSIVE CARE UNIT	2,513	1,499	161	52,500	49,381	31.00
41.00	04100	SUBPROVIDER - IRF	427	716	77	28,594	41,210	41.00
43.00	04300	NURSERY	461	446	48	14,567	17,679	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,010	15,101	1,877	218,884	182,525	50.00
51.00	05100	RECOVERY ROOM	1,015	1,931	208	34,083	57,958	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	480	466	50	11,426	18,416	52.00
53.00	05300	ANESTHESIOLOGY	1,289	3,025	325	4,604	910	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,806	6,282	676	53,657	54,538	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	109	2,205	237	12,235	11,354	55.00
56.00	05600	RADIOISOTOPE	106	1,814	195	14,472	22,152	56.00
57.00	05700	CT SCAN	926	7,895	849	29,229	15,274	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	220	3,547	381	15,991	13,680	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,026	8,693	935	42,205	32,299	59.00
60.00	06000	LABORATORY	15,774	13,298	1,430	86,483	42,473	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	637	540	58	11,961	3,352	63.00
64.00	06400	INTRAVENOUS THERAPY	283	387	42	5,143	8,930	64.00
65.00	06500	RESPIRATORY THERAPY	1,127	1,407	151	27,895	13,741	65.00
66.00	06600	PHYSICAL THERAPY	261	1,884	203	31,303	77,527	66.00
67.00	06700	OCCUPATIONAL THERAPY	14	628	68	8,009	4,277	67.00
68.00	06800	SPEECH PATHOLOGY	46	161	17	5,166	1,237	68.00
69.00	06900	ELECTROCARDIOLOGY	172	3,339	359	14,682	14,034	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	583	999	107	6,366	10,065	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,122	336	82,714	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,643	392	116,979	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	394	10,193	1,096	127,881	13,519	73.00
74.00	07400	RENAL DIALYSIS	0	384	41	6,241	0	74.00
76.97	07697	CARDIAC REHABILITATION	36	216	23	5,804	29,454	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	760	873	94	20,614	50,629	90.00
91.00	09100	EMERGENCY	4,145	9,773	1,051	67,657	70,165	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6	517	56	27,377	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	86,421	111,756	12,271	1,573,181	1,274,941	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	90	2,676	190.00
191.00	19100	RESEARCH	0	0	0	118	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	16,217	478,973	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	4	0	0	4,103	0	194.00
194.01	07952	ADVERTISING	0	0	0	2,781	3,337	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	86,425	111,756	12,271	1,596,490	1,759,927	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/22/2022 9:31 am
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00560	PURCHASING RECEIVING AND STORES					5.01	
5.02	00570	ADMITTING					5.02	
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03	
5.04	00590	OTHER ADMINISTRATIVE & GENERAL					5.04	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	28,969				8.00	
9.00	00900	HOUSEKEEPING	0	136,058			9.00	
10.00	01000	DIETARY	0	2,120	234,247		10.00	
11.00	01100	CAFETERIA	0	1,422	0	133,996	11.00	
13.00	01300	NURSING ADMINISTRATION	0	1,244	0	8,204	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	225,532	14.00	
15.00	01500	PHARMACY	0	0	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	620	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	130	0	804	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,110	25,725	165,821	29,923	85,305	30.00
31.00	03100	INTENSIVE CARE UNIT	3,588	3,857	13,824	8,043	22,848	31.00
41.00	04100	SUBPROVIDER - I RF	3,269	3,219	23,336	4,182	11,817	41.00
43.00	04300	NURSERY	1,002	1,381	0	2,091	5,804	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	14,256	0	16,086	45,885	50.00
51.00	05100	RECOVERY ROOM	0	4,527	10,034	5,791	16,400	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,438	6,428	2,091	6,059	52.00
53.00	05300	ANESTHESIOLOGY	0	71	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,260	0	7,882	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	887	0	1,126	0	55.00
56.00	05600	RADIOISOTOPE	0	1,730	0	965	0	56.00
57.00	05700	CT SCAN	0	1,193	0	2,413	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,068	0	1,126	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,523	0	3,056	0	59.00
60.00	06000	LABORATORY	0	3,317	0	11,260	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	262	0	483	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	697	0	965	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,073	0	4,343	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,055	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	334	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	97	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,096	0	1,769	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	786	0	1,126	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,056	0	4,665	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,300	0	965	2,804	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,954	0	2,895	0	90.00
91.00	09100	EMERGENCY	0	5,480	14,804	9,973	28,610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,769	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,969	98,178	234,247	133,996	225,532	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	209	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	37,410	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07952	ADVERTISING	0	261	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	28,969	136,058	234,247	133,996	225,532	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/22/2022 9:31 am	
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0					14.00
15.00	01500	PHARMACY	0	0				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	62,821			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	3,786	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	838	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0	400	0		41.00
43.00	04300	NURSERY	0	0	250	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	8,779	0		50.00
51.00	05100	RECOVERY ROOM	0	0	1,080	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	260	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,691	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,513	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	1,233	0		55.00
56.00	05600	RADIOISOTOPE	0	0	1,014	0		56.00
57.00	05700	CT SCAN	0	0	4,414	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,983	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,861	0		59.00
60.00	06000	LABORATORY	0	0	7,435	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	302	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	216	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	787	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,053	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	351	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	90	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,867	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	559	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,746	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,037	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,699	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	215	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	121	0		76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	488	0		90.00
91.00	09100	EMERGENCY	0	0	5,464	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	289	0		101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	62,821	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	0	0		194.00
194.01	07952	ADVERTISING	0	0	0	0		194.01
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	62,821	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/22/2022 9:31 am
Cost Center Description	PARAMEDICAL EDUCATION PROGRAM EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00560	PURCHASING RECEIVING AND STORES			5.01
5.02	00570	ADMINISTRATIVE			5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL			5.04
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	17,620		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,648,223	0	30.00
31.00	03100	INTENSIVE CARE UNIT	593,380	0	31.00
41.00	04100	SUBPROVIDER - IRF	325,621	0	41.00
43.00	04300	NURSERY	231,929	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	4,754,644	0	50.00
51.00	05100	RECOVERY ROOM	502,083	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	243,157	0	52.00
53.00	05300	ANESTHESIOLOGY	23,756	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,098,609	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	114,646	0	55.00
56.00	05600	RADIOISOTOPE	197,976	0	56.00
57.00	05700	CT SCAN	915,038	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	595,918	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,493,278	0	59.00
60.00	06000	LABORATORY	518,018	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	49,326	0	63.00
64.00	06400	INTRAVENOUS THERAPY	73,007	0	64.00
65.00	06500	RESPIRATORY THERAPY	160,733	0	65.00
66.00	06600	PHYSICAL THERAPY	517,796	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,409	0	67.00
68.00	06800	SPEECH PATHOLOGY	75,367	0	68.00
69.00	06900	ELECTROCARDIOLOGY	405,088	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,969	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	87,918	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,051	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	446,115	0	73.00
74.00	07400	RENAL DIALYSIS	6,881	0	74.00
76.97	07697	CARDIAC REHABILITATION	181,097	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	379,704	0	90.00
91.00	09100	EMERGENCY	648,750	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	33,840	0	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	17,575,327	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,332	0	190.00
191.00	19100	RESEARCH	124	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,744,463	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	70,918	0	194.00
194.01	07952	ADVERTISING	22,346	0	194.01
200.00		Cross Foot Adjustments	17,620	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	17,620	20,446,130	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0034

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

Worksheet B-1

Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	590,305				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		24,931,902			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,371	3,108	81,723,013		4.00
5.01 00560	PURCHASING RECEIVING AND STORES	4,560	17,185	483,219	728,559	5.01
5.02 00570	ADMITTING	5,766	24,820	2,649,863	1,284	1,203,988,103 5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	707	0	0	0	0 5.03
5.04 00590	OTHER ADMINISTRATIVE & GENERAL	28,637	2,679,556	5,354,810	2,971	0 5.04
7.00 00700	OPERATION OF PLANT	79,994	682,145	2,428,617	957	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	975	0	108,028	24	0 8.00
9.00 00900	HOUSEKEEPING	3,789	68,817	2,070,222	2,855	0 9.00
10.00 01000	DIETARY	7,223	141,056	1,282,762	4,717	0 10.00
11.00 01100	CAFETERIA	4,843	60,452	752,887	2,021	0 11.00
13.00 01300	NURSING ADMINISTRATION	4,238	196,739	4,030,736	5,157	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,113	0	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM EMS	444	9,411	305,871	998	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	87,637	667,316	14,589,548	44,720	72,817,107 30.00
31.00 03100	INTENSIVE CARE UNIT	13,139	498,435	4,537,591	21,185	16,122,835 31.00
41.00 04100	SUBPROVIDER - I RF	10,965	41,626	1,996,770	3,597	7,694,504 41.00
43.00 04300	NURSERY	4,704	258,960	1,165,196	3,888	4,798,402 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	48,565	8,221,084	7,106,300	345,692	164,702,303 50.00
51.00 05100	RECOVERY ROOM	15,421	244,063	2,993,304	8,560	20,767,594 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,900	269,750	1,216,411	4,050	5,006,274 52.00
53.00 05300	ANESTHESIOLOGY	242	18,675	0	10,867	32,526,675 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,511	1,741,145	3,382,734	15,222	67,550,742 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	3,021	79,453	615,880	922	23,707,796 55.00
56.00 05600	RADIOISOTOPE	5,894	129,374	578,795	896	19,507,698 56.00
57.00 05700	CT SCAN	4,064	1,910,592	1,140,471	7,810	84,891,984 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,640	1,208,506	553,524	1,857	38,140,457 58.00
59.00 05900	CARDIAC CATHETERIZATION	8,594	3,042,085	1,646,799	33,939	93,476,708 59.00
60.00 06000	LABORATORY	11,301	338,222	3,903,784	132,976	142,984,697 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	892	39,414	238,424	5,374	5,803,109 63.00
64.00 06400	INTRAVENOUS THERAPY	2,376	36,409	403,699	2,385	4,156,914 64.00
65.00 06500	RESPIRATORY THERAPY	3,656	111,178	2,442,624	9,501	15,126,050 65.00
66.00 06600	PHYSICAL THERAPY	20,628	101,390	20,113	2,204	20,257,680 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,138	2,389	50	116	6,750,650 67.00
68.00 06800	SPEECH PATHOLOGY	329	153,583	8,956	387	1,733,450 68.00
69.00 06900	ELECTROCARDIOLOGY	3,734	739,406	838,657	1,449	35,898,427 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,678	70,085	430,649	4,911	10,743,670 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	33,567,325 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	39,172,134 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,597	532,423	2,585,678	3,322	109,603,270 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	3	4,127,611 74.00
76.97 07697	CARDIAC REHABILITATION	7,837	7,599	476,855	305	2,324,244 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	13,471	158,685	1,292,037	6,407	9,388,066 90.00
91.00 09100	EMERGENCY	18,669	256,102	5,448,557	34,944	105,081,117 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	6,014	2,630,212	50	5,558,610 101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	461,263	24,767,252	81,710,633	728,523	1,203,988,103 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	712	0	0	0	0 190.00
191.00 19100	RESEARCH	0	0	12,380	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	127,442	0	0	3	0 192.00
194.00 07950	OTHER NON-REIMBURSABLE COST CENTER	0	163,293	0	32	0 194.00
194.01 07952	ADVERTISING	888	1,357	0	1	0 194.01
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)	10,245,235	10,200,895	14,609,463	846,413	3,646,429 202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0034

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

Worksheet B-1

Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
203.00	Unit cost multiplier (Wkst. B, Part I)	17.355833	0.409150	0.178768	1.161763	0.003029	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			42,423	86,425	111,756	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000519	0.118625	0.000093	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: 15-0034

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

Worksheet B-1

Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	
			5.03	5A.04	5.04	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,203,988,103					5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	0	-29,529,554	218,655,249			5.04
7.00	00700	OPERATION OF PLANT	0	0	12,476,422	468,270		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,140,140	975	43,330	8.00
9.00	00900	HOUSEKEEPING	0	0	3,627,961	3,789	0	9.00
10.00	01000	DIETARY	0	0	2,832,554	7,223	0	10.00
11.00	01100	CAFETERIA	0	0	678,353	4,843	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	5,944,617	4,238	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,408,844	2,113	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	0	435,947	444	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,817,107	0	23,661,475	87,637	31,575	30.00
31.00	03100	INTENSIVE CARE UNIT	16,122,835	0	7,190,774	13,139	5,367	31.00
41.00	04100	SUBPROVIDER - IIRF	7,694,504	0	3,916,455	10,965	4,890	41.00
43.00	04300	NURSERY	4,798,402	0	1,995,205	4,704	1,498	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	164,702,303	0	29,967,599	48,565	0	50.00
51.00	05100	RECOVERY ROOM	20,767,594	0	4,668,203	15,421	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,006,274	0	1,564,946	4,900	0	52.00
53.00	05300	ANESTHESIOLOGY	32,526,675	0	630,645	242	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,550,742	0	7,349,276	14,511	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	23,707,796	0	1,675,825	3,021	0	55.00
56.00	05600	RADIOISOTOPE	19,507,698	0	1,982,167	5,894	0	56.00
57.00	05700	CT SCAN	84,891,984	0	4,003,400	4,064	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	38,140,457	0	2,190,249	3,640	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	93,476,708	0	5,780,770	8,594	0	59.00
60.00	06000	LABORATORY	142,984,697	0	11,845,425	11,301	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,803,109	0	1,638,219	892	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,156,914	0	704,405	2,376	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,126,050	0	3,820,769	3,656	0	65.00
66.00	06600	PHYSICAL THERAPY	20,257,680	0	4,287,468	20,628	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,750,650	0	1,097,034	1,138	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,733,450	0	707,593	329	0	68.00
69.00	06900	ELECTROCARDIOLOGY	35,898,427	0	2,011,004	3,734	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,743,670	0	871,912	2,678	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,567,325	0	11,329,123	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,172,134	0	16,022,360	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,603,270	0	17,515,590	3,597	0	73.00
74.00	07400	RENAL DIALYSIS	4,127,611	0	854,881	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	2,324,244	0	794,947	7,837	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,388,066	0	2,823,490	13,471	0	90.00
91.00	09100	EMERGENCY	105,081,117	0	9,266,789	18,669	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,558,610	0	3,749,796	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,203,988,103	-29,529,554	215,462,632	339,228	43,330	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	12,357	712	0	190.00
191.00	19100	RESEARCH	0	0	16,185	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,221,156	127,442	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	561,950	0	0	194.00
194.01	07952	ADVERTISING	0	0	380,969	888	0	194.01
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)	3,066,297		29,529,554	14,161,375	1,323,603	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002547		0.135051	30.241901	30.547034	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0034

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

Worksheet B-1

Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	
		5.03	5A.04	5.04	7.00	8.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	12,271		1,596,490	1,759,927	28,969	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000010		0.007301	3.758359	0.668567	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: 15-0034

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

Worksheet B-1

Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTES)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	463,506					9.00
10.00	01000	DIETARY	7,223	147,980				10.00
11.00	01100	CAFETERIA	4,843	0	833			11.00
13.00	01300	NURSING ADMINISTRATION	4,238	0	51	1,020,856		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,113	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	444	0	5	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	87,637	104,753	186	386,122	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,139	8,733	50	103,422	0	31.00
41.00	04100	SUBPROVIDER - IRF	10,965	14,742	26	53,488	0	41.00
43.00	04300	NURSERY	4,704	0	13	26,272	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,565	0	100	207,696	0	50.00
51.00	05100	RECOVERY ROOM	15,421	6,339	36	74,235	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,900	4,061	13	27,427	0	52.00
53.00	05300	ANESTHESIOLOGY	242	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,511	0	49	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	3,021	0	7	0	0	55.00
56.00	05600	RADIOISOTOPE	5,894	0	6	0	0	56.00
57.00	05700	CT SCAN	4,064	0	15	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,640	0	7	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,594	0	19	0	0	59.00
60.00	06000	LABORATORY	11,301	0	70	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	892	0	3	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,376	0	6	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,656	0	27	0	0	65.00
66.00	06600	PHYSICAL THERAPY	20,628	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,138	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	329	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,734	0	11	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,678	0	7	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,597	0	29	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	7,837	0	6	12,694	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	13,471	0	18	0	0	90.00
91.00	09100	EMERGENCY	18,669	9,352	62	129,500	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	11	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	334,464	147,980	833	1,020,856	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	712	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	127,442	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07952	ADVERTISING	888	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,232,508	3,499,487	960,651	6,973,122	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.131506	23.648378	1,153.242497	6.830662	0.000000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0034

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

Worksheet B-1

Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTES)	NURSING ADMINISTRATION (NURSING HO URS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	136,058	234,247	133,996	225,532	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.293541	1.582964	160.859544	0.220924	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0034

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

Worksheet B-1

Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMEDICAL EDUCATION PROGRAM EMS (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	0					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,203,988,103				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0		19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	0			1,000	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	72,817,107		0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,122,835		0	0	31.00
41.00	04100	SUBPROVIDER - IIRF	0	7,694,504		0	0	41.00
43.00	04300	NURSERY	0	4,798,402		0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	164,702,303		0	0	50.00
51.00	05100	RECOVERY ROOM	0	20,767,594		0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,006,274		0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	32,526,675		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	67,550,742		0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	23,707,796		0	0	55.00
56.00	05600	RADIOISOTOPE	0	19,507,698		0	0	56.00
57.00	05700	CT SCAN	0	84,891,984		0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	38,140,457		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	93,476,708		0	0	59.00
60.00	06000	LABORATORY	0	142,984,697		0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	5,803,109		0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,156,914		0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,126,050		0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	20,257,680		0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,750,650		0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,733,450		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,898,427		0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,743,670		0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	33,567,325		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	39,172,134		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	109,603,270		0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,127,611		0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,324,244		0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	9,388,066		0	0	90.00
91.00	09100	EMERGENCY	0	105,081,117		0	1,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	5,558,610		0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,203,988,103	0	0	1,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07952	ADVERTISING	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,817,357	0	0	518,069	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.002340	0.000000	0.000000	518.069000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0034

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

Worksheet B-1

Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMEDICAL EDUCATION PROGRAM EMS (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	23.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	0	62,821	0	0	17,620	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000052	0.000000	0.000000	17.620000	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: 15-0034

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2022 9:31 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		36,771,674	0	36,771,674	30.00
31.00	03100	INTENSIVE CARE UNIT		9,851,519	0	9,851,519	31.00
41.00	04100	SUBPROVIDER - I RF		5,788,451	0	5,788,451	41.00
43.00	04300	NURSERY		2,701,306	0	2,701,306	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		37,846,322	0	37,846,322	50.00
51.00	05100	RECOVERY ROOM		6,652,919	0	6,652,919	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		2,279,311	0	2,279,311	52.00
53.00	05300	ANESTHESIOLOGY		801,455	0	801,455	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		9,127,728	0	9,127,728	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC		2,084,643	0	2,084,643	55.00
56.00	05600	RADIOISOTOPE		2,534,495	0	2,534,495	56.00
57.00	05700	CT SCAN		4,920,022	0	4,920,022	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		2,726,686	0	2,726,686	58.00
59.00	05900	CARDIAC CATHETERIZATION		7,140,491	0	7,140,491	59.00
60.00	06000	LABORATORY		14,305,431	0	14,305,431	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		1,911,622	0	1,911,622	63.00
64.00	06400	INTRAVENOUS THERAPY		909,733	0	909,733	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,547,250	0	4,547,250	65.00
66.00	06600	PHYSICAL THERAPY	0	5,726,093	0	5,726,093	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,305,794	0	1,305,794	67.00
68.00	06800	SPEECH PATHOLOGY	0	820,164	0	820,164	68.00
69.00	06900	ELECTROCARDIOLOGY		2,526,300	0	2,526,300	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,128,320	0	1,128,320	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		12,937,680	0	12,937,680	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		18,277,859	0	18,277,859	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		20,312,630	0	20,312,630	73.00
74.00	07400	RENAL DIALYSIS		979,993	0	979,993	74.00
76.97	07697	CARDIAC REHABILITATION		1,309,941	0	1,309,941	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		3,777,931	0	3,777,931	90.00
91.00	09100	EMERGENCY		13,194,531	0	13,194,531	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		3,643,802	0	3,643,802	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		4,281,903	0	4,281,903	101.00
200.00		Subtotal (see instructions)	0	243,123,999	0	243,123,999	200.00
201.00		Less Observation Beds		3,643,802		3,643,802	201.00
202.00		Total (see instructions)	0	239,480,197	0	239,480,197	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet C Part I Date/Time Prepared: 11/22/2022 9:31 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	61,260,513		61,260,513				30.00
31.00	03100	INTENSIVE CARE UNIT	16,122,835		16,122,835				31.00
41.00	04100	SUBPROVIDER - IRF	7,694,504		7,694,504				41.00
43.00	04300	NURSERY	4,798,402		4,798,402				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	43,407,922	121,294,381	164,702,303	0.229786	0.000000		50.00
51.00	05100	RECOVERY ROOM	4,895,900	15,871,694	20,767,594	0.320351	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,550,496	1,455,778	5,006,274	0.455291	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	8,139,528	24,387,147	32,526,675	0.024640	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,083,904	59,466,838	67,550,742	0.135124	0.000000		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	587,214	23,120,582	23,707,796	0.087931	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,977,526	17,530,172	19,507,698	0.129923	0.000000		56.00
57.00	05700	CT SCAN	21,034,801	63,857,183	84,891,984	0.057956	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,799,953	32,340,504	38,140,457	0.071491	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	23,350,240	70,126,468	93,476,708	0.076388	0.000000		59.00
60.00	06000	LABORATORY	40,168,069	102,816,628	142,984,697	0.100049	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,727,921	2,075,188	5,803,109	0.329413	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	17,214	4,139,700	4,156,914	0.218848	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	13,155,788	1,970,262	15,126,050	0.300624	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,925,697	15,331,983	20,257,680	0.282663	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,889,581	2,861,069	6,750,650	0.193432	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	974,869	758,581	1,733,450	0.473140	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	8,992,325	26,906,102	35,898,427	0.070374	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	320,607	10,423,063	10,743,670	0.105022	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,965,990	17,601,335	33,567,325	0.385425	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,440,696	21,731,438	39,172,134	0.466604	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,391,130	54,212,140	109,603,270	0.185329	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,898,869	228,742	4,127,611	0.237424	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	272,796	2,051,448	2,324,244	0.563599	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	294,521	9,093,545	9,388,066	0.402418	0.000000		90.00
91.00	09100	EMERGENCY	32,452,897	72,628,220	105,081,117	0.125565	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,679,958	9,876,636	11,556,594	0.315301	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	5,558,610	5,558,610				101.00
200.00		Subtotal (see instructions)	414,272,666	789,715,437	1,203,988,103				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	414,272,666	789,715,437	1,203,988,103				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/22/2022 9:31 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.229786		50.00
51.00	05100 RECOVERY ROOM	0.320351		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.455291		52.00
53.00	05300 ANESTHESIOLOGY	0.024640		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.135124		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.087931		55.00
56.00	05600 RADIOISOTOPE	0.129923		56.00
57.00	05700 CT SCAN	0.057956		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.071491		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.076388		59.00
60.00	06000 LABORATORY	0.100049		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.329413		63.00
64.00	06400 INTRAVENOUS THERAPY	0.218848		64.00
65.00	06500 RESPIRATORY THERAPY	0.300624		65.00
66.00	06600 PHYSICAL THERAPY	0.282663		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193432		67.00
68.00	06800 SPEECH PATHOLOGY	0.473140		68.00
69.00	06900 ELECTROCARDIOLOGY	0.070374		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.105022		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.385425		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.466604		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.185329		73.00
74.00	07400 RENAL DIALYSIS	0.237424		74.00
76.97	07697 CARDIAC REHABILITATION	0.563599		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.402418		90.00
91.00	09100 EMERGENCY	0.125565		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.315301		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/22/2022 9:31 am	
			Title XIX	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		36,771,674	0	36,771,674	30.00
31.00	03100 INTENSIVE CARE UNIT		9,851,519	0	9,851,519	31.00
41.00	04100 SUBPROVIDER - I RF		5,788,451	0	5,788,451	41.00
43.00	04300 NURSERY		2,701,306	0	2,701,306	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		37,846,322	0	37,846,322	50.00
51.00	05100 RECOVERY ROOM		6,652,919	0	6,652,919	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,279,311	0	2,279,311	52.00
53.00	05300 ANESTHESIOLOGY		801,455	0	801,455	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,127,728	0	9,127,728	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC		2,084,643	0	2,084,643	55.00
56.00	05600 RADIOISOTOPE		2,534,495	0	2,534,495	56.00
57.00	05700 CT SCAN		4,920,022	0	4,920,022	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,726,686	0	2,726,686	58.00
59.00	05900 CARDIAC CATHETERIZATION		7,140,491	0	7,140,491	59.00
60.00	06000 LABORATORY		14,305,431	0	14,305,431	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		1,911,622	0	1,911,622	63.00
64.00	06400 INTRAVENOUS THERAPY		909,733	0	909,733	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,547,250	0	4,547,250	65.00
66.00	06600 PHYSICAL THERAPY	0	5,726,093	0	5,726,093	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,305,794	0	1,305,794	67.00
68.00	06800 SPEECH PATHOLOGY	0	820,164	0	820,164	68.00
69.00	06900 ELECTROCARDIOLOGY		2,526,300	0	2,526,300	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,128,320	0	1,128,320	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		12,937,680	0	12,937,680	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		18,277,859	0	18,277,859	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		20,312,630	0	20,312,630	73.00
74.00	07400 RENAL DIALYSIS		979,993	0	979,993	74.00
76.97	07697 CARDIAC REHABILITATION		1,309,941	0	1,309,941	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		3,777,931	0	3,777,931	90.00
91.00	09100 EMERGENCY		13,194,531	0	13,194,531	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,643,802	0	3,643,802	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY		4,281,903	0	4,281,903	101.00
200.00	Subtotal (see instructions)		243,123,999	0	243,123,999	200.00
201.00	Less Observation Beds		3,643,802	0	3,643,802	201.00
202.00	Total (see instructions)		239,480,197	0	239,480,197	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet C Part I Date/Time Prepared: 11/22/2022 9:31 am	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,260,513		61,260,513			30.00
31.00	03100	INTENSIVE CARE UNIT	16,122,835		16,122,835			31.00
41.00	04100	SUBPROVIDER - IRF	7,694,504		7,694,504			41.00
43.00	04300	NURSERY	4,798,402		4,798,402			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,407,922	121,294,381	164,702,303	0.229786	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,895,900	15,871,694	20,767,594	0.320351	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,550,496	1,455,778	5,006,274	0.455291	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	8,139,528	24,387,147	32,526,675	0.024640	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,083,904	59,466,838	67,550,742	0.135124	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	587,214	23,120,582	23,707,796	0.087931	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,977,526	17,530,172	19,507,698	0.129923	0.000000	56.00
57.00	05700	CT SCAN	21,034,801	63,857,183	84,891,984	0.057956	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,799,953	32,340,504	38,140,457	0.071491	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,350,240	70,126,468	93,476,708	0.076388	0.000000	59.00
60.00	06000	LABORATORY	40,168,069	102,816,628	142,984,697	0.100049	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,727,921	2,075,188	5,803,109	0.329413	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	17,214	4,139,700	4,156,914	0.218848	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	13,155,788	1,970,262	15,126,050	0.300624	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,925,697	15,331,983	20,257,680	0.282663	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,889,581	2,861,069	6,750,650	0.193432	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	974,869	758,581	1,733,450	0.473140	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,992,325	26,906,102	35,898,427	0.070374	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	320,607	10,423,063	10,743,670	0.105022	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,965,990	17,601,335	33,567,325	0.385425	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,440,696	21,731,438	39,172,134	0.466604	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,391,130	54,212,140	109,603,270	0.185329	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,898,869	228,742	4,127,611	0.237424	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	272,796	2,051,448	2,324,244	0.563599	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	294,521	9,093,545	9,388,066	0.402418	0.000000	90.00
91.00	09100	EMERGENCY	32,452,897	72,628,220	105,081,117	0.125565	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,679,958	9,876,636	11,556,594	0.315301	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	5,558,610	5,558,610			101.00
200.00		Subtotal (see instructions)	414,272,666	789,715,437	1,203,988,103			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	414,272,666	789,715,437	1,203,988,103			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/22/2022 9:31 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.229786		50.00
51.00	05100 RECOVERY ROOM	0.320351		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.455291		52.00
53.00	05300 ANESTHESIOLOGY	0.024640		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.135124		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.087931		55.00
56.00	05600 RADIOISOTOPE	0.129923		56.00
57.00	05700 CT SCAN	0.057956		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.071491		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.076388		59.00
60.00	06000 LABORATORY	0.100049		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.329413		63.00
64.00	06400 INTRAVENOUS THERAPY	0.218848		64.00
65.00	06500 RESPIRATORY THERAPY	0.300624		65.00
66.00	06600 PHYSICAL THERAPY	0.282663		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193432		67.00
68.00	06800 SPEECH PATHOLOGY	0.473140		68.00
69.00	06900 ELECTROCARDIOLOGY	0.070374		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.105022		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.385425		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.466604		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.185329		73.00
74.00	07400 RENAL DIALYSIS	0.237424		74.00
76.97	07697 CARDIAC REHABILITATION	0.563599		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.402418		90.00
91.00	09100 EMERGENCY	0.125565		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.315301		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0034

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

Worksheet C
Part II
Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,846,322	4,754,644	33,091,678	0	0	50.00
51.00	05100	RECOVERY ROOM	6,652,919	502,083	6,150,836	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,279,311	243,157	2,036,154	0	0	52.00
53.00	05300	ANESTHESIOLOGY	801,455	23,756	777,699	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,127,728	1,098,609	8,029,119	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,084,643	114,646	1,969,997	0	0	55.00
56.00	05600	RADIOISOTOPE	2,534,495	197,976	2,336,519	0	0	56.00
57.00	05700	CT SCAN	4,920,022	915,038	4,004,984	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,726,686	595,918	2,130,768	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,140,491	1,493,278	5,647,213	0	0	59.00
60.00	06000	LABORATORY	14,305,431	518,018	13,787,413	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,911,622	49,326	1,862,296	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	909,733	73,007	836,726	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,547,250	160,733	4,386,517	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,726,093	517,796	5,208,297	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,305,794	34,409	1,271,385	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	820,164	75,367	744,797	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,526,300	405,088	2,121,212	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,128,320	95,969	1,032,351	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,937,680	87,918	12,849,762	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,277,859	123,051	18,154,808	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,312,630	446,115	19,866,515	0	0	73.00
74.00	07400	RENAL DIALYSIS	979,993	6,881	973,112	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1,309,941	181,097	1,128,844	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,777,931	379,704	3,398,227	0	0	90.00
91.00	09100	EMERGENCY	13,194,531	648,750	12,545,781	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,643,802	262,419	3,381,383	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,281,903	33,840	4,248,063	0	0	101.00
200.00		Subtotal (sum of lines 50 thru 199)	188,011,049	14,038,593	173,972,456	0	0	200.00
201.00		Less Observation Beds	3,643,802	262,419	3,381,383	0	0	201.00
202.00		Total (line 200 minus line 201)	184,367,247	13,776,174	170,591,073	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part II Date/Time Prepared: 11/22/2022 9:31 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	37,846,322	164,702,303	0.229786		50.00
51.00	05100 RECOVERY ROOM	6,652,919	20,767,594	0.320351		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,279,311	5,006,274	0.455291		52.00
53.00	05300 ANESTHESIOLOGY	801,455	32,526,675	0.024640		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,127,728	67,550,742	0.135124		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	2,084,643	23,707,796	0.087931		55.00
56.00	05600 RADIOISOTOPE	2,534,495	19,507,698	0.129923		56.00
57.00	05700 CT SCAN	4,920,022	84,891,984	0.057956		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,726,686	38,140,457	0.071491		58.00
59.00	05900 CARDIAC CATHETERIZATION	7,140,491	93,476,708	0.076388		59.00
60.00	06000 LABORATORY	14,305,431	142,984,697	0.100049		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,911,622	5,803,109	0.329413		63.00
64.00	06400 INTRAVENOUS THERAPY	909,733	4,156,914	0.218848		64.00
65.00	06500 RESPIRATORY THERAPY	4,547,250	15,126,050	0.300624		65.00
66.00	06600 PHYSICAL THERAPY	5,726,093	20,257,680	0.282663		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,305,794	6,750,650	0.193432		67.00
68.00	06800 SPEECH PATHOLOGY	820,164	1,733,450	0.473140		68.00
69.00	06900 ELECTROCARDIOLOGY	2,526,300	35,898,427	0.070374		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,128,320	10,743,670	0.105022		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12,937,680	33,567,325	0.385425		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18,277,859	39,172,134	0.466604		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	20,312,630	109,603,270	0.185329		73.00
74.00	07400 RENAL DIALYSIS	979,993	4,127,611	0.237424		74.00
76.97	07697 CARDIAC REHABILITATION	1,309,941	2,324,244	0.563599		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,777,931	9,388,066	0.402418		90.00
91.00	09100 EMERGENCY	13,194,531	105,081,117	0.125565		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,643,802	11,556,594	0.315301		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	4,281,903	5,558,610	0.770319		101.00
200.00	Subtotal (sum of lines 50 thru 199)	188,011,049	1,114,111,849			200.00
201.00	Less Observation Beds	3,643,802	0			201.00
202.00	Total (line 200 minus line 201)	184,367,247	1,114,111,849			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part I Date/Time Prepared: 11/22/2022 9:31 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,648,223	0	2,648,223	35,048	75.56	30.00	
31.00	INTENSIVE CARE UNIT	593,380	0	593,380	5,367	110.56	31.00	
41.00	SUBPROVIDER - IRF	325,621	0	325,621	4,890	66.59	41.00	
43.00	NURSERY	231,929		231,929	1,498	154.83	43.00	
200.00	Total (lines 30 through 199)	3,799,153		3,799,153	46,803		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	12,514	945,558					30.00
31.00	INTENSIVE CARE UNIT	1,478	163,408					31.00
41.00	SUBPROVIDER - IRF	2,969	197,706					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	16,961	1,306,672					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part II Date/Time Prepared: 11/22/2022 9:31 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,754,644	164,702,303	0.028868	15,455,342	446,165	50.00
51.00	05100	RECOVERY ROOM	502,083	20,767,594	0.024176	1,774,191	42,893	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	243,157	5,006,274	0.048570	0	0	52.00
53.00	05300	ANESTHESIOLOGY	23,756	32,526,675	0.000730	2,994,884	2,186	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,098,609	67,550,742	0.016263	2,925,125	47,571	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	114,646	23,707,796	0.004836	286,318	1,385	55.00
56.00	05600	RADIOISOTOPE	197,976	19,507,698	0.010149	752,409	7,636	56.00
57.00	05700	CT SCAN	915,038	84,891,984	0.010779	7,984,749	86,068	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	595,918	38,140,457	0.015624	1,999,063	31,233	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,493,278	93,476,708	0.015975	9,291,513	148,432	59.00
60.00	06000	LABORATORY	518,018	142,984,697	0.003623	14,101,427	51,089	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	49,326	5,803,109	0.008500	1,106,538	9,406	63.00
64.00	06400	INTRAVENOUS THERAPY	73,007	4,156,914	0.017563	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	160,733	15,126,050	0.010626	4,896,565	52,031	65.00
66.00	06600	PHYSICAL THERAPY	517,796	20,257,680	0.025560	1,104,829	28,239	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,409	6,750,650	0.005097	693,484	3,535	67.00
68.00	06800	SPEECH PATHOLOGY	75,367	1,733,450	0.043478	221,081	9,612	68.00
69.00	06900	ELECTROCARDIOLOGY	405,088	35,898,427	0.011284	3,656,957	41,265	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,969	10,743,670	0.008933	121,514	1,085	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	87,918	33,567,325	0.002619	5,940,717	15,559	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,051	39,172,134	0.003141	7,959,275	25,000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	446,115	109,603,270	0.004070	17,332,079	70,542	73.00
74.00	07400	RENAL DIALYSIS	6,881	4,127,611	0.001667	1,339,970	2,234	74.00
76.97	07697	CARDIAC REHABILITATION	181,097	2,324,244	0.077917	115,828	9,025	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	379,704	9,388,066	0.040445	70,237	2,841	90.00
91.00	09100	EMERGENCY	648,750	105,081,117	0.006174	12,365,428	76,344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	262,419	11,556,594	0.022707	748,150	16,988	92.00
200.00		Total (lines 50 through 199)	14,004,753	1,108,553,239		115,237,673	1,228,364	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 11/22/2022 9:31 am
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	35,048	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	5,367	0.00	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,890	0.00	41.00	
43.00	04300	NURSERY	0	0	1,498	0.00	43.00	
200.00		Total (lines 30 through 199)	0	0	46,803	0.00	200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0034

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description		Title XVIII			Hospital		Allied Health	Allied Health	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	PPS			
		1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	518,069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	518,069	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:31 am
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Cost Center Description	Title XVIII				Hospital	PPS
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	164,702,303	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	20,767,594	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,006,274	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	32,526,675	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	67,550,742	0.000000	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	23,707,796	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	19,507,698	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	84,891,984	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	38,140,457	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	93,476,708	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	142,984,697	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	5,803,109	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	4,156,914	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	15,126,050	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	20,257,680	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	6,750,650	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,733,450	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	35,898,427	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	10,743,670	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	33,567,325	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	39,172,134	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	109,603,270	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	4,127,611	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,324,244	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	9,388,066	0.000000	90.00
91.00 09100 EMERGENCY	0	518,069	518,069	105,081,117	0.004930	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,556,594	0.000000	92.00
200.00 Total (lines 50 through 199)	0	518,069	518,069	1,108,553,239		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0034

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	15,455,342	0	30,761,188	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,774,191	0	4,108,654	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,994,884	0	6,153,423	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,925,125	0	14,300,029	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	286,318	0	8,644,300	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	752,409	0	5,851,026	0	56.00
57.00	05700 CT SCAN	0.000000	7,984,749	0	16,656,951	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,999,063	0	7,831,548	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	9,291,513	0	27,403,112	0	59.00
60.00	06000 LABORATORY	0.000000	14,101,427	0	9,765,616	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	1,106,538	0	702,296	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	1,817,042	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,896,565	0	513,324	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,104,829	0	24,252	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	693,484	0	2,228	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	221,081	0	16,017	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,656,957	0	8,731,364	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	121,514	0	2,288,171	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,940,717	0	5,533,549	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,959,275	0	6,029,487	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	17,332,079	0	21,943,124	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,339,970	0	118,772	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	115,828	0	850,601	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	70,237	0	3,497,573	0	90.00
91.00	09100 EMERGENCY	0.004930	12,365,428	60,962	12,405,962	61,161	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	748,150	0	1,987,272	0	92.00
200.00	Total (lines 50 through 199)		115,237,673	60,962	197,936,881	61,161	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/22/2022 9:31 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.229786	30,761,188	0	56,610	7,068,490	50.00
51.00	05100 RECOVERY ROOM	0.320351	4,108,654	0	0	1,316,211	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.455291	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.024640	6,153,423	0	0	151,620	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.135124	14,300,029	0	0	1,932,277	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.087931	8,644,300	0	0	760,102	55.00
56.00	05600 RADIOISOTOPE	0.129923	5,851,026	0	0	760,183	56.00
57.00	05700 CT SCAN	0.057956	16,656,951	0	0	965,370	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.071491	7,831,548	0	0	559,885	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.076388	27,403,112	0	0	2,093,269	59.00
60.00	06000 LABORATORY	0.100049	9,765,616	0	0	977,040	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.329413	702,296	0	0	231,345	63.00
64.00	06400 INTRAVENOUS THERAPY	0.218848	1,817,042	0	0	397,656	64.00
65.00	06500 RESPIRATORY THERAPY	0.300624	513,324	0	0	154,318	65.00
66.00	06600 PHYSICAL THERAPY	0.282663	24,252	0	0	6,855	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193432	2,228	0	0	431	67.00
68.00	06800 SPEECH PATHOLOGY	0.473140	16,017	0	0	7,578	68.00
69.00	06900 ELECTROCARDIOLOGY	0.070374	8,731,364	0	0	614,461	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.105022	2,288,171	0	0	240,308	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.385425	5,533,549	0	0	2,132,768	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.466604	6,029,487	0	0	2,813,383	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.185329	21,943,124	0	39,821	4,066,697	73.00
74.00	07400 RENAL DIALYSIS	0.237424	118,772	0	0	28,199	74.00
76.97	07697 CARDIAC REHABILITATION	0.563599	850,601	0	0	479,398	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.402418	3,497,573	0	0	1,407,486	90.00
91.00	09100 EMERGENCY	0.125565	12,405,962	0	0	1,557,755	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.315301	1,987,272	0	0	626,589	92.00
200.00	Subtotal (see instructions)		197,936,881	0	96,431	31,349,674	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		197,936,881	0	96,431	31,349,674	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/22/2022 9:31 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	13,008		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7,380		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	20,388		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	20,388		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part II Date/Time Prepared: 11/22/2022 9:31 am		
				Title XVIII	Subprovider - IRF	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,754,644	164,702,303	0.028868	49,215	1,421	50.00
51.00	05100	RECOVERY ROOM	502,083	20,767,594	0.024176	2,509	61	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	243,157	5,006,274	0.048570	0	0	52.00
53.00	05300	ANESTHESIOLOGY	23,756	32,526,675	0.000730	5,061	4	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,098,609	67,550,742	0.016263	99,088	1,611	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	114,646	23,707,796	0.004836	0	0	55.00
56.00	05600	RADIOISOTOPE	197,976	19,507,698	0.010149	1,762	18	56.00
57.00	05700	CT SCAN	915,038	84,891,984	0.010779	124,898	1,346	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	595,918	38,140,457	0.015624	16,418	257	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,493,278	93,476,708	0.015975	0	0	59.00
60.00	06000	LABORATORY	518,018	142,984,697	0.003623	594,558	2,154	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	49,326	5,803,109	0.008500	19,832	169	63.00
64.00	06400	INTRAVENOUS THERAPY	73,007	4,156,914	0.017563	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	160,733	15,126,050	0.010626	397,251	4,221	65.00
66.00	06600	PHYSICAL THERAPY	517,796	20,257,680	0.025560	1,415,630	36,184	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,409	6,750,650	0.005097	1,347,623	6,869	67.00
68.00	06800	SPEECH PATHOLOGY	75,367	1,733,450	0.043478	237,717	10,335	68.00
69.00	06900	ELECTROCARDIOLOGY	405,088	35,898,427	0.011284	34,482	389	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,969	10,743,670	0.008933	1,023	9	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	87,918	33,567,325	0.002619	267,206	700	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,051	39,172,134	0.003141	4,222	13	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	446,115	109,603,270	0.004070	1,396,238	5,683	73.00
74.00	07400	RENAL DIALYSIS	6,881	4,127,611	0.001667	103,090	172	74.00
76.97	07697	CARDIAC REHABILITATION	181,097	2,324,244	0.077917	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	379,704	9,388,066	0.040445	0	0	90.00
91.00	09100	EMERGENCY	648,750	105,081,117	0.006174	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,556,594	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	13,742,334	1,108,553,239		6,117,823	71,616	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:31 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	518,069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	518,069	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:31 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	164,702,303	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	20,767,594	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,006,274	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	32,526,675	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	67,550,742	0.000000	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	23,707,796	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	19,507,698	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	84,891,984	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	38,140,457	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	93,476,708	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	142,984,697	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	5,803,109	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	4,156,914	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	15,126,050	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	20,257,680	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	6,750,650	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,733,450	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	35,898,427	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	10,743,670	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	33,567,325	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	39,172,134	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	109,603,270	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	4,127,611	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,324,244	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	9,388,066	0.000000	90.00
91.00 09100 EMERGENCY	0	518,069	518,069	105,081,117	0.004930	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,556,594	0.000000	92.00
200.00 Total (lines 50 through 199)	0	518,069	518,069	1,108,553,239		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:31 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	49,215	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,509	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	5,061	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	99,088	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	1,762	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	124,898	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	16,418	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	594,558	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	19,832	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	397,251	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,415,630	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,347,623	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	237,717	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	34,482	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,023	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	267,206	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,222	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,396,238	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	103,090	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.004930	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		6,117,823	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part I Date/Time Prepared: 11/22/2022 9:31 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,648,223	0	2,648,223	35,048	75.56	30.00
31.00	INTENSIVE CARE UNIT	593,380	0	593,380	5,367	110.56	31.00
41.00	SUBPROVIDER - IRF	325,621	0	325,621	4,890	66.59	41.00
43.00	NURSERY	231,929		231,929	1,498	154.83	43.00
200.00	Total (lines 30 through 199)	3,799,153		3,799,153	46,803		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	563	42,540				
31.00	INTENSIVE CARE UNIT	222	24,544				
41.00	SUBPROVIDER - IRF	8	533				
43.00	NURSERY	91	14,090				
200.00	Total (lines 30 through 199)	884	81,707				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part II Date/Time Prepared: 11/22/2022 9:31 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,754,644	164,702,303	0.028868	628,682	18,149	50.00
51.00	05100	RECOVERY ROOM	502,083	20,767,594	0.024176	40,774	986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	243,157	5,006,274	0.048570	10,045	488	52.00
53.00	05300	ANESTHESIOLOGY	23,756	32,526,675	0.000730	100,304	73	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,098,609	67,550,742	0.016263	157,099	2,555	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	114,646	23,707,796	0.004836	0	0	55.00
56.00	05600	RADIOISOTOPE	197,976	19,507,698	0.010149	34,621	351	56.00
57.00	05700	CT SCAN	915,038	84,891,984	0.010779	335,573	3,617	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	595,918	38,140,457	0.015624	60,593	947	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,493,278	93,476,708	0.015975	89,738	1,434	59.00
60.00	06000	LABORATORY	518,018	142,984,697	0.003623	711,933	2,579	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	49,326	5,803,109	0.008500	17,643	150	63.00
64.00	06400	INTRAVENOUS THERAPY	73,007	4,156,914	0.017563	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	160,733	15,126,050	0.010626	198,984	2,114	65.00
66.00	06600	PHYSICAL THERAPY	517,796	20,257,680	0.025560	35,927	918	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,409	6,750,650	0.005097	25,551	130	67.00
68.00	06800	SPEECH PATHOLOGY	75,367	1,733,450	0.043478	15,254	663	68.00
69.00	06900	ELECTROCARDIOLOGY	405,088	35,898,427	0.011284	178,796	2,018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,969	10,743,670	0.008933	25,454	227	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	87,918	33,567,325	0.002619	216,768	568	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,051	39,172,134	0.003141	114,708	360	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	446,115	109,603,270	0.004070	1,088,860	4,432	73.00
74.00	07400	RENAL DIALYSIS	6,881	4,127,611	0.001667	88,276	147	74.00
76.97	07697	CARDIAC REHABILITATION	181,097	2,324,244	0.077917	4,561	355	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	379,704	9,388,066	0.040445	0	0	90.00
91.00	09100	EMERGENCY	648,750	105,081,117	0.006174	346,614	2,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	262,419	11,556,594	0.022707	27,340	621	92.00
200.00		Total (lines 50 through 199)	14,004,753	1,108,553,239		4,554,098	46,022	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 11/22/2022 9:31 am
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	35,048	0.00	563 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	5,367	0.00	222 31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,890	0.00	8 41.00	
43.00	04300	NURSERY	0	0	1,498	0.00	91 43.00	
200.00		Total (lines 30 through 199)	0	0	46,803		884 200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0034

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description		Title XIX			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	518,069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	518,069	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:31 am
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	164,702,303	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	20,767,594	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,006,274	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	32,526,675	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	67,550,742	0.000000	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	23,707,796	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	19,507,698	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	84,891,984	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	38,140,457	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	93,476,708	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	142,984,697	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	5,803,109	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	4,156,914	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	15,126,050	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	20,257,680	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	6,750,650	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,733,450	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	35,898,427	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	10,743,670	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	33,567,325	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	39,172,134	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	109,603,270	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	4,127,611	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,324,244	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	9,388,066	0.000000	90.00
91.00 09100 EMERGENCY	0	518,069	518,069	105,081,117	0.004930	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,556,594	0.000000	92.00
200.00 Total (lines 50 through 199)	0	518,069	518,069	1,108,553,239		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0034

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	628,682	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	40,774	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	10,045	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	100,304	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	157,099	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	34,621	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	335,573	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	60,593	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	89,738	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	711,933	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	17,643	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	198,984	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	35,927	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	25,551	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	15,254	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	178,796	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	25,454	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	216,768	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	114,708	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,088,860	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	88,276	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	4,561	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.004930	346,614	1,709	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	27,340	0	0	0	92.00
200.00	Total (lines 50 through 199)		4,554,098	1,709	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part II Date/Time Prepared: 11/22/2022 9:31 am
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,754,644	164,702,303	0.028868	0	0	50.00
51.00	05100 RECOVERY ROOM	502,083	20,767,594	0.024176	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	243,157	5,006,274	0.048570	0	0	52.00
53.00	05300 ANESTHESIOLOGY	23,756	32,526,675	0.000730	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,098,609	67,550,742	0.016263	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	114,646	23,707,796	0.004836	0	0	55.00
56.00	05600 RADIOISOTOPE	197,976	19,507,698	0.010149	0	0	56.00
57.00	05700 CT SCAN	915,038	84,891,984	0.010779	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	595,918	38,140,457	0.015624	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,493,278	93,476,708	0.015975	0	0	59.00
60.00	06000 LABORATORY	518,018	142,984,697	0.003623	1,082	4	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	49,326	5,803,109	0.008500	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	73,007	4,156,914	0.017563	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	160,733	15,126,050	0.010626	0	0	65.00
66.00	06600 PHYSICAL THERAPY	517,796	20,257,680	0.025560	4,011	103	66.00
67.00	06700 OCCUPATIONAL THERAPY	34,409	6,750,650	0.005097	3,847	20	67.00
68.00	06800 SPEECH PATHOLOGY	75,367	1,733,450	0.043478	293	13	68.00
69.00	06900 ELECTROCARDIOLOGY	405,088	35,898,427	0.011284	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	95,969	10,743,670	0.008933	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	87,918	33,567,325	0.002619	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	123,051	39,172,134	0.003141	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	446,115	109,603,270	0.004070	2,404	10	73.00
74.00	07400 RENAL DIALYSIS	6,881	4,127,611	0.001667	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	181,097	2,324,244	0.077917	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	379,704	9,388,066	0.040445	0	0	90.00
91.00	09100 EMERGENCY	648,750	105,081,117	0.006174	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	11,556,594	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	13,742,334	1,108,553,239		11,637	150	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:31 am
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	518,069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	518,069	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0034 Component CCN: 15-T034		Period: From 07/01/2021 To 06/30/2022		Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:31 am	
				Title XIX		Subprovider - IRF	PPS
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	164,702,303	0.000000 50.00
51.00	05100	RECOVERY ROOM	0	0	0	20,767,594	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,006,274	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	32,526,675	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	67,550,742	0.000000 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	23,707,796	0.000000 55.00
56.00	05600	RADIOISOTOPE	0	0	0	19,507,698	0.000000 56.00
57.00	05700	CT SCAN	0	0	0	84,891,984	0.000000 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	38,140,457	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	93,476,708	0.000000 59.00
60.00	06000	LABORATORY	0	0	0	142,984,697	0.000000 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000 62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	5,803,109	0.000000 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,156,914	0.000000 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,126,050	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,257,680	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,750,650	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,733,450	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	35,898,427	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	10,743,670	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	33,567,325	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	39,172,134	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	109,603,270	0.000000 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,127,611	0.000000 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,324,244	0.000000 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	9,388,066	0.000000 90.00
91.00	09100	EMERGENCY	0	518,069	518,069	105,081,117	0.004930 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,556,594	0.000000 92.00
200.00		Total (lines 50 through 199)	0	518,069	518,069	1,108,553,239	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:31 am
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,082	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	4,011	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,847	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	293	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	2,404	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.004930	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		11,637	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/22/2022 9:31 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,048	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,048	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)		31,575	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)		12,514	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		36,771,674	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)		36,771,674	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		36,771,674	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,049.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,129,439	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)		13,129,439	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:31 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,851,519	5,367	1,835.57	1,478	2,712,972	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,511,638	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					37,354,049	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,108,966	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,289,326	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,398,292	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					34,955,757	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,473	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,049.18	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,643,802	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:31 am	
Cost Center Description			Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
			1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,648,223	36,771,674	0.072018	3,643,802	262,419	90.00
91.00	Nursing Program cost	0	36,771,674	0.000000	3,643,802	0	91.00
92.00	Allied health cost	0	36,771,674	0.000000	3,643,802	0	92.00
93.00	All other Medical Education	0	36,771,674	0.000000	3,643,802	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/22/2022 9:31 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,890	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,890	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,890	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,969	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,788,451	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)		5,788,451	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,788,451	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,183.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,514,494	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,514,494	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1	
		Component CCN: 15-T034				Date/Time Prepared: 11/22/2022 9:31 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,383,733		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,898,227		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					197,706		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					71,616		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					269,322		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,628,905		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034 Component CCN: 15-T034		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:31 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	325,621	5,788,451	0.056254	0	0	90.00
91.00	Nursing Program cost	0	5,788,451	0.000000	0	0	91.00
92.00	Allied health cost	0	5,788,451	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,788,451	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/22/2022 9:31 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,048	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,048	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)		31,575	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)		563	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,498	15.00
16.00	Nursery days (title V or XIX only)		91	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		36,771,674	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)		36,771,674	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		36,771,674	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,049.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		590,688	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)		590,688	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:31 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XIX		1.00	2.00	3.00	4.00	5.00	
Hospital		2,701,306	1,498	1,803.28	91	164,098	42.00
PPS							
42.00	NURSERY (title V & XIX only)	2,701,306	1,498	1,803.28	91	164,098	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,851,519	5,367	1,835.57	222	407,497	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					809,899	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,972,182	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					81,174	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					47,731	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					128,905	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,843,277	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,473	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,049.18	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,643,802	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:31 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,648,223	36,771,674	0.072018	3,643,802	262,419	90.00
91.00	Nursing Program cost	0	36,771,674	0.000000	3,643,802	0	91.00
92.00	Allied health cost	0	36,771,674	0.000000	3,643,802	0	92.00
93.00	All other Medical Education	0	36,771,674	0.000000	3,643,802	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/22/2022 9:31 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,890	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,890	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,890	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)		8	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,498	15.00
16.00	Nursery days (title V or XIX only)		91	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,788,451	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)		5,788,451	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,788,451	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,183.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,470	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)		9,470	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1	
		Component CCN: 15-T034				Date/Time Prepared: 11/22/2022 9:31 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,571		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,041		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					533		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					150		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					683		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,358		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034 Component CCN: 15-T034		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:31 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	325,621	5,788,451	0.056254	0	0	90.00
91.00	Nursing Program cost	0	5,788,451	0.000000	0	0	91.00
92.00	Allied health cost	0	5,788,451	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,788,451	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/22/2022 9:31 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		22,296,825	30.00
31.00	03100	INTENSIVE CARE UNIT		5,346,347	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.229786	15,455,342	50.00
51.00	05100	RECOVERY ROOM	0.320351	1,774,191	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.455291	0	52.00
53.00	05300	ANESTHESIOLOGY	0.024640	2,994,884	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135124	2,925,125	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.087931	286,318	55.00
56.00	05600	RADIOISOTOPE	0.129923	752,409	56.00
57.00	05700	CT SCAN	0.057956	7,984,749	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.071491	1,999,063	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076388	9,291,513	59.00
60.00	06000	LABORATORY	0.100049	14,101,427	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.329413	1,106,538	63.00
64.00	06400	INTRAVENOUS THERAPY	0.218848	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.300624	4,896,565	65.00
66.00	06600	PHYSICAL THERAPY	0.282663	1,104,829	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193432	693,484	67.00
68.00	06800	SPEECH PATHOLOGY	0.473140	221,081	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070374	3,656,957	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.105022	121,514	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.385425	5,940,717	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466604	7,959,275	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185329	17,332,079	73.00
74.00	07400	RENAL DIALYSIS	0.237424	1,339,970	74.00
76.97	07697	CARDIAC REHABILITATION	0.563599	115,828	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.402418	70,237	90.00
91.00	09100	EMERGENCY	0.125565	12,365,428	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.315301	748,150	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		115,237,673	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		115,237,673	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/22/2022 9:31 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
41.00	04100 SUBPROVIDER - IRF		4,660,909		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.229786	49,215	11,309	50.00
51.00	05100 RECOVERY ROOM	0.320351	2,509	804	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.455291	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.024640	5,061	125	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.135124	99,088	13,389	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.087931	0	0	55.00
56.00	05600 RADIOISOTOPE	0.129923	1,762	229	56.00
57.00	05700 CT SCAN	0.057956	124,898	7,239	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.071491	16,418	1,174	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.076388	0	0	59.00
60.00	06000 LABORATORY	0.100049	594,558	59,485	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.329413	19,832	6,533	63.00
64.00	06400 INTRAVENOUS THERAPY	0.218848	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.300624	397,251	119,423	65.00
66.00	06600 PHYSICAL THERAPY	0.282663	1,415,630	400,146	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193432	1,347,623	260,673	67.00
68.00	06800 SPEECH PATHOLOGY	0.473140	237,717	112,473	68.00
69.00	06900 ELECTROCARDIOLOGY	0.070374	34,482	2,427	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.105022	1,023	107	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.385425	267,206	102,988	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.466604	4,222	1,970	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.185329	1,396,238	258,763	73.00
74.00	07400 RENAL DIALYSIS	0.237424	103,090	24,476	74.00
76.97	07697 CARDIAC REHABILITATION	0.563599	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.402418	0	0	90.00
91.00	09100 EMERGENCY	0.125565	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.315301	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,117,823	1,383,733	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)		6,117,823		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/22/2022 9:31 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,320,716	30.00
31.00	03100	INTENSIVE CARE UNIT		261,830	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		332,331	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.229786	628,682	50.00
51.00	05100	RECOVERY ROOM	0.320351	40,774	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.455291	10,045	52.00
53.00	05300	ANESTHESIOLOGY	0.024640	100,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135124	157,099	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.087931	0	55.00
56.00	05600	RADIOISOTOPE	0.129923	34,621	56.00
57.00	05700	CT SCAN	0.057956	335,573	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.071491	60,593	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076388	89,738	59.00
60.00	06000	LABORATORY	0.100049	711,933	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.329413	17,643	63.00
64.00	06400	INTRAVENOUS THERAPY	0.218848	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.300624	198,984	65.00
66.00	06600	PHYSICAL THERAPY	0.282663	35,927	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193432	25,551	67.00
68.00	06800	SPEECH PATHOLOGY	0.473140	15,254	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070374	178,796	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.105022	25,454	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.385425	216,768	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466604	114,708	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185329	1,088,860	73.00
74.00	07400	RENAL DIALYSIS	0.237424	88,276	74.00
76.97	07697	CARDIAC REHABILITATION	0.563599	4,561	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.402418	0	90.00
91.00	09100	EMERGENCY	0.125565	346,614	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.315301	27,340	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,554,098	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		4,554,098	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/22/2022 9:31 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF		12,840	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.229786	0	50.00
51.00	05100 RECOVERY ROOM	0.320351	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.455291	0	52.00
53.00	05300 ANESTHESIOLOGY	0.024640	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.135124	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.087931	0	55.00
56.00	05600 RADIOISOTOPE	0.129923	0	56.00
57.00	05700 CT SCAN	0.057956	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.071491	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.076388	0	59.00
60.00	06000 LABORATORY	0.100049	1,082	108 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.329413	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.218848	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.300624	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.282663	4,011	1,134 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193432	3,847	744 67.00
68.00	06800 SPEECH PATHOLOGY	0.473140	293	139 68.00
69.00	06900 ELECTROCARDIOLOGY	0.070374	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.105022	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.385425	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.466604	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.185329	2,404	446 73.00
74.00	07400 RENAL DIALYSIS	0.237424	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.563599	0	0 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.402418	0	0 90.00
91.00	09100 EMERGENCY	0.125565	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.315301	0	0 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		11,637	2,571 200.00
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)		11,637	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/22/2022 9:31 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		7,965,679	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		23,171,270	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)		42,384	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		184,801	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)		170.48	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.72	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.07	31.00
32.00	Sum of lines 30 and 31		19.79	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.61	33.00
34.00	Disproportionate share adjustment (see instructions)		436,696	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/22/2022 9:31 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000197202	0.000165425	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,634,811	1,189,736	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	412,062	889,857	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,301,919		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	33,102,749		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)		33,102,749	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,479,641	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		43,511	53.00
54.00	Special add-on payments for new technologies		356,941	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		60,962	58.00
59.00	Total (sum of amounts on lines 49 through 58)		36,043,804	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		36,043,804	61.00
62.00	Deductibles billed to program beneficiaries		3,088,196	62.00
63.00	Coinsurance billed to program beneficiaries		73,180	63.00
64.00	Allowable bad debts (see instructions)		449,575	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		292,224	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		43,663	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		33,174,652	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		659	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)		31,213	70.93
70.94	HRR adjustment amount (see instructions)		-864,697	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/22/2022 9:31 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		32,340,509	71.00
71.01	Sequestration adjustment (see instructions)		80,851	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		31,712,305	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		547,353	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		497,149	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/22/2022 9:31 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		20,388	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,288,513	2.00
3.00	OPPS payments		31,886,687	3.00
4.00	Outlier payment (see instructions)		22,708	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		61,161	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		20,388	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		96,431	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)		96,431	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		96,431	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		76,043	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)		20,388	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)		31,970,556	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,705,658	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)		26,285,286	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)		26,285,286	30.00
31.00	Primary payer payments		11,309	31.00
32.00	Subtotal (line 30 minus line 31)		26,273,977	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		582,656	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		378,726	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		246,227	36.00
37.00	Subtotal (see instructions)		26,652,703	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-162	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		11,083	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		26,652,865	40.00
40.01	Sequestration adjustment (see instructions)		66,632	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		26,566,436	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		19,797	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		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: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/22/2022 9:31 am
Title XVIII		Hospital	PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0034		Period: From 07/01/2021 To 06/30/2022		Worksheet E-1 Part I Date/Time Prepared: 11/22/2022 9:31 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		31,349,655		26,140,931	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		362,650		425,505	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		31,712,305		26,566,436	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		547,353		19,797	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		32,259,658		26,586,233	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2021 To 06/30/2022	Worksheet E-1 Part I Date/Time Prepared: 11/22/2022 9:31 am	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				0
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		6,157,130		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,157,130		0
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		27,972		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		6,185,102		0
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet E-1 Part II Date/Time Prepared: 11/22/2022 9:31 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial /interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2021 To 06/30/2022	Worksheet E-3 Part III Date/Time Prepared: 11/22/2022 9:31 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			6,039,238 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0219 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			226,471 3.00
4.00	Outlier Payments			28,768 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			13.397260 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			6,294,477 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			6,294,477 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			6,294,477 19.00
20.00	Deductibles			34,564 20.00
21.00	Subtotal (line 19 minus line 20)			6,259,913 21.00
22.00	Coinsurance			59,309 22.00
23.00	Subtotal (line 21 minus line 22)			6,200,604 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,200,604 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			6,200,604 32.00
32.01	Sequestration adjustment (see instructions)			15,502 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			6,157,130 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			27,972 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			28,768 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

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

Provider CCN: 15-0034

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

Worksheet G

Date/Time Prepared:
11/22/2022 9:31 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,883	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	36,188,758	0	0	0	4.00
5.00	Other receivable	326,911	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	8,073,618	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,688,444	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)	46,279,614	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	149,893,779	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	149,893,779	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	12,616,111	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	12,616,111	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	208,789,504	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,341,056	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,427,437	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	21,133,538	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	32,902,031	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,411,181	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,411,181	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	38,313,212	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	170,476,292	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)	170,476,292	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	208,789,504	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0034

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

Worksheet G-1

Date/Time Prepared:
11/22/2022 9:31 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		114,313,480		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		38,172,679			2.00
3.00	Total (sum of line 1 and line 2)		152,486,159		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	RESTRICTED CONTRIBUTIONS	104,625		0		5.00
6.00	TRANSFERRED TO/FROM AFFILIATES	17,926,861		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		18,031,486		0	10.00
11.00	Subtotal (line 3 plus line 10)		170,517,645		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	NET ASSETS RELEASED	41,353		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		41,353		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		170,476,292		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	RESTRICTED CONTRIBUTIONS		0			5.00
6.00	TRANSFERRED TO/FROM AFFILIATES		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	NET ASSETS RELEASED		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0034

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/22/2022 9:31 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	66,904,837		66,904,837	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	7,500,875		7,500,875	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	74,405,712		74,405,712	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,527,142		16,527,142	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	16,527,142		16,527,142	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	90,932,854		90,932,854	17.00
18.00	Ancillary services	323,339,811		323,339,811	18.00
19.00	Outpatient services	0	784,179,611	784,179,611	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		5,559,456	5,559,456	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	1,053	1,806,044	1,807,097	27.00
27.01	TAXABLE LAB	0	4,642,014	4,642,014	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	414,273,718	796,187,125	1,210,460,843	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		280,830,575		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		280,830,575		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0034

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

Worksheet G-3

Date/Time Prepared:
11/22/2022 9:31 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,210,460,843	1.00
2.00	Less contractual allowances and discounts on patients' accounts	905,388,413	2.00
3.00	Net patient revenues (line 1 minus line 2)	305,072,430	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	280,830,575	4.00
5.00	Net income from service to patients (line 3 minus line 4)	24,241,855	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,187,105	6.00
7.00	Income from investments	183,545	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	986,654	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	9,038	21.00
22.00	Rental of hospital space	1,194,511	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	138,455	24.00
24.01	RELEASED TEMP ASSETS	39,501	24.01
24.02	UBI INCOME	162,615	24.02
24.03	CLASSES	8,189	24.03
24.04	GAIN ON SALE OF ASSETS	10,209	24.04
24.05	VMD FMV INCREASE	8,556,993	24.05
24.50	COVID-19 PHE Funding	1,454,009	24.50
25.00	Total other income (sum of lines 6-24)	13,930,824	25.00
26.00	Total (line 5 plus line 25)	38,172,679	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	38,172,679	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0034

Period: From 07/01/2021

Worksheet H

HHA CCN: 15-7313

To 06/30/2022

Date/Time Prepared: 11/22/2022 9:31 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		69,193	69,193	1.00
2.00			0		0	0	2.00
3.00	0	0	0	6,600	1,578	8,178	3.00
4.00	0	0	0	0	0	0	4.00
5.00	771,834	82,214	2,527	6,855	29,335	892,765	5.00
HHA REIMBURSABLE SERVICES							
6.00	854,843	91,056	62,811	0	0	1,008,710	6.00
7.00	706,648	75,271	25,558	0	0	807,477	7.00
8.00	175,804	18,726	12,850	0	0	207,380	8.00
9.00	32,797	3,493	285	0	0	36,575	9.00
10.00	0	0	0	0	0	0	10.00
11.00	88,286	9,405	11,533	0	0	109,224	11.00
12.00	0	0	0	0	106,582	106,582	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	2,630,212	280,165	115,564	13,455	206,688	3,246,084	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	69,193	0	69,193			1.00
2.00	0	0	0	0			2.00
3.00	0	8,178	0	8,178			3.00
4.00	0	0	0	0			4.00
5.00	0	892,765	0	892,765			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	1,008,710	0	1,008,710			6.00
7.00	-56,538	750,939	0	750,939			7.00
8.00	50,497	257,877	0	257,877			8.00
9.00	6,041	42,616	0	42,616			9.00
10.00	0	0	0	0			10.00
11.00	0	109,224	0	109,224			11.00
12.00	0	106,582	0	106,582			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	0	3,246,084	0	3,246,084			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet H-1 Part I Date/Time Prepared: 11/22/2022 9:31 am			
		HHA CCN: 15-7313	Home Health Agency I	PPS			
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	69,193	69,193			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	8,178	0	0	8,178	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	892,765	69,193	0	8,178	0	970,136
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,008,710	0	0	0	0	1,008,710
7.00	Physical Therapy	750,939	0	0	0	0	750,939
8.00	Occupational Therapy	257,877	0	0	0	0	257,877
9.00	Speech Pathology	42,616	0	0	0	0	42,616
10.00	Medical Social Services	0	0	0	0	0	0
11.00	Home Health Aide	109,224	0	0	0	0	109,224
12.00	Supplies (see instructions)	106,582	0	0	0	0	106,582
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	3,246,084	69,193	0	8,178	0	3,246,084
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	970,136					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	429,969	1,438,679				6.00
7.00	Physical Therapy	320,092	1,071,031				7.00
8.00	Occupational Therapy	109,922	367,799				8.00
9.00	Speech Pathology	18,165	60,781				9.00
10.00	Medical Social Services	0	0				10.00
11.00	Home Health Aide	46,557	155,781				11.00
12.00	Supplies (see instructions)	45,431	152,013				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		3,246,084				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0034 HHA CCN: 15-7313		Period: From 07/01/2021 To 06/30/2022		Worksheet H-1 Part II Date/Time Prepared: 11/22/2022 9:31 am	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	100				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	100		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	100	0	100	0	-970,136	2,275,948
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,008,710
7.00	Physical Therapy	0	0	0	0	0	750,939
8.00	Occupational Therapy	0	0	0	0	0	257,877
9.00	Speech Pathology	0	0	0	0	0	42,616
10.00	Medical Social Services	0	0	0	0	0	0
11.00	Home Health Aide	0	0	0	0	0	109,224
12.00	Supplies (see instructions)	0	0	0	0	0	106,582
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	100	0	100	0	-970,136	2,275,948
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	69,193	0	8,178	0		970,136
26.00	Unit Cost Multiplier	691.930000	0.000000	81.780000	0.000000		0.426256

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0034	Period: 07/01/2021	Worksheet H-2
		HHA CCN: 15-7313	To 06/30/2022	Part I
				Date/Time Prepared: 11/22/2022 9:31 am
			Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	0	2,461	137,979	58	16,837	1.00
2.00 Skilled Nursing Care	1,438,679	0	0	152,819	0	0	2.00
3.00 Physical Therapy	1,071,031	0	0	126,326	0	0	3.00
4.00 Occupational Therapy	367,799	0	0	31,428	0	0	4.00
5.00 Speech Pathology	60,781	0	0	5,863	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	155,781	0	0	15,783	0	0	7.00
8.00 Supplies (see instructions)	152,013	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	3,246,084	0	2,461	470,198	58	16,837	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.03	5A.03	5.04	7.00	8.00	9.00	
1.00 Administrative and General	14,158	171,493	23,160	0	0	0	1.00
2.00 Skilled Nursing Care	0	1,591,498	214,934	0	0	0	2.00
3.00 Physical Therapy	0	1,197,357	161,704	0	0	0	3.00
4.00 Occupational Therapy	0	399,227	53,916	0	0	0	4.00
5.00 Speech Pathology	0	66,644	9,000	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	171,564	23,170	0	0	0	7.00
8.00 Supplies (see instructions)	0	152,013	20,530	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	14,158	3,749,796	506,414	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0034

Period: From 07/01/2021

Worksheet H-2

HHA CCN: 15-7313

To 06/30/2022

Part I
Date/Time Prepared:
11/22/2022 9:31 am

Home Health Agency I

PPS

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	12,686	0	0	0	13,007	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	12,686	0	0	0	13,007	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMEDICAL EDUCATION PROGRAM EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		17.00	19.00	23.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	220,346	0	220,346	1.00
2.00	Skilled Nursing Care	0	0	0	1,806,432	0	1,806,432	2.00
3.00	Physical Therapy	0	0	0	1,359,061	0	1,359,061	3.00
4.00	Occupational Therapy	0	0	0	453,143	0	453,143	4.00
5.00	Speech Pathology	0	0	0	75,644	0	75,644	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	194,734	0	194,734	7.00
8.00	Supplies (see instructions)	0	0	0	172,543	0	172,543	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	4,281,903	0	4,281,903	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0034 HHA CCN: 15-7313	Period: From 07/01/2021 To 06/30/2022	Worksheet H-2 Part I Date/Time Prepared: 11/22/2022 9:31 am PPS
			Home Health Agency I	

Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Skilled Nursing Care	98,000	1,904,432		2.00
3.00	Physical Therapy	73,732	1,432,793		3.00
4.00	Occupational Therapy	24,584	477,727		4.00
5.00	Speech Pathology	4,104	79,748		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	10,565	205,299		7.00
8.00	Supplies (see instructions)	9,361	181,904		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	220,346	4,281,903		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.054252			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0034
HHA CCN: 15-7313

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

Worksheet H-2
Part II
Date/Time Prepared:
11/22/2022 9:31 am
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	6,014	771,834	50	5,558,610	5,558,610	1.00
2.00 Skilled Nursing Care	0	0	854,843	0	0	0	2.00
3.00 Physical Therapy	0	0	706,648	0	0	0	3.00
4.00 Occupational Therapy	0	0	175,804	0	0	0	4.00
5.00 Speech Pathology	0	0	32,797	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	88,286	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	6,014	2,630,212	50	5,558,610	5,558,610	20.00
21.00 Total cost to be allocated	0	2,461	470,198	58	16,837	14,158	21.00
22.00 Unit cost multiplier	0.000000	0.409212	0.178768	1.160000	0.003029	0.002547	22.00
Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQARE FEET)	DIETARY (MEALS SERVED)	
	5A.04	5.04	7.00	8.00	9.00	10.00	
1.00 Administrative and General	0	171,493	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	1,591,498	0	0	0	0	2.00
3.00 Physical Therapy	0	1,197,357	0	0	0	0	3.00
4.00 Occupational Therapy	0	399,227	0	0	0	0	4.00
5.00 Speech Pathology	0	66,644	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	171,564	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	152,013	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	3,749,796	0	0	0	0	20.00
21.00 Total cost to be allocated	0	506,414	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.135051	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0034 HHA CCN: 15-7313	Period: From 07/01/2021 To 06/30/2022	Worksheet H-2 Part II Date/Time Prepared: 11/22/2022 9:31 am PPS
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Cost Center Description	CAFETERIA (NUMBER OF FTES)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
	11.00	13.00	14.00	15.00	16.00	17.00	
1.00 Administrative and General	11	0	0	0	5,558,610	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	11	0	0	0	5,558,610	0	20.00
21.00 Total cost to be allocated	12,686	0	0	0	13,007	0	21.00
22.00 Unit cost multiplier	1,153.272727	0.000000	0.000000	0.000000	0.002340	0.000000	22.00
Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMEDICAL EDUCATION PROGRAM EMS (ASSIGNED TIME)					
	19.00	23.00					
1.00 Administrative and General	0	0					1.00
2.00 Skilled Nursing Care	0	0					2.00
3.00 Physical Therapy	0	0					3.00
4.00 Occupational Therapy	0	0					4.00
5.00 Speech Pathology	0	0					5.00
6.00 Medical Social Services	0	0					6.00
7.00 Home Health Aide	0	0					7.00
8.00 Supplies (see instructions)	0	0					8.00
9.00 Drugs	0	0					9.00
10.00 DME	0	0					10.00
11.00 Home Dialysis Aide Services	0	0					11.00
12.00 Respiratory Therapy	0	0					12.00
13.00 Private Duty Nursing	0	0					13.00
14.00 Clinic	0	0					14.00
15.00 Health Promotion Activities	0	0					15.00
16.00 Day Care Program	0	0					16.00
17.00 Home Delivered Meals Program	0	0					17.00
18.00 Homemaker Service	0	0					18.00
19.00 All Others (specify)	0	0					19.00
19.50 Telemedicine	0	0					19.50
20.00 Total (sum of lines 1-19)	0	0					20.00
21.00 Total cost to be allocated	0	0					21.00
22.00 Unit cost multiplier	0.000000	0.000000					22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet H-3 Part I Date/Time Prepared: 11/22/2022 9:31 am
		HHA CCN: 15-7313	Title XVIII	Home Health Agency I PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,904,432		1,904,432	13,384	142.29	1.00
2.00	Physical Therapy	3.00	1,432,793	0	1,432,793	8,331	171.98	2.00
3.00	Occupational Therapy	4.00	477,727	0	477,727	3,603	132.59	3.00
4.00	Speech Pathology	5.00	79,748	0	79,748	431	185.03	4.00
5.00	Medical Social Services	6.00	0		0	0	0.00	5.00
6.00	Home Health Aide	7.00	205,299		205,299	1,849	111.03	6.00
7.00	Total (sum of lines 1-6)		4,099,999	0	4,099,999	27,598		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 + col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		23844	0	5,790		8.00
9.00	Physical Therapy		23844	0	3,537		9.00
10.00	Occupational Therapy		23844	0	1,567		10.00
11.00	Speech Pathology		23844	0	151		11.00
12.00	Medical Social Services		23844	0	0		12.00
13.00	Home Health Aide		23844	0	1,042		13.00
14.00	Total (sum of lines 8-13)			0	12,087		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 + col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	181,904	0	181,904	167,229	1.087754	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	5,790		0	823,859	1.00
2.00	Physical Therapy	0	3,537		0	608,293	2.00
3.00	Occupational Therapy	0	1,567		0	207,769	3.00
4.00	Speech Pathology	0	151		0	27,940	4.00
5.00	Medical Social Services	0	0		0	0	5.00
6.00	Home Health Aide	0	1,042		0	115,693	6.00
7.00	Total (sum of lines 1-6)	0	12,087		0	1,783,554	7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00
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Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0034 HHA CCN: 15-7313	Period: From 07/01/2021 To 06/30/2022	Worksheet H-3 Part I Date/Time Prepared: 11/22/2022 9:31 am	
				Title XVIII	Home Health Agency I	PPS	
Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance	
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	159,269	0	173,245	0	
16.00	Cost of Drugs		0	0	0	0	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	823,859					1.00
2.00	Physical Therapy	608,293					2.00
3.00	Occupational Therapy	207,769					3.00
4.00	Speech Pathology	27,940					4.00
5.00	Medical Social Services	0					5.00
6.00	Home Health Aide	115,693					6.00
7.00	Total (sum of lines 1-6)	1,783,554					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0034
HHA CCN: 15-7313

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

Worksheet H-3
Part II
Date/Time Prepared:
11/22/2022 9:31 am
PPS

Title XVIII

Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.282663	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.193432	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.473140	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.385425	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.185329	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0034 HHA CCN: 15-7313	Period: From 07/01/2021 To 06/30/2022	Worksheet H-4 Part I-11 Date/Time Prepared: 11/22/2022 9:31 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	3,784	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-3,784
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,748,224
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	330,947
13.00	Total PPS Reimbursement - LUPA Episodes		0	34,384
14.00	Total PPS Reimbursement - PEP Episodes		0	39,510
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	86,157
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	4,311
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,239,749
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,239,749
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,239,749
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,239,749
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	2,239,749
31.01	Sequestration adjustment (see instructions)		0	5,992
31.02	Demonstration payment adjustment amount after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	2,233,757
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 15-0034
HHA CCN: 15-7313

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

Worksheet H-5
Date/Time Prepared:
11/22/2022 9:31 am
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,233,757	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			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,233,757	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,233,757	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0034	Period: From 07/01/2021 To 06/30/2022	Worksheet L Parts I-III Date/Time Prepared: 11/22/2022 9:31 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,369,283	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		13,454	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)		101.97	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)		2.72	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.07	8.00
9.00	Sum of lines 7 and 8		19.79	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.09	10.00
11.00	Disproportionate share adjustment (see instructions)		96,904	11.00
12.00	Total prospective capital payments (see instructions)		2,479,641	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00