

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN:15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet S Parts I-III Date/Time Prepared: 11/28/2023 11:19 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date:	Time:
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MARION GENERAL HOSPITAL (15-0011) for the cost reporting period beginning 07/01/2022 and ending 06/30/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

	Title v	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	419,786	-115,021	0	-730,838 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	3,538	0	0	16,687 3.00
4.00	SUBPROVIDER (OTHER)	0	0	0	0	0 4.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
200.00	TOTAL	0	423,324	-115,021	0	-714,151 200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/28/2023 11:19 am
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1.00	2.00	3.00	4.00
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Hospital and Hospital Health Care Complex Address:			
1.00	Street: 441 WABASH AVENUE	PO Box:	1.00
2.00	City: MARION	State: IN	2.00
		Zip Code: 46952-	
		County: GRANT	

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MARION GENERAL HOSPITAL	150011	99915	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	MARION GENERAL HOSPITAL	15T011	99915	5	07/01/2005	N	P	O	5.00
		REHAB								
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2022	06/30/2023	20.00	
21.00	Type of Control (see instructions)					2		21.00	
						1.00	2.00	3.00	

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	Y			22.01
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								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: 15-0011			Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/28/2023 11:19 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.	644	591	0	25	3,125	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	12	25	0	5	109			25.00		
						Urban/Rural	S	Date of Geogr			
						1.00		2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							2	26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							2	27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							1	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.							07/01/2022	06/30/2023	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	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.							N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.							N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.							N	N	N	48.00
Teaching Hospitals											
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.							N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete worksheet E-4.										57.00

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		V	XVIII	XIX	
		1.00	2.00	3.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete wkst. D-2, Pt. I.	N			59.00

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

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

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

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

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

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			1.00		
Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)					
68.00	For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		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	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
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				0 88.00
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		0 89.00
			V	XIX	
			1.00	2.00	
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	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0011		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/28/2023 11:19 am	
		V 1.00	XIX 2.00				
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.06	
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)	N				106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete worksheet E, Part A, lines 200 through 218, and worksheet E-2, lines 200 through 215, as applicable.			N	110.00		
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
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.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/28/2023 11:19 am
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,201,652	0	0
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	
119.00	DO NOT USE THIS LINE			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N	
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	
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
133.00	Removed and reserved			
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			
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)		N	
		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:	Contractor's Name:	Contractor's Number:	
142.00	Street:	PO Box:		
143.00	City:	State:	Zip Code:	
				1.00
144.00	Are provider based physicians' costs included in worksheet A?			Y
				1.00
				2.00
145.00	If costs for renal services are claimed on wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0011		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/28/2023 11:19 am		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
1.00								
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						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)						0.00	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0011		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part II Date/Time Prepared: 11/28/2023 11:19 am	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date		V/I
				1.00	2.00		3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "v" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type		Date
				1.00	2.00		3.00
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.			N			11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
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	07/18/2023	Y	07/18/2023
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part II Date/Time Prepared: 11/28/2023 11:19 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TINA		SEVERS	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE AND CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7946		TSEVERS@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-2
Part II
Date/Time Prepared:
11/28/2023 11:19 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.	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

HFS Supplemental Information	Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part IX Date/Time Prepared: 11/28/2023 11:19 am
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		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
3.02	Does Title XIX transfer managed care (HMO) days from worksheet S-3, Part I, column 7, sum of lines 2, 3, and 4 to worksheet E-4, column 2, line 26?		Y	3.02
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00
		State		
		1.00		
STATE MEDICAID FORMS				
10.00	Select the state when using state Medicaid forms.			10.00

Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
PART I - STATISTICAL DATA						
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	87	31,755	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)		87	31,755	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	19	6,935	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)		106	38,690	0.00	0	14.00
15.00 CAH visits					0	15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		124				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01
34.00 Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

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	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,799	644	9,546		1.00
2.00	HMO and other (see instructions)	3,930	3,741			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	133	139			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)	3,799	644	9,546		7.00
8.00	INTENSIVE CARE UNIT	589	0	4,101		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		0	1,455		13.00
14.00	Total (see instructions)	4,388	644	15,102	0.00	670.77
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits					15.10
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00
17.00	SUBPROVIDER - IRF	1,086	12	1,781	0.00	10.83
18.00	SUBPROVIDER		0	0	0.00	0.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			80		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	681.60
28.00	Observation Bed Days		1,077	4,272		28.00
29.00	Ambulance Trips	1,016				29.00
30.00	Employee discount days (see instruction)			120		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	0	0		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

Component	Full Time	Discharges			Total All Patients		
	Equivalents	Title V	Title XVIII	Title XIX			
	Nonpaid workers	11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,138	106	3,688	1.00
2.00	HMO and other (see instructions)			831	869		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				11		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	1,138	106	3,688	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	105	1	181	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part II
Date/Time Prepared:
11/28/2023 11:19 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	56,564,955	23,163,152	79,728,107	1,760,182.90	45.30 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		661,539	0	661,539	2,868.99	230.58 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		4,966,366	0	4,966,366	24,997.08	198.68 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		10,119,051	15,973,944	26,092,995	434,353.50	60.07 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		8,253,385	0	8,253,385	73,509.18	112.28 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		133,613	0	133,613	734.75	181.85 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		0	0	0	0.00	0.00 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		16,094,582	0	16,094,582		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		6,208,376	0	6,208,376		
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		82,841	0	82,841		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		662,682	0	662,682		
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)		0	0	0		
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: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part II
Date/Time Prepared:
11/28/2023 11:19 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	1,200,032	7,966	1,207,998	30,448.00	39.67	26.00
27.00	Administrative & General	10,255,649	2,767,679	13,023,328	324,233.03	40.17	27.00
28.00	Administrative & General under contract (see inst.)	1,541,183	0	1,541,183	11,741.19	131.26	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	893,974	3,030	897,004	37,861.40	23.69	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	1,472,127	0	1,472,127	104,951.00	14.03	33.00
34.00	Dietary	21,664	0	21,664	313.00	69.21	34.00
35.00	Dietary under contract (see instructions)	404,107	0	404,107	23,399.38	17.27	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,446,937	-487,008	959,929	18,334.80	52.36	38.00
39.00	Central Services and Supply	144,707	13,532	158,239	7,671.00	20.63	39.00
40.00	Pharmacy	2,695,370	1,384	2,696,754	62,315.70	43.28	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: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part III
Date/Time Prepared:
11/28/2023 11:19 am

	Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	55,016,006	23,163,152	78,179,158	1,875,277.39	41.69	1.00
2.00	Excluded area salaries (see instructions)	10,119,051	15,973,944	26,092,995	434,353.50	60.07	2.00
3.00	Subtotal salaries (line 1 minus line 2)	44,896,955	7,189,208	52,086,163	1,440,923.89	36.15	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,386,998	0	8,386,998	74,243.93	112.97	4.00
5.00	Subtotal wage-related costs (see inst.)	16,177,423	0	16,177,423	0.00	31.06	5.00
6.00	Total (sum of lines 3 thru 5)	69,461,376	7,189,208	76,650,584	1,515,167.82	50.59	6.00
7.00	Total overhead cost (see instructions)	20,075,750	2,306,583	22,382,333	621,268.50	36.03	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,610,058	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	2,000,000	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	1,949,422	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)	11,387,817	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	33,941	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)	314,298	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	546,356	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,079,121	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	1,038	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	126,430	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	23,048,481	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: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part V Date/Time Prepared: 11/28/2023 11:19 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	8,253,385	23,048,481	1.00
2.00	Hospital	8,253,385	23,048,481	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet S-10 Date/Time Prepared: 11/28/2023 11:19 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)		0.261865	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		13,030,994	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?		N	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		118,682,739	6.00	
7.00	Medicaid cost (line 1 times line 6)		31,078,855	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)		18,047,861	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)		18,047,861	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)	9,877,638	1,903,917	11,781,555	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,586,608	1,903,917	4,490,525	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	100	100	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,586,608	1,903,817	4,490,425	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)		8,008,463		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		259,533		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		399,282		27.01
28.00	Non-Medicare bad debt expense (see instructions)		7,609,181		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,132,327		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,622,752		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		24,670,613		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet A

Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		13,105,306		13,105,306	-1,152,081	11,953,225	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,200,032	21,495,412	22,695,444	7,966	22,703,410	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	10,255,649	29,601,230	39,856,879	-156,124	39,700,755	5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00	
6.01	00601	CAFETERIA	0	0	0	1,793,961	1,793,961	6.01	
6.02	00602	CAFETERIA	0	0	0	0	0	6.02	
7.00	00700	OPERATION OF PLANT	893,974	5,396,726	6,290,700	352,350	6,643,050	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	311,742	311,742	8.00	
9.00	00900	HOUSEKEEPING	0	3,300,837	3,300,837	-303,470	2,997,367	9.00	
10.00	01000	DIETARY	21,664	2,486,565	2,508,229	-1,859,445	648,784	10.00	
13.00	01300	NURSING ADMINISTRATION	1,446,937	83,244	1,530,181	-487,008	1,043,173	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	144,707	437,748	582,455	13,532	595,987	14.00	
15.00	01500	PHARMACY	2,695,370	13,011,663	15,707,033	-11,542,693	4,164,340	15.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	7,449,507	2,538,011	9,987,518	-1,464,539	8,522,979	30.00	
31.00	03100	INTENSIVE CARE UNIT	2,299,745	2,243,976	4,543,721	-38,851	4,504,870	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	794,963	1,140,281	1,935,244	1,930	1,937,174	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	1,706,164	1,706,164	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,430,306	8,855,306	12,285,612	285,014	12,570,626	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,471,243	2,641,314	6,112,557	-1,129,579	4,982,978	54.00	
57.00	05700	CT SCAN	0	0	0	940,051	940,051	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	573,630	573,630	58.00	
59.00	05900	CARDIAC CATHETERIZATION	835,098	1,861,849	2,696,947	30,739	2,727,686	59.00	
60.00	06000	LABORATORY	2,379,969	7,409,096	9,789,065	29,011	9,818,076	60.00	
60.01	06001	ONCOLOGY	1,047,038	626,107	1,673,145	3,994	1,677,139	60.01	
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	1,305,025	2,215,219	3,520,244	62,256	3,582,500	65.00	
66.00	06600	PHYSICAL THERAPY	1,806,678	750,398	2,557,076	58,995	2,616,071	66.00	
69.00	06900	ELECTROCARDIOLOGY	760,978	341,437	1,102,415	79,211	1,181,626	69.00	
69.01	06901	CARDIAC REHAB	174,900	41,728	216,628	29,002	245,630	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	11,544,077	11,544,077	73.00	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	276,517	654,495	931,012	53,507	984,519	90.00	
91.00	09100	EMERGENCY	4,550,567	8,317,263	12,867,830	-64,197	12,803,633	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	1,332,501	277,854	1,610,355	30,235	1,640,590	95.00	
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,573,368	128,833,065	177,406,433	-290,620	177,115,813	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,358	8,358	23,521	31,879	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01	19201	PACT REV PHYSICIANS	142,610	875,062	1,017,672	-226,679	790,993	192.01	
192.02	19202	VISITOR MEALS	0	0	0	0	0	192.02	
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	0	192.03	
192.04	19204	LIFELINE	0	0	0	0	0	192.04	
192.05	19205	OWNED PROPERTIES	0	1,720,641	1,720,641	-1,144,600	576,041	192.05	
192.06	19206	UROLOGY	388,697	1,112,352	1,501,049	41,173	1,542,222	192.06	
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07	
192.08	19211	PARISH NURSING	57,818	11,356	69,174	4,816	73,990	192.08	
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09	
192.10	19214	BREAST PUMPS	0	0	0	0	0	192.10	
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	3,888	3,888	192.11	
192.12	19209	LUNG CENTER	120,398	612,938	733,336	27,752	761,088	192.12	
192.13	19213	MGH EXPRESS	659,245	1,211,727	1,870,972	47,469	1,918,441	192.13	
192.14	19210	MGH PHYS PRACT MGMT	1,734,155	858,730	2,592,885	56,094	2,648,979	192.14	
192.15	19215	MGH MARION SURGEONS	398,489	1,640,814	2,039,303	108,171	2,147,474	192.15	
192.16	19216	MGH MGH MED ONC	4,053	1,676,728	1,680,781	0	1,680,781	192.16	
192.17	19217	MGH FMC SOUTH	553,898	1,107,829	1,661,727	315,356	1,977,083	192.17	
192.18	19218	MGH FAIRM MED ASSOC	156,627	343,010	499,637	22,961	522,598	192.18	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet A

Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
192.19	19219	MGH FMC MARION	413,849	870,007	1,283,856	61,055	1,344,911	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	367,932	883,279	1,251,211	25,732	1,276,943	193.01
193.02	19302	MGH FMC GAS CITY	281,002	775,962	1,056,964	78,730	1,135,694	193.02
193.03	19303	MGH HOSPITALISTS	6,078	3,773,205	3,779,283	8,127	3,787,410	193.03
193.04	19304	MGH MAR FAM PRACT	1,108,685	2,758,316	3,867,001	97,219	3,964,220	193.04
193.05	19305	MGH FMC SWAYZEE	81,574	177,828	259,402	26,302	285,704	193.05
193.06	19306	MGH PEDIATRIC CTR	229,044	720,799	949,843	58,733	1,008,576	193.06
193.07	19307	MGH SPECIALTY PHYS	69,432	244,019	313,451	13,696	327,147	193.07
193.08	19308	MGH FMC CONVERSE	123,176	261,066	384,242	307	384,549	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	360,639	1,894,806	2,255,445	192,057	2,447,502	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	888,000	888,000	0	888,000	193.16
193.18	19318	MGH WOUND CARE	0	29,146	29,146	0	29,146	193.18
194.00	07963	HEART FAILURE CLINIC	0	57,753	57,753	0	57,753	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	538,013	538,013	194.03
194.04	07953	MGH WORK SOLUTIONS	312,050	395,432	707,482	5,481	712,963	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	43,497	43,497	6,635	50,132	194.06
194.07	07956	ASTHMA GRANT	0	0	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	15,711	21,171	36,882	4,197	41,079	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	0	0	0	0	194.18
194.19	07968	RURAL QI GRANT	75,714	91,128	166,842	0	166,842	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	0	194.23
194.24	07974	HEALTH SYS GRANT	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	330,711	1,526,350	1,857,061	-105,586	1,751,475	194.25
200.00		TOTAL (SUM OF LINES 118 through 199)	56,564,955	155,424,374	211,989,329	0	211,989,329	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet A

Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-608,917	11,344,308	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,867,059	18,836,351	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-13,192,695	26,508,060	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
6.01	00601	CAFETERIA	-3,872	1,790,089	6.01
6.02	00602	CAFETERIA	0	0	6.02
7.00	00700	OPERATION OF PLANT	-212,486	6,430,564	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-4,089	307,653	8.00
9.00	00900	HOUSEKEEPING	-86	2,997,281	9.00
10.00	01000	DIETARY	-255	648,529	10.00
13.00	01300	NURSING ADMINISTRATION	-3	1,043,170	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-772	595,215	14.00
15.00	01500	PHARMACY	-22,060	4,142,280	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-12,116	8,510,863	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,213	4,503,657	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-79,135	1,858,039	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,706,164	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,241,953	9,328,673	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-516,620	4,466,358	54.00
57.00	05700	CT SCAN	0	940,051	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	573,630	58.00
59.00	05900	CARDIAC CATHETERIZATION	-151,938	2,575,748	59.00
60.00	06000	LABORATORY	-102,643	9,715,433	60.00
60.01	06001	ONCOLOGY	-1,091	1,676,048	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-2,028	3,580,472	65.00
66.00	06600	PHYSICAL THERAPY	-400	2,615,671	66.00
69.00	06900	ELECTROCARDIOLOGY	-53,999	1,127,627	69.00
69.01	06901	CARDIAC REHAB	-11	245,619	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,544,077	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,282	983,237	90.00
91.00	09100	EMERGENCY	-4,940,473	7,863,160	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-51,799	1,588,791	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-27,068,995	150,046,818	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,879	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PACT REV PHYSICIANS	-14,336	776,657	192.01
192.02	19202	VISITOR MEALS	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	192.03
192.04	19204	LIFELINE	0	0	192.04
192.05	19205	OWNED PROPERTIES	0	576,041	192.05
192.06	19206	UROLOGY	-68,421	1,473,801	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	192.07
192.08	19211	PARISH NURSING	0	73,990	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	3,888	192.11
192.12	19209	LUNG CENTER	-55,733	705,355	192.12
192.13	19213	MGH EXPRESS	0	1,918,441	192.13
192.14	19210	MGH PHYS PRACT MGMT	-73,036	2,575,943	192.14
192.15	19215	MGH MARION SURGEONS	-129,306	2,018,168	192.15
192.16	19216	MGH MGH MED ONC	0	1,680,781	192.16
192.17	19217	MGH FMC SOUTH	-390,181	1,586,902	192.17
192.18	19218	MGH FAIRM MED ASSOC	-31,159	491,439	192.18
192.19	19219	MGH FMC MARION	-116,707	1,228,204	192.19

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet A

Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
193.00	19300	0	0	193.00
193.01	19301	-55,561	1,221,382	193.01
193.02	19302	-166,471	969,223	193.02
193.03	19303	0	3,787,410	193.03
193.04	19304	-213,678	3,750,542	193.04
193.05	19305	-26,352	259,352	193.05
193.06	19306	-76,555	932,021	193.06
193.07	19307	-28,824	298,323	193.07
193.08	19308	0	384,549	193.08
193.09	19309	0	0	193.09
193.10	19310	0	0	193.10
193.11	19311	0	0	193.11
193.12	19312	-198,349	2,249,153	193.12
193.15	19315	0	0	193.15
193.16	19316	0	888,000	193.16
193.18	19318	0	29,146	193.18
194.00	07963	0	57,753	194.00
194.01	07950	0	0	194.01
194.02	07951	0	0	194.02
194.03	07952	0	538,013	194.03
194.04	07953	0	712,963	194.04
194.05	07954	0	0	194.05
194.06	07955	0	50,132	194.06
194.07	07956	0	0	194.07
194.08	07957	0	0	194.08
194.09	07958	0	0	194.09
194.10	07959	0	0	194.10
194.11	07960	0	0	194.11
194.12	07961	0	0	194.12
194.13	07969	0	0	194.13
194.14	07964	0	0	194.14
194.15	07965	0	41,079	194.15
194.16	07966	0	0	194.16
194.17	07967	0	0	194.17
194.18	07962	0	0	194.18
194.19	07968	0	166,842	194.19
194.20	07970	0	0	194.20
194.21	07971	0	0	194.21
194.22	07972	0	0	194.22
194.23	07973	0	0	194.23
194.24	07974	0	0	194.24
194.25	07975	0	1,751,475	194.25
200.00	TOTAL (SUM OF LINES 118 through 199)	-28,713,664	183,275,665	200.00

COST CENTERS USED IN COST REPORT	Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet Non-CMS W Date/Time Prepared: 11/28/2023 11:19 am
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00 ADMINISTRATIVE & GENERAL	00500		5.00
6.00 MAINTENANCE & REPAIRS	00600		6.00
6.01 CAFETERIA	00601		6.01
6.02 CAFETERIA	00602		6.02
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
40.00 SUBPROVIDER - IPF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 ONCOLOGY	06001		60.01
60.02 RADIATION ONCOLOGY	06002		60.02
64.00 INTRAVENOUS THERAPY	06400		64.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
69.00 ELECTROCARDIOLOGY	06900		69.00
69.01 CARDIAC REHAB	06901		69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
77.00 ALLOGENEIC HSCT ACQUISITION	07700		77.00
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	09201		92.01
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES	09500		95.00
102.00 OPIOID TREATMENT PROGRAM	10200		102.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE	11300		113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01 PACT REV PHYSICIANS	19201		192.01
192.02 VISITOR MEALS	19202		192.02
192.03 GREAT BEGINNINGS/MATERNAL	19203		192.03
192.04 LIFELINE	19204		192.04
192.05 OWNED PROPERTIES	19205		192.05
192.06 UROLOGY	19206		192.06
192.07 PHYSICIANS' PRIVATE OFFICES	19207		192.07
192.08 PARISH NURSING	19211		192.08
192.09 BIOTERRORISM GRANT	19212		192.09
192.10 BREAST PUMPS	19214		192.10
192.11 MGH EMERGENCY PHYSICIANS	19208		192.11
192.12 LUNG CENTER	19209		192.12
192.13 MGH EXPRESS	19213		192.13
192.14 MGH PHYS PRACT MGMT	19210		192.14
192.15 MGH MARION SURGEONS	19215		192.15
192.16 MGH MGH MED ONC	19216		192.16
192.17 MGH FMC SOUTH	19217		192.17
192.18 MGH FAIRM MED ASSOC	19218		192.18

COST CENTERS USED IN COST REPORT

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet Non-CMS W
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Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
192.19	MGH FMC MARION	19219		192.19
193.00	NONPAID WORKERS	19300		193.00
193.01	MGH FMC NORTHWOOD	19301		193.01
193.02	MGH FMC GAS CITY	19302		193.02
193.03	MGH HOSPITALISTS	19303		193.03
193.04	MGH MAR FAM PRACT	19304		193.04
193.05	MGH FMC SWAYZEE	19305		193.05
193.06	MGH PEDIATRIC CTR	19306		193.06
193.07	MGH SPECIALTY PHYS	19307		193.07
193.08	MGH FMC CONVERSE	19308		193.08
193.09	MGH UPLAND HEALTH	19309		193.09
193.10	MGH MGH WOMENS CTR	19310		193.10
193.11	MGH MGH PSYCHIATRY	19311		193.11
193.12	OB/GYN	19312		193.12
193.15	MGH RIVER VIEW BLDG	19315		193.15
193.16	MGH NEONATOLOGY	19316		193.16
193.18	MGH WOUND CARE	19318		193.18
194.00	HEART FAILURE CLINIC	07963		194.00
194.01	MOW	07950		194.01
194.02	MENTAL HEALTH	07951		194.02
194.03	ADVERTISING	07952		194.03
194.04	MGH WORK SOLUTIONS	07953		194.04
194.05	MGH TAYLOR UNIVERSITY	07954		194.05
194.06	OPIOID IMPL GRANT	07955		194.06
194.07	ASTHMA GRANT	07956		194.07
194.08	MGH SMMP BLDG	07957		194.08
194.09	MGH AMBUCARE BLDG	07958		194.09
194.10	MGH 106 LYONS BLDG	07959		194.10
194.11	FAIRMOUNT	07960		194.11
194.12	GAS CITY	07961		194.12
194.13	LYONS	07969		194.13
194.14	WABASH	07964		194.14
194.15	TOBACCO GRANT	07965		194.15
194.16	HRSA NETWORK DEV PLANNING	07966		194.16
194.17	HRSA OPIOID PLANNING	07967		194.17
194.18	ECHO GRANT	07962		194.18
194.19	RURAL QI GRANT	07968		194.19
194.20	MGH DIABETES GRANT	07970		194.20
194.21	MGH MGH ORTHO	07971		194.21
194.22	MGH BELLA BLDG	07972		194.22
194.23	DIABETES GRANT	07973		194.23
194.24	HEALTH SYS GRANT	07974		194.24
194.25	MGH MGH ORTHO	07975		194.25
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

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Period:
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		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
A - SATELLITE OFFICE RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC		54.00	48,793	9,238	1.00
2.00	ELECTROCARDIOLOGY		69.00	3,339	841	2.00
	TOTALS			52,132	10,079	
B - CAFETERIA RECLASS						
1.00	ADMINISTRATIVE & GENERAL		5.00		91,922	1.00
2.00	CAFETERIA		6.01		1,793,961	2.00
	TOTALS			0	1,885,883	
C - ADMIN DIRECTOR RECLASS						
1.00	CENTRAL SERVICES & SUPPLY		14.00	12,632	0	1.00
2.00	ADULTS & PEDIATRICS		30.00	236,840	0	2.00
3.00	OPERATING ROOM		50.00	116,746	0	3.00
4.00	CARDIAC CATHETERIZATION		59.00	29,673	0	4.00
5.00	RESPIRATORY THERAPY		65.00	41,922	0	5.00
6.00	ELECTROCARDIOLOGY		69.00	59,345	0	6.00
7.00	CARDIAC REHAB		69.01	14,836	0	7.00
8.00	AMBULANCE SERVICES		95.00	28,255	0	8.00
9.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN		190.00	23,521	0	9.00
10.00	PARISH NURSING		192.08	1,078	0	10.00
11.00	MGH EXPRESS		192.13	42,383	0	11.00
12.00	MGH MARION SURGEONS		192.15	35,792	0	12.00
13.00	OB/GYN		193.12	56,234	0	13.00
	TOTALS			699,257	0	
D - ADVERTISING RECLASS						
1.00	ADVERTISING		194.03	242,092	295,921	1.00
	TOTALS			242,092	295,921	
E - LEASED PROPERTY RECLASS						
1.00	ADMINISTRATIVE & GENERAL		5.00	0	107,521	1.00
2.00	OPERATION OF PLANT		7.00	0	347,635	2.00
3.00	HOUSEKEEPING		9.00	0	7,902	3.00
4.00	DIETARY		10.00	0	25,813	4.00
5.00	OPERATING ROOM		50.00	0	166,029	5.00
6.00	RADIOLOGY-DIAGNOSTIC		54.00	0	253,004	6.00
7.00	CT SCAN		57.00	0	17,839	7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0	20,117	8.00
9.00	LABORATORY		60.00	0	86,677	9.00
10.00	RESPIRATORY THERAPY		65.00	0	20,334	10.00
11.00	PHYSICAL THERAPY		66.00	0	55,338	11.00
12.00	ELECTROCARDIOLOGY		69.00	0	15,686	12.00
13.00	CARDIAC REHAB		69.01	0	14,166	13.00
14.00	CLINIC		90.00	0	53,507	14.00
15.00	PACT REV PHYSICIANS		192.01	0	8,493	15.00
16.00	UROLOGY		192.06	0	41,173	16.00
17.00	PARISH NURSING		192.08	0	3,738	17.00
18.00	LUNG CENTER		192.12	0	27,752	18.00
19.00	MGH EXPRESS		192.13	0	5,086	19.00
20.00	MGH PHYS PRACT MGMT		192.14	0	45,450	20.00
21.00	MGH MARION SURGEONS		192.15	0	72,379	21.00
22.00	MGH FMC SOUTH		192.17	0	289,333	22.00
23.00	MGH FAIRM MED ASSOC		192.18	0	22,961	23.00
24.00	MGH FMC MARION		192.19	0	61,055	24.00
25.00	MGH FMC NORTHWOOD		193.01	0	25,732	25.00
26.00	MGH FMC GAS CITY		193.02	0	78,730	26.00
27.00	MGH MAR FAM PRACT		193.04	0	97,219	27.00
28.00	MGH FMC SWAYZEE		193.05	0	26,302	28.00
29.00	MGH PEDIATRIC CTR		193.06	0	58,733	29.00
30.00	MGH SPECIALTY PHYS		193.07	0	13,696	30.00
31.00	MGH FMC CONVERSE		193.08	0	307	31.00
32.00	OB/GYN		193.12	0	135,823	32.00
33.00	MGH WORK SOLUTIONS		194.04	0	5,481	33.00
34.00	OPIOID IMPL GRANT		194.06	0	6,635	34.00
35.00	TOBACCO GRANT		194.15	0	4,197	35.00
	TOTALS			0	2,221,843	
F - PHARMACY RECLASS						
1.00	DRUGS CHARGED TO PATIENTS		73.00		11,544,077	1.00
	TOTALS			0	11,544,077	
G - CT/MRI RECLASS						
1.00	CT SCAN		57.00	523,331	397,255	1.00
2.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	313,617	238,063	2.00
	TOTALS			836,948	635,318	

RECLASSIFICATIONS

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
H - SHORT TERM DISABILITY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00		1,330	1.00	
2.00	ADULTS & PEDIATRICS	30.00		6,495	2.00	
3.00	OPERATING ROOM	50.00		11,659	3.00	
4.00	LABORATORY	60.00		11,365	4.00	
5.00	ONCOLOGY	60.01		7,347	5.00	
6.00	MGH EXPRESS	192.13		19,444	6.00	
7.00	MGH PHYS PRACT MGMT	192.14		6,352	7.00	
TOTALS			0	63,992		
I - NURSERY RECLASS						
1.00	NURSERY	43.00	1,382,385	323,779	1.00	
TOTALS			1,382,385	323,779		
J - SMMP HOUSEKEEPING RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00		16,426	1.00	
2.00	OPERATION OF PLANT	7.00		1,685	2.00	
3.00	HOUSEKEEPING	9.00		370	3.00	
4.00	DIETARY	10.00		625	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00		23,309	5.00	
6.00	CT SCAN	57.00		1,626	6.00	
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		1,833	7.00	
8.00	LABORATORY	60.00		2,941	8.00	
9.00	MGH FMC SOUTH	192.17		26,023	9.00	
TOTALS			0	74,838		
K - LAUNDRY RECLASS						
1.00	LAUNDRY & LINEN SERVICE	8.00		311,742	1.00	
TOTALS			0	311,742		
L - PHYSICIAN MEDICAL DIRECTOR RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	235,172	0	1.00	
TOTALS			235,172	0		
M - PHYSICIAN SALARY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	2,916,844	0	1.00	
2.00	SUBPROVIDER - IRF	41.00	70,428	0	2.00	
3.00	RESPIRATORY THERAPY	65.00	6,052	0	3.00	
4.00	PHYSICAL THERAPY	66.00	4,180	0	4.00	
5.00	CARDIAC REHAB	69.01	19,110	0	5.00	
6.00	EMERGENCY	91.00	4,468,147	0	6.00	
7.00	PACT REV PHYSICIANS	192.01	737,376	0	7.00	
8.00	UROLOGY	192.06	665,852	0	8.00	
9.00	LUNG CENTER	192.12	483,114	0	9.00	
10.00	MGH EXPRESS	192.13	580,547	0	10.00	
11.00	MGH MARION SURGEONS	192.15	1,303,696	0	11.00	
12.00	MGH MGH MED ONC	192.16	1,480,585	0	12.00	
13.00	MGH FMC SOUTH	192.17	473,968	0	13.00	
14.00	MGH FAIRM MED ASSOC	192.18	230,258	0	14.00	
15.00	MGH FMC MARION	192.19	564,237	0	15.00	
16.00	MGH FMC NORTHWOOD	193.01	587,378	0	16.00	
17.00	MGH FMC GAS CITY	193.02	360,425	0	17.00	
18.00	MGH HOSPITALISTS	193.03	3,309,486	0	18.00	
19.00	MGH MAR FAM PRACT	193.04	1,700,040	0	19.00	
20.00	MGH FMC SWAYZEE	193.05	112,654	0	20.00	
21.00	MGH PEDIATRIC CTR	193.06	437,853	0	21.00	
22.00	MGH SPECIALTY PHYS	193.07	171,769	0	22.00	
23.00	MGH FMC CONVERSE	193.08	136,786	0	23.00	
24.00	OB/GYN	193.12	1,140,639	0	24.00	
25.00	MGH WOUND CARE	193.18	25,571	0	25.00	
26.00	HEART FAILURE CLINIC	194.00	37,821	0	26.00	
27.00	MGH WORK SOLUTIONS	194.04	110,052	0	27.00	
28.00	MGH MGH ORTHO	194.25	1,092,276	0	28.00	
TOTALS			23,227,144	0		
N - LIABILITY INSURANCE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00		71,763	1.00	
TOTALS			0	71,763		
O - MANAGEMENT BONUS RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,966	0	1.00	
2.00	OPERATION OF PLANT	7.00	3,030	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	39,299	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	900	0	4.00	
5.00	PHARMACY	15.00	1,384	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	4,785	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	3,071	0	7.00	
8.00	SUBPROVIDER - IRF	41.00	1,930	0	8.00	
9.00	OPERATING ROOM	50.00	2,239	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	8,343	0	10.00	

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00	CARDIAC CATHETERIZATION	59.00	1,066	0	11.00
12.00	LABORATORY	60.00	1,604	0	12.00
13.00	ONCOLOGY	60.01	3,994	0	13.00
14.00	PHYSICAL THERAPY	66.00	3,657	0	14.00
15.00	EMERGENCY	91.00	6,441	0	15.00
16.00	AMBULANCE SERVICES	95.00	1,980	0	16.00
17.00	MGH EMERGENCY PHYSICIANS	192.11	3,888	0	17.00
18.00	MGH PHYS PRACT MGMT	192.14	10,644	0	18.00
19.00	MGH HOSPITALISTS	193.03	8,127	0	19.00
20.00	MGH MGH ORTHO	194.25	1,969	0	20.00
	TOTALS		116,317	0	
500.00	Grand Total: Increases		26,791,447	17,439,235	500.00

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7	Ref.	
	6.00	7.00	8.00	9.00	10.00		
A - SATELLITE OFFICE RECLASS							
1.00	LABORATORY	60.00	52,132	10,079	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		52,132	10,079			
B - CAFETERIA RECLASS							
1.00	DIETARY	10.00	0	1,885,883	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	1,885,883			
C - ADMIN DIRECTOR RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	24,598	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	526,307	0	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	41,922	0	0		3.00
4.00	EMERGENCY	91.00	70,638	0	0		4.00
5.00	MGH MGH ORTHO	194.25	35,792	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
	TOTALS		699,257	0			
D - ADVERTISING RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	242,092	295,921	0		1.00
	TOTALS		242,092	295,921			
E - LEASED PROPERTY RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,152,081	10		1.00
2.00	OWNED PROPERTIES	192.05	0	1,069,762	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
	TOTALS		0	2,221,843			
F - PHARMACY RECLASS							
1.00	PHARMACY	15.00	0	11,544,077	0		1.00
	TOTALS		0	11,544,077			
G - CT/MRI RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	836,948	635,318	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		836,948	635,318			

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		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7	Ref.	
	6.00	7.00	8.00	9.00	10.00		
H - SHORT TERM DISABILITY RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,330	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	6,495	0	0		2.00
3.00	OPERATING ROOM	50.00	11,659	0	0		3.00
4.00	LABORATORY	60.00	11,365	0	0		4.00
5.00	ONCOLOGY	60.01	7,347	0	0		5.00
6.00	MGH EXPRESS	192.13	19,444	0	0		6.00
7.00	MGH PHYS PRACT MGMT	192.14	6,352	0	0		7.00
	TOTALS		63,992	0			
I - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	1,382,385	323,779	0		1.00
	TOTALS		1,382,385	323,779			
J - SMMP HOUSEKEEPING RECLASS							
1.00	OWNED PROPERTIES	192.05		74,838	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		0	74,838			
K - LAUNDRY RECLASS							
1.00	HOUSEKEEPING	9.00		311,742	0		1.00
	TOTALS		0	311,742			
L - PHYSICIAN MEDICAL DIRECTOR RECLASS							
1.00	PACT REV PHYSICIANS	192.01	235,172	0	0		1.00
	TOTALS		235,172	0			
M - PHYSICIAN SALARY RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,916,844	0		1.00
2.00	SUBPROVIDER - IRF	41.00	0	70,428	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	6,052	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	4,180	0		4.00
5.00	CARDIAC REHAB	69.01	0	19,110	0		5.00
6.00	EMERGENCY	91.00	0	4,468,147	0		6.00
7.00	PACT REV PHYSICIANS	192.01	0	737,376	0		7.00
8.00	UROLOGY	192.06	0	665,852	0		8.00
9.00	LUNG CENTER	192.12	0	483,114	0		9.00
10.00	MGH EXPRESS	192.13	0	580,547	0		10.00
11.00	MGH MARION SURGEONS	192.15	0	1,303,696	0		11.00
12.00	MGH MGH MED ONC	192.16	0	1,480,585	0		12.00
13.00	MGH FMC SOUTH	192.17	0	473,968	0		13.00
14.00	MGH FAIRM MED ASSOC	192.18	0	230,258	0		14.00
15.00	MGH FMC MARION	192.19	0	564,237	0		15.00
16.00	MGH FMC NORTHWOOD	193.01	0	587,378	0		16.00
17.00	MGH FMC GAS CITY	193.02	0	360,425	0		17.00
18.00	MGH HOSPITALISTS	193.03	0	3,309,486	0		18.00
19.00	MGH MAR FAM PRACT	193.04	0	1,700,040	0		19.00
20.00	MGH FMC SWAYZEE	193.05	0	112,654	0		20.00
21.00	MGH PEDIATRIC CTR	193.06	0	437,853	0		21.00
22.00	MGH SPECIALTY PHYS	193.07	0	171,769	0		22.00
23.00	MGH FMC CONVERSE	193.08	0	136,786	0		23.00
24.00	OB/GYN	193.12	0	1,140,639	0		24.00
25.00	MGH WOUND CARE	193.18	0	25,571	0		25.00
26.00	HEART FAILURE CLINIC	194.00	0	37,821	0		26.00
27.00	MGH WORK SOLUTIONS	194.04	0	110,052	0		27.00
28.00	MGH MGH ORTHO	194.25	0	1,092,276	0		28.00
	TOTALS		0	23,227,144			
N - LIABILITY INSURANCE RECLASS							
1.00	MGH MGH ORTHO	194.25		71,763	0		1.00
	TOTALS		0	71,763			
O - MANAGEMENT BONUS RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	116,317	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00

RECLASSIFICATIONS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-6

Date/Time Prepared:
11/28/2023 11:19 am

Decreases								
	Cost Center	Line #	Salary	Other	wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
12.00		0.00	0	0	0	0		12.00
13.00		0.00	0	0	0	0		13.00
14.00		0.00	0	0	0	0		14.00
15.00		0.00	0	0	0	0		15.00
16.00		0.00	0	0	0	0		16.00
17.00		0.00	0	0	0	0		17.00
18.00		0.00	0	0	0	0		18.00
19.00		0.00	0	0	0	0		19.00
20.00		0.00	0	0	0	0		20.00
	TOTALS		116,317	0				
500.00	Grand Total: Decreases		3,628,295	40,602,387				500.00

RECLASSIFICATIONS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/28/2023 11:19 am

Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - SATELLITE OFFICE RECLASS									
1.00	RADIOLOGY-DIAGNOSTIC	54.00	48,793	9,238	LABORATORY	60.00	52,132	10,079	1.00
2.00	ELECTROCARDIOLOGY	69.00	3,339	841		0.00	0	0	2.00
	TOTALS		52,132	10,079	TOTALS		52,132	10,079	
B - CAFETERIA RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00		91,922	DIETARY	10.00	0	1,885,883	1.00
2.00	CAFETERIA	6.01		1,793,961		0.00	0	0	2.00
	TOTALS		0	1,885,883	TOTALS		0	1,885,883	
C - ADMIN DIRECTOR RECLASS									
1.00	CENTRAL SERVICES & SUPPLY	14.00	12,632	0	ADMINISTRATIVE & GENERAL	5.00	24,598	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	236,840	0	NURSING	13.00	526,307	0	2.00
3.00	OPERATING ROOM	50.00	116,746	0	ADMINISTRATION				
4.00	CARDIAC	59.00	29,673	0	INTENSIVE CARE UNIT	31.00	41,922	0	3.00
	CATHETERIZATION			0	EMERGENCY	91.00	70,638	0	4.00
5.00	RESPIRATORY THERAPY	65.00	41,922	0	MGH MGH ORTHO	194.25	35,792	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	59,345	0		0.00	0	0	6.00
7.00	CARDIAC REHAB	69.01	14,836	0		0.00	0	0	7.00
8.00	AMBULANCE SERVICES	95.00	28,255	0		0.00	0	0	8.00
9.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	23,521	0		0.00	0	0	9.00
10.00	PARISH NURSING	192.08	1,078	0		0.00	0	0	10.00
11.00	MGH EXPRESS	192.13	42,383	0		0.00	0	0	11.00
12.00	MGH MARION SURGEONS	192.15	35,792	0		0.00	0	0	12.00
13.00	OB/GYN	193.12	56,234	0		0.00	0	0	13.00
	TOTALS		699,257	0	TOTALS		699,257	0	
D - ADVERTISING RECLASS									
1.00	ADVERTISING	194.03	242,092	295,921	ADMINISTRATIVE & GENERAL	5.00	242,092	295,921	1.00
	TOTALS		242,092	295,921	TOTALS		242,092	295,921	
E - LEASED PROPERTY RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	107,521	NEW CAP REL COSTS-BLDG & FIXT OWNED PROPERTIES	1.00	0	1,152,081	1.00
2.00	OPERATION OF PLANT	7.00	0	347,635		192.05	0	1,069,762	2.00
3.00	HOUSEKEEPING	9.00	0	7,902		0.00	0	0	3.00
4.00	DIETARY	10.00	0	25,813		0.00	0	0	4.00
5.00	OPERATING ROOM	50.00	0	166,029		0.00	0	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	253,004		0.00	0	0	6.00
7.00	CT SCAN	57.00	0	17,839		0.00	0	0	7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	20,117		0.00	0	0	8.00
9.00	LABORATORY	60.00	0	86,677		0.00	0	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	20,334		0.00	0	0	10.00
11.00	PHYSICAL THERAPY	66.00	0	55,338		0.00	0	0	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	15,686		0.00	0	0	12.00
13.00	CARDIAC REHAB	69.01	0	14,166		0.00	0	0	13.00
14.00	CLINIC	90.00	0	53,507		0.00	0	0	14.00
15.00	PACT REV PHYSICIANS	192.01	0	8,493		0.00	0	0	15.00
16.00	UROLOGY	192.06	0	41,173		0.00	0	0	16.00
17.00	PARISH NURSING	192.08	0	3,738		0.00	0	0	17.00
18.00	LUNG CENTER	192.12	0	27,752		0.00	0	0	18.00
19.00	MGH EXPRESS	192.13	0	5,086		0.00	0	0	19.00
20.00	MGH PHYS PRACT MGMT	192.14	0	45,450		0.00	0	0	20.00
21.00	MGH MARION SURGEONS	192.15	0	72,379		0.00	0	0	21.00
22.00	MGH FMC SOUTH	192.17	0	289,333		0.00	0	0	22.00
23.00	MGH FAIRM MED ASSOC	192.18	0	22,961		0.00	0	0	23.00
24.00	MGH FMC MARION	192.19	0	61,055		0.00	0	0	24.00
25.00	MGH FMC NORTHWOOD	193.01	0	25,732		0.00	0	0	25.00
26.00	MGH FMC GAS CITY	193.02	0	78,730		0.00	0	0	26.00
27.00	MGH MAR FAM PRACT	193.04	0	97,219		0.00	0	0	27.00
28.00	MGH FMC SWAYZEE	193.05	0	26,302		0.00	0	0	28.00
29.00	MGH PEDIATRIC CTR	193.06	0	58,733		0.00	0	0	29.00
30.00	MGH SPECIALTY PHYS	193.07	0	13,696		0.00	0	0	30.00
31.00	MGH FMC CONVERSE	193.08	0	307		0.00	0	0	31.00
32.00	OB/GYN	193.12	0	135,823		0.00	0	0	32.00
33.00	MGH WORK SOLUTIONS	194.04	0	5,481		0.00	0	0	33.00
34.00	OPIOID IMPL GRANT	194.06	0	6,635		0.00	0	0	34.00
35.00	TOBACCO GRANT	194.15	0	4,197		0.00	0	0	35.00
	TOTALS		0	2,221,843	TOTALS		0	2,221,843	

RECLASSIFICATIONS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/28/2023 11:19 am

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
F - PHARMACY RECLASS									
1.00	DRUGS CHARGED TO PATIENTS	73.00		11,544,077	PHARMACY	15.00		11,544,077	1.00
	TOTALS		0	11,544,077	TOTALS		0	11,544,077	
G - CT/MRI RECLASS									
1.00	CT SCAN	57.00	523,331	397,255	RADIOLOGY-DIAGNOSTIC	54.00	836,948	635,318	1.00
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	313,617	238,063		0.00	0	0	2.00
	TOTALS		836,948	635,318	TOTALS		836,948	635,318	
H - SHORT TERM DISABILITY RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00		1,330	ADMINISTRATIVE & GENERAL	5.00	1,330	0	1.00
2.00	ADULTS & PEDIATRICS	30.00		6,495	ADULTS & PEDIATRICS	30.00	6,495	0	2.00
3.00	OPERATING ROOM	50.00		11,659	OPERATING ROOM	50.00	11,659	0	3.00
4.00	LABORATORY	60.00		11,365	LABORATORY	60.00	11,365	0	4.00
5.00	ONCOLOGY	60.01		7,347	ONCOLOGY	60.01	7,347	0	5.00
6.00	MGH EXPRESS	192.13		19,444	MGH EXPRESS	192.13	19,444	0	6.00
7.00	MGH PHYS PRACT MGMT	192.14		6,352	MGH PHYS PRACT MGMT	192.14	6,352	0	7.00
	TOTALS		0	63,992	TOTALS		63,992	0	
I - NURSERY RECLASS									
1.00	NURSERY	43.00	1,382,385	323,779	ADULTS & PEDIATRICS	30.00	1,382,385	323,779	1.00
	TOTALS		1,382,385	323,779	TOTALS		1,382,385	323,779	
J - SMMP HOUSEKEEPING RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00		16,426	OWNED PROPERTIES	192.05		74,838	1.00
2.00	OPERATION OF PLANT	7.00		1,685		0.00	0	0	2.00
3.00	HOUSEKEEPING	9.00		370		0.00	0	0	3.00
4.00	DIETARY	10.00		625		0.00	0	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00		23,309		0.00	0	0	5.00
6.00	CT SCAN	57.00		1,626		0.00	0	0	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		1,833		0.00	0	0	7.00
8.00	LABORATORY	60.00		2,941		0.00	0	0	8.00
9.00	MGH FMC SOUTH	192.17		26,023		0.00	0	0	9.00
	TOTALS		0	74,838	TOTALS		0	74,838	
K - LAUNDRY RECLASS									
1.00	LAUNDRY & LINEN SERVICE	8.00		311,742	HOUSEKEEPING	9.00		311,742	1.00
	TOTALS		0	311,742	TOTALS		0	311,742	
L - PHYSICIAN MEDICAL DIRECTOR RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00	235,172	0	PACT REV PHYSICIANS	192.01	235,172	0	1.00
	TOTALS		235,172	0	TOTALS		235,172	0	
M - PHYSICIAN SALARY RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00	2,916,844	0	ADMINISTRATIVE & GENERAL	5.00	0	2,916,844	1.00
2.00	SUBPROVIDER - IRF	41.00	70,428	0	SUBPROVIDER - IRF	41.00	0	70,428	2.00
3.00	RESPIRATORY THERAPY	65.00	6,052	0	RESPIRATORY THERAPY	65.00	0	6,052	3.00
4.00	PHYSICAL THERAPY	66.00	4,180	0	PHYSICAL THERAPY	66.00	0	4,180	4.00
5.00	CARDIAC REHAB	69.01	19,110	0	CARDIAC REHAB	69.01	0	19,110	5.00
6.00	EMERGENCY	91.00	4,468,147	0	EMERGENCY	91.00	0	4,468,147	6.00
7.00	PACT REV PHYSICIANS	192.01	737,376	0	PACT REV PHYSICIANS	192.01	0	737,376	7.00
8.00	UROLOGY	192.06	665,852	0	UROLOGY	192.06	0	665,852	8.00
9.00	LUNG CENTER	192.12	483,114	0	LUNG CENTER	192.12	0	483,114	9.00
10.00	MGH EXPRESS	192.13	580,547	0	MGH EXPRESS	192.13	0	580,547	10.00
11.00	MGH MARION SURGEONS	192.15	1,303,696	0	MGH MARION SURGEONS	192.15	0	1,303,696	11.00
12.00	MGH MGH MED ONC	192.16	1,480,585	0	MGH MGH MED ONC	192.16	0	1,480,585	12.00
13.00	MGH FMC SOUTH	192.17	473,968	0	MGH FMC SOUTH	192.17	0	473,968	13.00
14.00	MGH FAIRM MED ASSOC	192.18	230,258	0	MGH FAIRM MED ASSOC	192.18	0	230,258	14.00
15.00	MGH FMC MARION	192.19	564,237	0	MGH FMC MARION	192.19	0	564,237	15.00
16.00	MGH FMC NORTHWOOD	193.01	587,378	0	MGH FMC NORTHWOOD	193.01	0	587,378	16.00
17.00	MGH FMC GAS CITY	193.02	360,425	0	MGH FMC GAS CITY	193.02	0	360,425	17.00
18.00	MGH HOSPITALISTS	193.03	3,309,486	0	MGH HOSPITALISTS	193.03	0	3,309,486	18.00
19.00	MGH MAR FAM PRACT	193.04	1,700,040	0	MGH MAR FAM PRACT	193.04	0	1,700,040	19.00
20.00	MGH FMC SWAYZEE	193.05	112,654	0	MGH FMC SWAYZEE	193.05	0	112,654	20.00
21.00	MGH PEDIATRIC CTR	193.06	437,853	0	MGH PEDIATRIC CTR	193.06	0	437,853	21.00
22.00	MGH SPECIALTY PHYS	193.07	171,769	0	MGH SPECIALTY PHYS	193.07	0	171,769	22.00
23.00	MGH FMC CONVERSE	193.08	136,786	0	MGH FMC CONVERSE	193.08	0	136,786	23.00
24.00	OB/GYN	193.12	1,140,639	0	OB/GYN	193.12	0	1,140,639	24.00
25.00	MGH WOUND CARE	193.18	25,571	0	MGH WOUND CARE	193.18	0	25,571	25.00
26.00	HEART FAILURE CLINIC	194.00	37,821	0	HEART FAILURE CLINIC	194.00	0	37,821	26.00
27.00	MGH WORK SOLUTIONS	194.04	110,052	0	MGH WORK SOLUTIONS	194.04	0	110,052	27.00
28.00	MGH MGH ORTHO	194.25	1,092,276	0	MGH MGH ORTHO	194.25	0	1,092,276	28.00
	TOTALS		23,227,144	0	TOTALS		0	23,227,144	

RECLASSIFICATIONS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/28/2023 11:19 am

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
N - LIABILITY INSURANCE RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00		71,763	MGH MGH ORTHO	194.25			71,763
	TOTALS			0	TOTALS				0
O - MANAGEMENT BONUS RECLASS									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,966	0	ADMINISTRATIVE & GENERAL	5.00	116,317	0	0
2.00	OPERATION OF PLANT	7.00	3,030	0		0.00	0	0	0
3.00	NURSING ADMINISTRATION	13.00	39,299	0		0.00	0	0	0
4.00	CENTRAL SERVICES & SUPPLY	14.00	900	0		0.00	0	0	0
5.00	PHARMACY	15.00	1,384	0		0.00	0	0	0
6.00	ADULTS & PEDIATRICS	30.00	4,785	0		0.00	0	0	0
7.00	INTENSIVE CARE UNIT	31.00	3,071	0		0.00	0	0	0
8.00	SUBPROVIDER - IRF	41.00	1,930	0		0.00	0	0	0
9.00	OPERATING ROOM	50.00	2,239	0		0.00	0	0	0
10.00	RADIOLOGY-DIAGNOSTIC	54.00	8,343	0		0.00	0	0	0
11.00	CARDIAC CATHETERIZATION	59.00	1,066	0		0.00	0	0	0
12.00	LABORATORY	60.00	1,604	0		0.00	0	0	0
13.00	ONCOLOGY	60.01	3,994	0		0.00	0	0	0
14.00	PHYSICAL THERAPY	66.00	3,657	0		0.00	0	0	0
15.00	EMERGENCY	91.00	6,441	0		0.00	0	0	0
16.00	AMBULANCE SERVICES	95.00	1,980	0		0.00	0	0	0
17.00	MGH EMERGENCY PHYSICIANS	192.11	3,888	0		0.00	0	0	0
18.00	MGH PHYS PRACT MGMT	192.14	10,644	0		0.00	0	0	0
19.00	MGH HOSPITALISTS	193.03	8,127	0		0.00	0	0	0
20.00	MGH MGH ORTHO	194.25	1,969	0		0.00	0	0	0
	TOTALS		116,317	0	TOTALS		116,317	0	0
500.00	Grand Total: Increases		26,791,447	17,439,235	Grand Total: Decreases		3,628,295	40,602,387	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-7
Part I
Date/Time Prepared:
11/28/2023 11:19 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	12,769,644	49,782	0	49,782	0 1.00
2.00	Land Improvements	3,369,169	0	0	0	0 2.00
3.00	Buildings and Fixtures	154,284,670	907,900	0	907,900	13,361 3.00
4.00	Building Improvements	1,004,508	0	0	0	0 4.00
5.00	Fixed Equipment	3,509,530	0	0	0	0 5.00
6.00	Movable Equipment	102,051,124	53,275,925	0	53,275,925	477,017 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	276,988,645	54,233,607	0	54,233,607	490,378 8.00
9.00	Reconciling Items	28,282,793	50,810,704	0	50,810,704	0 9.00
10.00	Total (line 8 minus line 9)	248,705,852	3,422,903	0	3,422,903	490,378 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	12,819,426	0			0 1.00
2.00	Land Improvements	3,369,169	0			0 2.00
3.00	Buildings and Fixtures	155,179,209	0			0 3.00
4.00	Building Improvements	1,004,508	0			0 4.00
5.00	Fixed Equipment	3,509,530	0			0 5.00
6.00	Movable Equipment	154,850,032	0			0 6.00
7.00	HIT designated Assets	0	0			0 7.00
8.00	Subtotal (sum of lines 1-7)	330,731,874	0			0 8.00
9.00	Reconciling Items	79,093,497	0			0 9.00
10.00	Total (line 8 minus line 9)	251,638,377	0			0 10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-7
Part II
Date/Time Prepared:
11/28/2023 11:19 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	NEW CAP REL COSTS-BLDG & FIXT	13,105,306	0	0	0	1.00
3.00	Total (sum of lines 1-2)	13,105,306	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	NEW CAP REL COSTS-BLDG & FIXT	0	13,105,306	1.00
3.00	Total (sum of lines 1-2)	0	13,105,306	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-7
Part III
Date/Time Prepared:
11/28/2023 11:19 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	NEW CAP REL COSTS-BLDG & FIXT	330,731,874	0	330,731,874	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	330,731,874	0	330,731,874	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	13,105,306	-1,152,081	1.00
3.00	Total (sum of lines 1-2)	0	0	0	13,105,306	-1,152,081	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	NEW CAP REL COSTS-BLDG & FIXT	-608,917	0	0	0	11,344,308	1.00
3.00	Total (sum of lines 1-2)	-608,917	0	0	0	11,344,308	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8

Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	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	-8,769,161			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	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,663	CAFETERIA	6.01	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		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	0	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	0	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	0	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	0	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	*** Cost Center Deleted ***	67.00	0	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00	0	30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8

Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0 32.00
33.00 FINANCE BANK SERVICE CHARGES	A	-289,132	ADMINISTRATIVE & GENERAL	5.00		0 33.00
33.01 FINANCE DISCOUNT PAYMENTS	A	58,836	ADMINISTRATIVE & GENERAL	5.00		0 33.01
33.02 GAIN ON DISPOSAL	A	98,472	ADMINISTRATIVE & GENERAL	5.00		0 33.02
33.03 XIX ASSESSMENT FEE A/C	A	-9,448,791	ADMINISTRATIVE & GENERAL	5.00		0 33.03
33.04 SELF INSURANCE EXPENSE	A	-3,867,009	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.04
33.05 DEPOSITION-OTHER	B	-438	ADMINISTRATIVE & GENERAL	5.00		0 33.05
33.06 RETURNED CHECK FEE	B	-560	ADMINISTRATIVE & GENERAL	5.00		0 33.06
33.07 PHYSICIAN PRIV APPLICATION	B	-3,600	ADMINISTRATIVE & GENERAL	5.00		0 33.07
33.08 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-66,532	ADMINISTRATIVE & GENERAL	5.00		0 33.08
33.09 CHILD SEAT SAFETY INSPECTION	B	0	ADMINISTRATIVE & GENERAL	5.00		0 33.09
33.10 HEALTH SCREENING FEES - LAB	B	-14,685	LABORATORY	60.00		0 33.10
33.11 HEALTH SCREENING FEES - RAD	B	-28,963	RADIOLOGY-DIAGNOSTIC	54.00		0 33.11
33.12 MED STAFF OTHER SCREENING - MED STAF	B	1,910	ADMINISTRATIVE & GENERAL	5.00		0 33.12
33.13 HEALTH SCREENS	B	-11,310	LABORATORY	60.00		0 33.13
33.14 HEALTH SCREENS	B	1,000	LABORATORY	60.00		0 33.14
33.15 REBATE	B	-8,590	ADMINISTRATIVE & GENERAL	5.00		0 33.15
33.16 REBATE	B	-78,394	ADMINISTRATIVE & GENERAL	5.00		0 33.16
33.17 RENTAL OF PROVIDER SPACE BY SUPPLIER	B	-21,710	ADMINISTRATIVE & GENERAL	5.00		0 33.17
33.18 RENT SPACE UPLAND	B	0	LABORATORY	60.00		0 33.18
33.19 PAGER RENTAL	B	-840	ADMINISTRATIVE & GENERAL	5.00		0 33.19
33.20 SALE OF SCRAP, WASTE, ETC.	B	-2,978	ADMINISTRATIVE & GENERAL	5.00		0 33.20
33.21 PCC MARKETING AG	B	0	ADMINISTRATIVE & GENERAL	5.00		0 33.21
33.22 EDUCATIONAL WORKSHOP	B	-326	ADMINISTRATIVE & GENERAL	5.00		0 33.22
33.23 OPT HEALTH LINEN SEV	B	-4,089	LAUNDRY & LINEN SERVICE	8.00		0 33.23
33.24 AMBULANCE SVC - ASSISTS	B	-37,750	AMBULANCE SERVICES	95.00		0 33.24
33.25 AMBULANCE SVC - CORONER SVC	B	0	AMBULANCE SERVICES	95.00		0 33.25
33.26 AMBULANCE SVC - LINEN SERVICES	B	-4,992	AMBULANCE SERVICES	95.00		0 33.26
33.27 AMBULANCE SVC - COMMUNITY	B	-8,521	AMBULANCE SERVICES	95.00		0 33.27
33.28 CONTRACT ARU OTH ARU MEDICAL DIRECTO	B	-48,490	SUBPROVIDER - IRF	41.00		0 33.28
33.29 MGH UNCLAIMED OTH 125 MED/CHILD	B	-18,988	ADMINISTRATIVE & GENERAL	5.00		0 33.29
33.30 SCHOOL PHYS OTHER SCHOOL PHYS	B	-8,955	ADMINISTRATIVE & GENERAL	5.00		0 33.30
33.31 PHLEBOTOMY	B	-12,390	LABORATORY	60.00		0 33.31
33.32 CPR TRAIN OTH AHA COMMUNITY	B	-19,145	ADMINISTRATIVE & GENERAL	5.00		0 33.32
33.33 CLINICAL STUDY - OTHER	B	0	ONCOLOGY	60.01		0 33.33
33.34 SICK CHILD CARE PROGRAM	B	-1,186	ADULTS & PEDIATRICS	30.00		0 33.34
33.35 ONC. QUAL	B	-1,200	ADMINISTRATIVE & GENERAL	5.00		0 33.35
33.36 SETTLEMENTS	B	-28	ADMINISTRATIVE & GENERAL	5.00		0 33.36
33.37 UNCLAIMED OTHER MONIES RECOVERED	B	-2,356	ADMINISTRATIVE & GENERAL	5.00		0 33.37
33.38 VENDING MACHINES	B	-2,209	CAFETERIA	6.01		0 33.38
33.39 MISCELLANEOUS OTHER REVENUE	B	-357	ADMINISTRATIVE & GENERAL	5.00		0 33.39
33.40 COVID OTHER REVENUE	B	-110,320	ADMINISTRATIVE & GENERAL	5.00		0 33.40
33.41 DIABETES OTHER REVENUE	B	-1,465	LABORATORY	60.00		0 33.41
33.42 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 33.42
33.43 STAT RADIOLOGY OTHER REVENUE	B	-3,375	RADIOLOGY-DIAGNOSTIC	54.00		0 33.43
33.44 HEALTH SCREENINGS - FLU SHOT	B	0	LABORATORY	60.00		0 33.44
33.45 MISC REV	B	-357	ADMINISTRATIVE & GENERAL	5.00		0 33.45
33.46 TELEVISION AND RADIO SERVICE	A	-55,886	OPERATION OF PLANT	7.00		0 33.46
33.47 TELEPHONE SERVICES	A	-156,416	OPERATION OF PLANT	7.00		0 33.47
33.48 OPERATING INTEREST INCOME	B	-608,917	NEW CAP REL COSTS-BLDG & FIXT	1.00		11 33.48
33.49 LOBBYING COSTS	A	-13	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.49
33.50 LOBBYING COSTS	A	-29,469	ADMINISTRATIVE & GENERAL	5.00		0 33.50
33.51 LOBBYING COSTS	A	-313	PHARMACY	15.00		0 33.51
33.52 LOBBYING COSTS	A	-39	RADIOLOGY-DIAGNOSTIC	54.00		0 33.52

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8

Date/Time Prepared:
11/28/2023 11:19 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		
33.53 LOBBYING COSTS	A	-229	ONCOLOGY	60.01	0	33.53	
33.54 LOBBYING COSTS	A	-4	RESPIRATORY THERAPY	65.00	0	33.54	
33.55 LOBBYING COSTS	A	-13	PHYSICAL THERAPY	66.00	0	33.55	
33.56 ELIMINATING ENTRIES	A	-73,036	MGH PHYS PRACT MGMT	192.14	0	33.56	
33.57 ELIMINATING ENTRIES	A	0	MGH MARION SURGEONS	192.15	0	33.57	
33.58 ELIMINATING ENTRIES	A	-55,733	LUNG CENTER	192.12	0	33.58	
33.59 ELIMINATING ENTRIES	A	-129,306	MGH MARION SURGEONS	192.15	0	33.59	
33.60 ELIMINATING ENTRIES	A	-390,181	MGH FMC SOUTH	192.17	0	33.60	
33.61 ELIMINATING ENTRIES	A	-31,159	MGH FAIRM MED ASSOC	192.18	0	33.61	
33.62 ELIMINATING ENTRIES	A	-116,707	MGH FMC MARION	192.19	0	33.62	
33.63 ELIMINATING ENTRIES	A	-166,471	MGH FMC GAS CITY	193.02	0	33.63	
33.64 ELIMINATING ENTRIES	A	-26,352	MGH FMC SWAYZEE	193.05	0	33.64	
33.65 ELIMINATING ENTRIES	A	-76,555	MGH PEDIATRIC CTR	193.06	0	33.65	
33.66 ELIMINATING ENTRIES	A	-68,421	UROLOGY	192.06	0	33.66	
33.67 ELIMINATING ENTRIES	A	-28,824	MGH SPECIALTY PHYS	193.07	0	33.67	
33.68 ELIMINATING ENTRIES	A	-55,561	MGH FMC NORTHWOOD	193.01	0	33.68	
33.69 ELIMINATING ENTRIES	A	-213,678	MGH MAR FAM PRACT	193.04	0	33.69	
33.70 ELIMINATING ENTRIES	A	-198,349	OB/GYN	193.12	0	33.70	
33.71 PHYSICIAN RECRUITMENT	A	-869,530	ADMINISTRATIVE & GENERAL	5.00	0	33.71	
33.72 ENTERTAINMENT EXP	A	-150,000	ADMINISTRATIVE & GENERAL	5.00	0	33.72	
33.73 EMPLOYEE USE OF AUTO	A	-1,819	ADMINISTRATIVE & GENERAL	5.00	0	33.73	
33.74 DONATIONS	A	-164,250	ADMINISTRATIVE & GENERAL	5.00	0	33.74	
33.75 VHA OPPORTUNITY	A	-37	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.75	
33.76 VHA OPPORTUNITY	A	-14,294	ADMINISTRATIVE & GENERAL	5.00	0	33.76	
33.77 VHA OPPORTUNITY	A	-184	OPERATION OF PLANT	7.00	0	33.77	
33.78 VHA OPPORTUNITY	A	-86	HOUSEKEEPING	9.00	0	33.78	
33.79 VHA OPPORTUNITY	A	-255	DIETARY	10.00	0	33.79	
33.80 VHA OPPORTUNITY	A	-3	NURSING ADMINISTRATION	13.00	0	33.80	
33.81 VHA OPPORTUNITY	A	-772	CENTRAL SERVICES & SUPPLY	14.00	0	33.81	
33.82 VHA OPPORTUNITY	A	-21,747	PHARMACY	15.00	0	33.82	
33.83 VHA OPPORTUNITY	A	-10,930	ADULTS & PEDIATRICS	30.00	0	33.83	
33.84 VHA OPPORTUNITY	A	-1,213	INTENSIVE CARE UNIT	31.00	0	33.84	
33.85 VHA OPPORTUNITY	A	-157	SUBPROVIDER - IRF	41.00	0	33.85	
33.86 VHA OPPORTUNITY	A	-42,208	OPERATING ROOM	50.00	0	33.86	
33.87 VHA OPPORTUNITY	A	-33,627	RADIOLOGY-DIAGNOSTIC	54.00	0	33.87	
33.88 VHA OPPORTUNITY	A	-62,259	CARDIAC CATHETERIZATION	59.00	0	33.88	
33.89 VHA OPPORTUNITY	A	-54,693	LABORATORY	60.00	0	33.89	
33.90 VHA OPPORTUNITY	A	-862	ONCOLOGY	60.01	0	33.90	
33.91 VHA OPPORTUNITY	A	-2,024	RESPIRATORY THERAPY	65.00	0	33.91	
33.92 VHA OPPORTUNITY	A	-387	PHYSICAL THERAPY	66.00	0	33.92	
33.93 VHA OPPORTUNITY	A	-344	ELECTROCARDIOLOGY	69.00	0	33.93	
33.94 VHA OPPORTUNITY	A	-11	CARDIAC REHAB	69.11	0	33.94	
33.95 VHA OPPORTUNITY	A	-1,282	CLINIC	90.00	0	33.95	
33.96 VHA OPPORTUNITY	A	-4,595	EMERGENCY	91.00	0	33.96	
33.97 VHA OPPORTUNITY	A	-536	AMBULANCE SERVICES	95.00	0	33.97	
33.98 ED ON CALL SVC A/C 7000.2512	A	-1,994,970	ADMINISTRATIVE & GENERAL	5.00	0	33.98	
33.99 MID LEVEL PROV COMMIT BONUS	A	-34,800	ADMINISTRATIVE & GENERAL	5.00	0	33.99	
34.00 RENT LAND OTHER-FARM LAND	B	-9,184	ADMINISTRATIVE & GENERAL	5.00	0	34.00	
34.01 ELIMINATING ENTRIES	A	-14,336	PACT REV PHYSICIANS	192.01	0	34.01	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-28,713,664				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-2

Date/Time Prepared:
11/28/2023 11:19 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	41.00	SUBPROVIDER - IRF	30,488	30,488	0	0	0	1.00
2.00	50.00	OPERATING ROOM	3,199,745	3,199,745	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	450,616	450,616	0	0	0	3.00
4.00	59.00	CARDIAC CATHETERIZATION	89,679	89,679	0	0	0	4.00
5.00	60.00	LABORATORY	9,100	9,100	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	53,655	53,655	0	0	0	6.00
7.00	91.00	EMERGENCY	4,935,878	4,935,878	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			8,769,161	8,769,161	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	41.00	SUBPROVIDER - IRF	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			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	41.00	SUBPROVIDER - IRF	0	0	0	30,488		1.00
2.00	50.00	OPERATING ROOM	0	0	0	3,199,745		2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	450,616		3.00
4.00	59.00	CARDIAC CATHETERIZATION	0	0	0	89,679		4.00
5.00	60.00	LABORATORY	0	0	0	9,100		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	53,655		6.00
7.00	91.00	EMERGENCY	0	0	0	4,935,878		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	8,769,161		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT				
	0	1.00	4.00	4A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	11,344,308	11,344,308			1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	18,836,351	272,429	19,108,780		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	26,508,060	3,577,891	3,169,353	33,255,304	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
6.01 00601	CAFETERIA	1,790,089	122,133	0	1,912,222	6.01
6.02 00602	CAFETERIA	0	0	0	0	6.02
7.00 00700	OPERATION OF PLANT	6,430,564	2,255,927	218,297	8,904,788	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	307,653	53,133	0	360,786	8.00
9.00 00900	HOUSEKEEPING	2,997,281	81,975	0	3,079,256	9.00
10.00 01000	DIETARY	648,529	168,275	5,272	822,076	10.00
13.00 01300	NURSING ADMINISTRATION	1,043,170	17,501	233,610	1,294,281	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	595,215	59,922	38,509	693,646	14.00
15.00 01500	PHARMACY	4,142,280	77,197	656,287	4,875,764	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,510,863	1,063,515	1,533,729	11,108,107	30.00
31.00 03100	INTENSIVE CARE UNIT	4,503,657	274,692	550,216	5,328,565	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	1,858,039	241,022	211,073	2,310,134	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	1,706,164	0	336,420	2,042,584	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,328,673	866,347	860,925	11,055,945	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,466,358	520,165	654,992	5,641,515	54.00
57.00 05700	CT SCAN	940,051	37,844	127,359	1,105,254	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	573,630	44,860	76,322	694,812	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,575,748	126,735	210,712	2,913,195	59.00
60.00 06000	LABORATORY	9,715,433	366,424	564,132	10,645,989	60.00
60.01 06001	ONCOLOGY	1,676,048	0	253,993	1,930,041	60.01
60.02 06002	RADIATION ONCOLOGY	0	0	0	0	60.02
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,580,472	168,527	329,269	4,078,268	65.00
66.00 06600	PHYSICAL THERAPY	2,615,671	175,945	441,584	3,233,200	66.00
69.00 06900	ELECTROCARDIOLOGY	1,127,627	200,009	200,448	1,528,084	69.00
69.01 06901	CARDIAC REHAB	245,619	32,589	50,825	329,033	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	11,544,077	0	0	11,544,077	73.00
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	983,237	123,088	67,294	1,173,619	90.00
91.00 09100	EMERGENCY	7,863,160	278,389	2,179,189	10,320,738	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,588,791	104,355	331,638	2,024,784	95.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	150,046,818	11,310,889	13,301,448	144,206,067	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,879	33,419	5,724	71,022	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	PACT REV PHYSICIANS	776,657	0	156,923	933,580	192.01
192.02 19202	VISITOR MEALS	0	0	0	0	192.02
192.03 19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	192.03
192.04 19204	LIFELINE	0	0	0	0	192.04
192.05 19205	OWNED PROPERTIES	576,041	0	0	576,041	192.05
192.06 19206	UROLOGY	1,473,801	0	256,637	1,730,438	192.06
192.07 19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.07
192.08 19211	PARISH NURSING	73,990	0	14,333	88,323	192.08
192.09 19212	BIOTERRORISM GRANT	0	0	0	0	192.09
192.10 19214	BREAST PUMPS	0	0	0	0	192.10
192.11 19208	MGH EMERGENCY PHYSICIANS	3,888	0	946	4,834	192.11
192.12 19209	LUNG CENTER	705,355	0	146,872	852,227	192.12
192.13 19213	MGH EXPRESS	1,918,441	0	307,301	2,225,742	192.13
192.14 19210	MGH PHYS PRACT MGMT	2,575,943	0	423,072	2,999,015	192.14
192.15 19215	MGH MARION SURGEONS	2,018,168	0	422,958	2,441,126	192.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		4.00	4A	5.00	
192.16 19216 MGH MGH MED ONC	1,680,781	0	0	361,304	2,042,085	452,673	192.16
192.17 19217 MGH FMC SOUTH	1,586,902	0	0	250,144	1,837,046	407,222	192.17
192.18 19218 MGH FAIRM MED ASSOC	491,439	0	0	94,153	585,592	129,809	192.18
192.19 19219 MGH FMC MARION	1,228,204	0	0	238,029	1,466,233	325,023	192.19
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00
193.01 19301 MGH FMC NORTHWOOD	1,221,382	0	0	232,486	1,453,868	322,282	193.01
193.02 19302 MGH FMC GAS CITY	969,223	0	0	156,099	1,125,322	249,452	193.02
193.03 19303 MGH HOSPITALISTS	3,787,410	0	0	808,860	4,596,270	1,018,864	193.03
193.04 19304 MGH MAR FAM PRACT	3,750,542	0	0	683,537	4,434,079	982,911	193.04
193.05 19305 MGH FMC SWAYZEE	259,352	0	0	47,268	306,620	67,969	193.05
193.06 19306 MGH PEDIATRIC CTR	932,021	0	0	162,297	1,094,318	242,580	193.06
193.07 19307 MGH SPECIALTY PHYS	298,323	0	0	58,699	357,022	79,142	193.07
193.08 19308 MGH FMC CONVERSE	384,549	0	0	63,265	447,814	99,268	193.08
193.09 19309 MGH UPLAND HEALTH	0	0	0	0	0	0	193.09
193.10 19310 MGH MGH WOMENS CTR	0	0	0	0	0	0	193.10
193.11 19311 MGH MGH PSYCHIATRY	0	0	0	0	0	0	193.11
193.12 19312 OB/GYN	2,249,153	0	0	379,039	2,628,192	582,597	193.12
193.15 19315 MGH RIVER VIEW BLDG	0	0	0	0	0	0	193.15
193.16 19316 MGH NEONATOLOGY	888,000	0	0	0	888,000	196,845	193.16
193.18 19318 MGH WOUND CARE	29,146	0	0	6,223	35,369	7,840	193.18
194.00 07963 HEART FAILURE CLINIC	57,753	0	0	9,204	66,957	14,842	194.00
194.01 07950 MOW	0	0	0	0	0	0	194.01
194.02 07951 MENTAL HEALTH	0	0	0	0	0	0	194.02
194.03 07952 ADVERTISING	538,013	0	0	58,916	596,929	132,322	194.03
194.04 07953 MGH WORK SOLUTIONS	712,963	0	0	102,724	815,687	180,815	194.04
194.05 07954 MGH TAYLOR UNIVERSITY	0	0	0	0	0	0	194.05
194.06 07955 OPIOID IMPL GRANT	50,132	0	0	0	50,132	11,113	194.06
194.07 07956 ASTHMA GRANT	0	0	0	0	0	0	194.07
194.08 07957 MGH SMMP BLDG	0	0	0	0	0	0	194.08
194.09 07958 MGH AMBUCARE BLDG	0	0	0	0	0	0	194.09
194.10 07959 MGH 106 LYONS BLDG	0	0	0	0	0	0	194.10
194.11 07960 FAIRMOUNT	0	0	0	0	0	0	194.11
194.12 07961 GAS CITY	0	0	0	0	0	0	194.12
194.13 07969 LYONS	0	0	0	0	0	0	194.13
194.14 07964 WABASH	0	0	0	0	0	0	194.14
194.15 07965 TOBACCO GRANT	41,079	0	0	3,823	44,902	9,954	194.15
194.16 07966 HRSA NETWORK DEV PLANNING	0	0	0	0	0	0	194.16
194.17 07967 HRSA OPIOID PLANNING	0	0	0	0	0	0	194.17
194.18 07962 ECHO GRANT	0	0	0	0	0	0	194.18
194.19 07968 RURAL QI GRANT	166,842	0	0	18,426	185,268	41,069	194.19
194.20 07970 MGH DIABETES GRANT	0	0	0	0	0	0	194.20
194.21 07971 MGH MGH ORTHO	0	0	0	0	0	0	194.21
194.22 07972 MGH BELLA BLDG	0	0	0	0	0	0	194.22
194.23 07973 DIABETES GRANT	0	0	0	0	0	0	194.23
194.24 07974 HEALTH SYS GRANT	0	0	0	0	0	0	194.24
194.25 07975 MGH MGH ORTHO	1,751,475	0	0	338,070	2,089,545	463,194	194.25
200.00 Cross Foot Adjustments					0		200.00
201.00 Negative Cost Centers					0		201.00
202.00 TOTAL (sum lines 118 through 201)	183,275,665	11,344,308		19,108,780	183,275,665	33,255,304	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/28/2023 11:19 am
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Cost Center Description		MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		6.00	6.01	6.02	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
6.01	00601	CAFETERIA	0	2,336,108			6.01
6.02	00602	CAFETERIA	0	2,307,209	2,307,209		6.02
7.00	00700	OPERATION OF PLANT	0	0	77,139	10,955,869	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	113,785	554,547
9.00	00900	HOUSEKEEPING	0	0	0	175,552	0
10.00	01000	DIETARY	0	0	638	360,365	67,657
13.00	01300	NURSING ADMINISTRATION	0	0	37,356	37,480	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	15,629	128,325	21
15.00	01500	PHARMACY	0	0	126,965	165,320	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	317,836	2,277,537	99,206
31.00	03100	INTENSIVE CARE UNIT	0	0	95,835	588,259	26,602
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	45,889	516,154	6,795
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	65,131	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	206,094	1,855,300	52,124
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	161,267	1,113,944	30,001
57.00	05700	CT SCAN	0	0	33,000	81,044	18,462
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	19,777	96,069	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	48,167	271,405	6,076
60.00	06000	LABORATORY	0	0	174,219	784,705	0
60.01	06001	ONCOLOGY	0	0	0	0	1,956
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	50,618	360,904	5,041
66.00	06600	PHYSICAL THERAPY	0	0	46,329	376,790	11,178
69.00	06900	ELECTROCARDIOLOGY	0	0	63,967	428,324	4,670
69.01	06901	CARDIAC REHAB	0	0	11,511	69,790	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	0	0	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	20,065	263,597	1,028
91.00	09100	EMERGENCY	0	0	248,496	596,175	206,314
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	109,290	223,478	15,920
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,307,209	1,975,218	10,884,302	553,051
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,620	71,567	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	PACT REV PHYSICIANS	0	0	5,811	0	0
192.02	19202	VISITOR MEALS	0	28,899	0	0	0
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	0
192.04	19204	LIFELINE	0	0	0	0	0
192.05	19205	OWNED PROPERTIES	0	0	0	0	0
192.06	19206	UROLOGY	0	0	35,457	0	0
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.08	19211	PARISH NURSING	0	0	3,710	0	0
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0
192.10	19214	BREAST PUMPS	0	0	0	0	0
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0
192.12	19209	LUNG CENTER	0	0	11,723	0	0
192.13	19213	MGH EXPRESS	0	0	0	0	753
192.14	19210	MGH PHYS PRACT MGMT	0	0	139,764	0	0
192.15	19215	MGH MARION SURGEONS	0	0	39,923	0	37
192.16	19216	MGH MGH MED ONC	0	0	0	0	0
192.17	19217	MGH FMC SOUTH	0	0	0	0	77
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	20
192.19	19219	MGH FMC MARION	0	0	41,792	0	10
193.00	19300	NONPAID WORKERS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description			MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			6.00	6.01	6.02	7.00	8.00	
193.01	19301	MGH FMC NORTHWOOD	0	0	0	0	0	193.01
193.02	19302	MGH FMC GAS CITY	0	0	0	0	55	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	0	233	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	0	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	22,648	0	18	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	8,274	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	0	60	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	161	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	0	33	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	0	193.16
193.18	19318	MGH WOUND CARE	0	0	0	0	0	193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	0	0	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	14,863	0	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	0	0	39	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	0	0	0	0	194.06
194.07	07956	ASTHMA GRANT	0	0	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	0	1,288	0	0	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	0	0	0	0	194.18
194.19	07968	RURAL QI GRANT	0	0	5,118	0	0	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	0	194.23
194.24	07974	HEALTH SYS GRANT	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	0	0	0	194.25
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	2,336,108	2,307,209	10,955,869	554,547	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/28/2023 11:19 am
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Cost Center Description			HOUSEKEEPING	DIETARY	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
			9.00	10.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	CAFETERIA						6.01
6.02	00602	CAFETERIA						6.02
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	3,937,393					9.00
10.00	01000	DIETARY	55,310	1,488,277				10.00
13.00	01300	NURSING ADMINISTRATION	20,741	0	1,676,764			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	103,707	0	17,754	1,112,844		14.00
15.00	01500	PHARMACY	48,396	0	0	0	6,297,265	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,023,235	716,118	361,046	144,670	0	30.00
31.00	03100	INTENSIVE CARE UNIT	193,586	192,471	108,864	55,642	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	165,931	90,455	52,128	11,128	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	73,985	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	511,619	0	234,114	211,447	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	221,241	0	0	33,385	0	54.00
57.00	05700	CT SCAN	69,138	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	103,707	0	54,715	55,642	0	59.00
60.00	06000	LABORATORY	193,586	0	0	33,385	0	60.00
60.01	06001	ONCOLOGY	0	0	81,197	11,128	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	145,189	0	66,225	11,128	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	52,628	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	124,448	0	72,664	33,385	0	69.00
69.01	06901	CARDIAC REHAB	103,707	0	13,077	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	6,297,265	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	69,138	0	22,792	0	0	90.00
91.00	09100	EMERGENCY	691,377	64,222	282,279	55,642	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	27,655	0	124,148	11,128	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,871,711	1,063,266	1,617,616	667,710	6,297,265	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,371	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PACT REV PHYSICIANS	0	0	0	0	0	192.01
192.02	19202	VISITOR MEALS	0	0	0	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	0	192.03
192.04	19204	LIFELINE	0	0	0	0	0	192.04
192.05	19205	OWNED PROPERTIES	0	0	0	0	0	192.05
192.06	19206	UROLOGY	0	0	0	33,385	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	13,828	0	0	0	0	192.07
192.08	19211	PARISH NURSING	6,914	0	0	0	0	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	0	0	0	192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0	192.11
192.12	19209	LUNG CENTER	0	0	0	0	0	192.12
192.13	19213	MGH EXPRESS	0	0	59,148	22,257	0	192.13
192.14	19210	MGH PHYS PRACT MGMT	34,569	0	0	0	0	192.14
192.15	19215	MGH MARION SURGEONS	0	0	0	33,385	0	192.15
192.16	19216	MGH MGH MED ONC	0	0	0	0	0	192.16
192.17	19217	MGH FMC SOUTH	0	0	0	33,385	0	192.17
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	0	192.18
192.19	19219	MGH FMC MARION	0	0	0	33,385	0	192.19

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
	9.00	10.00	13.00	14.00	15.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0 193.00
193.01 19301 MGH FMC NORTHWOOD	0	0	0	11,128	0	0 193.01
193.02 19302 MGH FMC GAS CITY	0	0	0	11,128	0	0 193.02
193.03 19303 MGH HOSPITALISTS	0	0	0	0	0	0 193.03
193.04 19304 MGH MAR FAM PRACT	0	0	0	66,771	0	0 193.04
193.05 19305 MGH FMC SWAYZEE	0	0	0	11,128	0	0 193.05
193.06 19306 MGH PEDIATRIC CTR	0	0	0	11,128	0	0 193.06
193.07 19307 MGH SPECIALTY PHYS	0	0	0	0	0	0 193.07
193.08 19308 MGH FMC CONVERSE	0	0	0	11,128	0	0 193.08
193.09 19309 MGH UPLAND HEALTH	0	0	0	0	0	0 193.09
193.10 19310 MGH MGH WOMENS CTR	0	0	0	0	0	0 193.10
193.11 19311 MGH MGH PSYCHIATRY	0	0	0	0	0	0 193.11
193.12 19312 OB/GYN	0	0	0	111,284	0	0 193.12
193.15 19315 MGH RIVER VIEW BLDG	0	0	0	0	0	0 193.15
193.16 19316 MGH NEONATOLOGY	0	0	0	0	0	0 193.16
193.18 19318 MGH WOUND CARE	0	0	0	0	0	0 193.18
194.00 07963 HEART FAILURE CLINIC	0	0	0	0	0	0 194.00
194.01 07950 MOW	0	312,662	0	0	0	0 194.01
194.02 07951 MENTAL HEALTH	0	112,349	0	0	0	0 194.02
194.03 07952 ADVERTISING	0	0	0	0	0	0 194.03
194.04 07953 MGH WORK SOLUTIONS	0	0	0	22,257	0	0 194.04
194.05 07954 MGH TAYLOR UNIVERSITY	0	0	0	0	0	0 194.05
194.06 07955 OPIOID IMPL GRANT	0	0	0	0	0	0 194.06
194.07 07956 ASTHMA GRANT	0	0	0	0	0	0 194.07
194.08 07957 MGH SMMP BLDG	0	0	0	0	0	0 194.08
194.09 07958 MGH AMBUCARE BLDG	0	0	0	0	0	0 194.09
194.10 07959 MGH 106 LYONS BLDG	0	0	0	0	0	0 194.10
194.11 07960 FAIRMOUNT	0	0	0	0	0	0 194.11
194.12 07961 GAS CITY	0	0	0	11,128	0	0 194.12
194.13 07969 LYONS	0	0	0	0	0	0 194.13
194.14 07964 WABASH	0	0	0	0	0	0 194.14
194.15 07965 TOBACCO GRANT	0	0	0	0	0	0 194.15
194.16 07966 HRSA NETWORK DEV PLANNING	0	0	0	0	0	0 194.16
194.17 07967 HRSA OPIOID PLANNING	0	0	0	0	0	0 194.17
194.18 07962 ECHO GRANT	0	0	0	0	0	0 194.18
194.19 07968 RURAL QI GRANT	0	0	0	0	0	0 194.19
194.20 07970 MGH DIABETES GRANT	0	0	0	0	0	0 194.20
194.21 07971 MGH MGH ORTHO	0	0	0	0	0	0 194.21
194.22 07972 MGH BELLA BLDG	0	0	0	0	0	0 194.22
194.23 07973 DIABETES GRANT	0	0	0	0	0	0 194.23
194.24 07974 HEALTH SYS GRANT	0	0	0	0	0	0 194.24
194.25 07975 MGH MGH ORTHO	0	0	0	22,257	0	0 194.25
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	3,937,393	1,488,277	1,676,764	1,112,844	6,297,265	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	CAFETERIA			6.01
6.02	00602	CAFETERIA			6.02
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	18,510,111	0	18,510,111
31.00	03100	INTENSIVE CARE UNIT	7,771,018	0	7,771,018
40.00	04000	SUBPROVIDER - IPF	0	0	0
41.00	04100	SUBPROVIDER - IRF	3,710,706	0	3,710,706
42.00	04200	SUBPROVIDER	0	0	0
43.00	04300	NURSERY	2,634,484	0	2,634,484
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	16,577,436	0	16,577,436
51.00	05100	RECOVERY ROOM	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,451,919	0	8,451,919
57.00	05700	CT SCAN	1,551,902	0	1,551,902
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	964,678	0	964,678
59.00	05900	CARDIAC CATHETERIZATION	4,098,681	0	4,098,681
60.00	06000	LABORATORY	14,191,802	0	14,191,802
60.01	06001	ONCOLOGY	2,452,158	0	2,452,158
60.02	06002	RADIATION ONCOLOGY	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0
65.00	06500	RESPIRATORY THERAPY	5,621,411	0	5,621,411
66.00	06600	PHYSICAL THERAPY	4,436,835	0	4,436,835
69.00	06900	ELECTROCARDIOLOGY	2,594,275	0	2,594,275
69.01	06901	CARDIAC REHAB	600,055	0	600,055
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	20,400,329	0	20,400,329
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1,810,397	0	1,810,397
91.00	09100	EMERGENCY	14,753,062	0	14,753,062
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	2,985,241	0	2,985,241
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	134,116,500	0	134,116,500
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	170,324	0	170,324
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0
192.01	19201	PACT REV PHYSICIANS	1,146,340	0	1,146,340
192.02	19202	VISITOR MEALS	28,899	0	28,899
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0
192.04	19204	LIFELINE	0	0	0
192.05	19205	OWNED PROPERTIES	703,733	0	703,733
192.06	19206	UROLOGY	2,182,870	0	2,182,870
192.07	19207	PHYSICIANS' PRIVATE OFFICES	13,828	0	13,828
192.08	19211	PARISH NURSING	118,526	0	118,526
192.09	19212	BIOTERRORISM GRANT	0	0	0
192.10	19214	BREAST PUMPS	0	0	0
192.11	19208	MGH EMERGENCY PHYSICIANS	5,906	0	5,906
192.12	19209	LUNG CENTER	1,052,865	0	1,052,865
192.13	19213	MGH EXPRESS	2,801,285	0	2,801,285
192.14	19210	MGH PHYS PRACT MGMT	3,838,146	0	3,838,146
192.15	19215	MGH MARION SURGEONS	3,055,600	0	3,055,600
192.16	19216	MGH MGH MED ONC	2,494,758	0	2,494,758
192.17	19217	MGH FMC SOUTH	2,277,730	0	2,277,730

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
192.18	19218	715,421	0	715,421	192.18
192.19	19219	1,866,443	0	1,866,443	192.19
193.00	19300	0	0	0	193.00
193.01	19301	1,787,278	0	1,787,278	193.01
193.02	19302	1,385,957	0	1,385,957	193.02
193.03	19303	5,615,134	0	5,615,134	193.03
193.04	19304	5,483,994	0	5,483,994	193.04
193.05	19305	385,717	0	385,717	193.05
193.06	19306	1,370,692	0	1,370,692	193.06
193.07	19307	444,438	0	444,438	193.07
193.08	19308	558,270	0	558,270	193.08
193.09	19309	161	0	161	193.09
193.10	19310	0	0	0	193.10
193.11	19311	0	0	0	193.11
193.12	19312	3,322,106	0	3,322,106	193.12
193.15	19315	0	0	0	193.15
193.16	19316	1,084,845	0	1,084,845	193.16
193.18	19318	43,209	0	43,209	193.18
194.00	07963	81,799	0	81,799	194.00
194.01	07950	312,662	0	312,662	194.01
194.02	07951	112,349	0	112,349	194.02
194.03	07952	744,114	0	744,114	194.03
194.04	07953	1,018,798	0	1,018,798	194.04
194.05	07954	0	0	0	194.05
194.06	07955	61,245	0	61,245	194.06
194.07	07956	0	0	0	194.07
194.08	07957	0	0	0	194.08
194.09	07958	0	0	0	194.09
194.10	07959	0	0	0	194.10
194.11	07960	0	0	0	194.11
194.12	07961	11,128	0	11,128	194.12
194.13	07969	0	0	0	194.13
194.14	07964	0	0	0	194.14
194.15	07965	56,144	0	56,144	194.15
194.16	07966	0	0	0	194.16
194.17	07967	0	0	0	194.17
194.18	07962	0	0	0	194.18
194.19	07968	231,455	0	231,455	194.19
194.20	07970	0	0	0	194.20
194.21	07971	0	0	0	194.21
194.22	07972	0	0	0	194.22
194.23	07973	0	0	0	194.23
194.24	07974	0	0	0	194.24
194.25	07975	2,574,996	0	2,574,996	194.25
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	183,275,665	0	183,275,665	202.00

COST ALLOCATION STATISTICS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet Non-CMS W

Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1		1.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5		4.00
5.00	ADMINISTRATIVE & GENERAL	-73		5.00
6.00	MAINTENANCE & REPAIRS	1		6.00
6.01	CAFETERIA	71		6.01
6.02	CAFETERIA	72		6.02
7.00	OPERATION OF PLANT	1		7.00
8.00	LAUNDRY & LINEN SERVICE	8		8.00
9.00	HOUSEKEEPING	9		9.00
10.00	DIETARY	10		10.00
13.00	NURSING ADMINISTRATION	13		13.00
14.00	CENTRAL SERVICES & SUPPLY	14		14.00
15.00	PHARMACY	15		15.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
		0	1.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	272,429	272,429	272,429		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	3,577,891	3,577,891	45,153	3,623,044	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01 00601	CAFETERIA	0	122,133	122,133	0	46,180	6.01
6.02 00602	CAFETERIA	0	0	0	0	0	6.02
7.00 00700	OPERATION OF PLANT	0	2,255,927	2,255,927	3,113	215,051	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	53,133	53,133	0	8,713	8.00
9.00 00900	HOUSEKEEPING	0	81,975	81,975	0	74,364	9.00
10.00 01000	DIETARY	0	168,275	168,275	75	19,853	10.00
13.00 01300	NURSING ADMINISTRATION	0	17,501	17,501	3,331	31,257	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	59,922	59,922	549	16,752	14.00
15.00 01500	PHARMACY	0	77,197	77,197	9,358	117,750	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,063,515	1,063,515	21,869	268,261	30.00
31.00 03100	INTENSIVE CARE UNIT	0	274,692	274,692	7,845	128,685	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	241,022	241,022	3,010	55,790	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	4,797	49,328	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	866,347	866,347	12,276	267,001	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	520,165	520,165	9,339	136,243	54.00
57.00 05700	CT SCAN	0	37,844	37,844	1,816	26,692	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	44,860	44,860	1,088	16,780	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	126,735	126,735	3,004	70,354	59.00
60.00 06000	LABORATORY	0	366,424	366,424	8,044	257,101	60.00
60.01 06001	ONCOLOGY	0	0	0	3,622	46,610	60.01
60.02 06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	168,527	168,527	4,695	98,490	65.00
66.00 06600	PHYSICAL THERAPY	0	175,945	175,945	6,296	78,082	66.00
69.00 06900	ELECTROCARDIOLOGY	0	200,009	200,009	2,858	36,903	69.00
69.01 06901	CARDIAC REHAB	0	32,589	32,589	725	7,946	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	278,838	73.00
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	123,088	123,088	960	28,343	90.00
91.00 09100	EMERGENCY	0	278,389	278,389	31,072	249,246	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	104,355	104,355	4,729	48,899	95.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	11,310,889	11,310,889	189,624	2,679,512	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,419	33,419	82	1,715	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	PACT REV PHYSICIANS	0	0	0	2,238	22,546	192.01
192.02 19202	VISITOR MEALS	0	0	0	0	0	192.02
192.03 19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	0	192.03
192.04 19204	LIFELINE	0	0	0	0	0	192.04
192.05 19205	OWNED PROPERTIES	0	0	0	0	13,911	192.05
192.06 19206	UROLOGY	0	0	0	3,659	41,790	192.06
192.07 19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
192.08 19211	PARISH NURSING	0	0	0	204	2,133	192.08
192.09 19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10 19214	BREAST PUMPS	0	0	0	0	0	192.10
192.11 19208	MGH EMERGENCY PHYSICIANS	0	0	0	13	117	192.11
192.12 19209	LUNG CENTER	0	0	0	2,094	20,581	192.12
192.13 19213	MGH EXPRESS	0	0	0	4,382	53,752	192.13
192.14 19210	MGH PHYS PRACT MGMT	0	0	0	6,032	72,426	192.14
192.15 19215	MGH MARION SURGEONS	0	0	0	6,031	58,953	192.15
192.16 19216	MGH MGH MED ONC	0	0	0	5,152	49,316	192.16

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
		0	1.00				
192.17 19217 MGH FMC SOUTH	0	0	0	0	3,567	44,365	192.17
192.18 19218 MGH FAIRM MED ASSOC	0	0	0	0	1,342	14,142	192.18
192.19 19219 MGH FMC MARION	0	0	0	0	3,394	35,410	192.19
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00
193.01 19301 MGH FMC NORTHWOOD	0	0	0	0	3,315	35,111	193.01
193.02 19302 MGH FMC GAS CITY	0	0	0	0	2,226	27,177	193.02
193.03 19303 MGH HOSPITALISTS	0	0	0	0	11,533	111,000	193.03
193.04 19304 MGH MAR FAM PRACT	0	0	0	0	9,746	107,083	193.04
193.05 19305 MGH FMC SWAYZEE	0	0	0	0	674	7,405	193.05
193.06 19306 MGH PEDIATRIC CTR	0	0	0	0	2,314	26,428	193.06
193.07 19307 MGH SPECIALTY PHYS	0	0	0	0	837	8,622	193.07
193.08 19308 MGH FMC CONVERSE	0	0	0	0	902	10,815	193.08
193.09 19309 MGH UPLAND HEALTH	0	0	0	0	0	0	193.09
193.10 19310 MGH MGH WOMENS CTR	0	0	0	0	0	0	193.10
193.11 19311 MGH MGH PSYCHIATRY	0	0	0	0	0	0	193.11
193.12 19312 OB/GYN	0	0	0	0	5,405	63,471	193.12
193.15 19315 MGH RIVER VIEW BLDG	0	0	0	0	0	0	193.15
193.16 19316 MGH NEONATOLOGY	0	0	0	0	0	21,445	193.16
193.18 19318 MGH WOUND CARE	0	0	0	0	89	854	193.18
194.00 07963 HEART FAILURE CLINIC	0	0	0	0	131	1,617	194.00
194.01 07950 MOW	0	0	0	0	0	0	194.01
194.02 07951 MENTAL HEALTH	0	0	0	0	0	0	194.02
194.03 07952 ADVERTISING	0	0	0	0	840	14,416	194.03
194.04 07953 MGH WORK SOLUTIONS	0	0	0	0	1,465	19,699	194.04
194.05 07954 MGH TAYLOR UNIVERSITY	0	0	0	0	0	0	194.05
194.06 07955 OPIOID IMPL GRANT	0	0	0	0	0	1,211	194.06
194.07 07956 ASTHMA GRANT	0	0	0	0	0	0	194.07
194.08 07957 MGH SMMP BLDG	0	0	0	0	0	0	194.08
194.09 07958 MGH AMBUCARE BLDG	0	0	0	0	0	0	194.09
194.10 07959 MGH 106 LYONS BLDG	0	0	0	0	0	0	194.10
194.11 07960 FAIRMOUNT	0	0	0	0	0	0	194.11
194.12 07961 GAS CITY	0	0	0	0	0	0	194.12
194.13 07969 LYONS	0	0	0	0	0	0	194.13
194.14 07964 WABASH	0	0	0	0	0	0	194.14
194.15 07965 TOBACCO GRANT	0	0	0	0	55	1,084	194.15
194.16 07966 HRSA NETWORK DEV PLANNING	0	0	0	0	0	0	194.16
194.17 07967 HRSA OPIOID PLANNING	0	0	0	0	0	0	194.17
194.18 07962 ECHO GRANT	0	0	0	0	0	0	194.18
194.19 07968 RURAL QI GRANT	0	0	0	0	263	4,474	194.19
194.20 07970 MGH DIABETES GRANT	0	0	0	0	0	0	194.20
194.21 07971 MGH MGH ORTHO	0	0	0	0	0	0	194.21
194.22 07972 MGH BELLA BLDG	0	0	0	0	0	0	194.22
194.23 07973 DIABETES GRANT	0	0	0	0	0	0	194.23
194.24 07974 HEALTH SYS GRANT	0	0	0	0	0	0	194.24
194.25 07975 MGH MGH ORTHO	0	0	0	0	4,820	50,463	194.25
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	11,344,308	11,344,308	272,429	3,623,044		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/28/2023 11:19 am
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Cost Center Description		MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		6.00	6.01	6.02	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
6.01	00601	CAFETERIA	0	168,313			6.01
6.02	00602	CAFETERIA	0	166,231	166,231		6.02
7.00	00700	OPERATION OF PLANT	0	0	5,558	2,479,649	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	25,753	87,599
9.00	00900	HOUSEKEEPING	0	0	0	39,733	0
10.00	01000	DIETARY	0	0	46	81,562	10,687
13.00	01300	NURSING ADMINISTRATION	0	0	2,691	8,483	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,126	29,044	3
15.00	01500	PHARMACY	0	0	9,148	37,417	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	22,897	515,475	15,671
31.00	03100	INTENSIVE CARE UNIT	0	0	6,905	133,141	4,202
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	3,306	116,821	1,073
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	4,693	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	14,849	419,911	8,234
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,619	252,120	4,739
57.00	05700	CT SCAN	0	0	2,378	18,343	2,916
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,425	21,743	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,470	61,427	960
60.00	06000	LABORATORY	0	0	12,552	177,603	0
60.01	06001	ONCOLOGY	0	0	0	0	309
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	3,647	81,684	796
66.00	06600	PHYSICAL THERAPY	0	0	3,338	85,279	1,766
69.00	06900	ELECTROCARDIOLOGY	0	0	4,609	96,943	738
69.01	06901	CARDIAC REHAB	0	0	829	15,796	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	0	0	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	1,446	59,660	162
91.00	09100	EMERGENCY	0	0	17,904	134,933	32,591
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	7,874	50,580	2,515
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	166,231	142,310	2,463,451	87,362
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	117	16,198	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	PACT REV PHYSICIANS	0	0	419	0	0
192.02	19202	VISITOR MEALS	0	2,082	0	0	0
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	0
192.04	19204	LIFELINE	0	0	0	0	0
192.05	19205	OWNED PROPERTIES	0	0	0	0	0
192.06	19206	UROLOGY	0	0	2,555	0	0
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.08	19211	PARISH NURSING	0	0	267	0	0
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0
192.10	19214	BREAST PUMPS	0	0	0	0	0
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0
192.12	19209	LUNG CENTER	0	0	845	0	0
192.13	19213	MGH EXPRESS	0	0	0	0	119
192.14	19210	MGH PHYS PRACT MGMT	0	0	10,070	0	0
192.15	19215	MGH MARION SURGEONS	0	0	2,876	0	6
192.16	19216	MGH MGH MED ONC	0	0	0	0	0
192.17	19217	MGH FMC SOUTH	0	0	0	0	12
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	3
192.19	19219	MGH FMC MARION	0	0	3,011	0	2
193.00	19300	NONPAID WORKERS	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description			MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			6.00	6.01	6.02	7.00	8.00	
193.01	19301	MGH FMC NORTHWOOD	0	0	0	0	0	193.01
193.02	19302	MGH FMC GAS CITY	0	0	0	0	9	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	0	37	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	0	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	1,632	0	3	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	596	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	0	10	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	25	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	0	5	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	0	193.16
193.18	19318	MGH WOUND CARE	0	0	0	0	0	193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	0	0	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	1,071	0	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	0	0	6	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	0	0	0	0	194.06
194.07	07956	ASTHMA GRANT	0	0	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	0	93	0	0	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	0	0	0	0	194.18
194.19	07968	RURAL QI GRANT	0	0	369	0	0	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	0	194.23
194.24	07974	HEALTH SYS GRANT	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	0	0	0	194.25
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	168,313	166,231	2,479,649	87,599	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/28/2023 11:19 am
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Cost Center Description			HOUSEKEEPING	DIETARY	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
			9.00	10.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	CAFETERIA						6.01
6.02	00602	CAFETERIA						6.02
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	196,072					9.00
10.00	01000	DIETARY	2,754	283,252				10.00
13.00	01300	NURSING ADMINISTRATION	1,033	0	64,296			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,164	0	681	113,241		14.00
15.00	01500	PHARMACY	2,410	0	0	0	253,280	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,957	136,293	13,846	14,721	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,640	36,631	4,174	5,662	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,263	17,216	1,999	1,132	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	2,837	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,477	0	8,977	21,522	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,017	0	0	3,397	0	54.00
57.00	05700	CT SCAN	3,443	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	5,164	0	2,098	5,662	0	59.00
60.00	06000	LABORATORY	9,640	0	0	3,397	0	60.00
60.01	06001	ONCOLOGY	0	0	3,114	1,132	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,230	0	2,539	1,132	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,018	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,197	0	2,786	3,397	0	69.00
69.01	06901	CARDIAC REHAB	5,164	0	501	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	253,280	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,443	0	874	0	0	90.00
91.00	09100	EMERGENCY	34,429	12,223	10,824	5,662	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,377	0	4,760	1,132	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	192,802	202,363	62,028	67,948	253,280	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	516	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PACT REV PHYSICIANS	0	0	0	0	0	192.01
192.02	19202	VISITOR MEALS	0	0	0	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	0	192.03
192.04	19204	LIFELINE	0	0	0	0	0	192.04
192.05	19205	OWNED PROPERTIES	0	0	0	0	0	192.05
192.06	19206	UROLOGY	0	0	0	3,397	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	689	0	0	0	0	192.07
192.08	19211	PARISH NURSING	344	0	0	0	0	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	0	0	0	192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0	192.11
192.12	19209	LUNG CENTER	0	0	0	0	0	192.12
192.13	19213	MGH EXPRESS	0	0	2,268	2,265	0	192.13
192.14	19210	MGH PHYS PRACT MGMT	1,721	0	0	0	0	192.14
192.15	19215	MGH MARION SURGEONS	0	0	0	3,397	0	192.15
192.16	19216	MGH MGH MED ONC	0	0	0	0	0	192.16
192.17	19217	MGH FMC SOUTH	0	0	0	3,397	0	192.17
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	0	192.18
192.19	19219	MGH FMC MARION	0	0	0	3,397	0	192.19

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
	9.00	10.00	13.00	14.00	15.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0 193.00
193.01 19301 MGH FMC NORTHWOOD	0	0	0	1,132	0	0 193.01
193.02 19302 MGH FMC GAS CITY	0	0	0	1,132	0	0 193.02
193.03 19303 MGH HOSPITALISTS	0	0	0	0	0	0 193.03
193.04 19304 MGH MAR FAM PRACT	0	0	0	6,794	0	0 193.04
193.05 19305 MGH FMC SWAYZEE	0	0	0	1,132	0	0 193.05
193.06 19306 MGH PEDIATRIC CTR	0	0	0	1,132	0	0 193.06
193.07 19307 MGH SPECIALTY PHYS	0	0	0	0	0	0 193.07
193.08 19308 MGH FMC CONVERSE	0	0	0	1,132	0	0 193.08
193.09 19309 MGH UPLAND HEALTH	0	0	0	0	0	0 193.09
193.10 19310 MGH MGH WOMENS CTR	0	0	0	0	0	0 193.10
193.11 19311 MGH MGH PSYCHIATRY	0	0	0	0	0	0 193.11
193.12 19312 OB/GYN	0	0	0	11,324	0	0 193.12
193.15 19315 MGH RIVER VIEW BLDG	0	0	0	0	0	0 193.15
193.16 19316 MGH NEONATOLOGY	0	0	0	0	0	0 193.16
193.18 19318 MGH WOUND CARE	0	0	0	0	0	0 193.18
194.00 07963 HEART FAILURE CLINIC	0	0	0	0	0	0 194.00
194.01 07950 MOW	0	59,507	0	0	0	0 194.01
194.02 07951 MENTAL HEALTH	0	21,382	0	0	0	0 194.02
194.03 07952 ADVERTISING	0	0	0	0	0	0 194.03
194.04 07953 MGH WORK SOLUTIONS	0	0	0	2,265	0	0 194.04
194.05 07954 MGH TAYLOR UNIVERSITY	0	0	0	0	0	0 194.05
194.06 07955 OPIOID IMPL GRANT	0	0	0	0	0	0 194.06
194.07 07956 ASTHMA GRANT	0	0	0	0	0	0 194.07
194.08 07957 MGH SMMP BLDG	0	0	0	0	0	0 194.08
194.09 07958 MGH AMBUCARE BLDG	0	0	0	0	0	0 194.09
194.10 07959 MGH 106 LYONS BLDG	0	0	0	0	0	0 194.10
194.11 07960 FAIRMOUNT	0	0	0	0	0	0 194.11
194.12 07961 GAS CITY	0	0	0	1,132	0	0 194.12
194.13 07969 LYONS	0	0	0	0	0	0 194.13
194.14 07964 WABASH	0	0	0	0	0	0 194.14
194.15 07965 TOBACCO GRANT	0	0	0	0	0	0 194.15
194.16 07966 HRSA NETWORK DEV PLANNING	0	0	0	0	0	0 194.16
194.17 07967 HRSA OPIOID PLANNING	0	0	0	0	0	0 194.17
194.18 07962 ECHO GRANT	0	0	0	0	0	0 194.18
194.19 07968 RURAL QI GRANT	0	0	0	0	0	0 194.19
194.20 07970 MGH DIABETES GRANT	0	0	0	0	0	0 194.20
194.21 07971 MGH MGH ORTHO	0	0	0	0	0	0 194.21
194.22 07972 MGH BELLA BLDG	0	0	0	0	0	0 194.22
194.23 07973 DIABETES GRANT	0	0	0	0	0	0 194.23
194.24 07974 HEALTH SYS GRANT	0	0	0	0	0	0 194.24
194.25 07975 MGH MGH ORTHO	0	0	0	2,265	0	0 194.25
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	196,072	283,252	64,296	113,241	253,280	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	CAFETERIA			6.01
6.02	00602	CAFETERIA			6.02
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,123,505	0	2,123,505
31.00	03100	INTENSIVE CARE UNIT	611,577	0	611,577
40.00	04000	SUBPROVIDER - IPF	0	0	0
41.00	04100	SUBPROVIDER - IRF	449,632	0	449,632
42.00	04200	SUBPROVIDER	0	0	0
43.00	04300	NURSERY	61,655	0	61,655
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,644,594	0	1,644,594
51.00	05100	RECOVERY ROOM	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	948,639	0	948,639
57.00	05700	CT SCAN	93,432	0	93,432
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	85,896	0	85,896
59.00	05900	CARDIAC CATHETERIZATION	278,874	0	278,874
60.00	06000	LABORATORY	834,761	0	834,761
60.01	06001	ONCOLOGY	54,787	0	54,787
60.02	06002	RADIATION ONCOLOGY	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0
65.00	06500	RESPIRATORY THERAPY	368,740	0	368,740
66.00	06600	PHYSICAL THERAPY	352,724	0	352,724
69.00	06900	ELECTROCARDIOLOGY	354,440	0	354,440
69.01	06901	CARDIAC REHAB	63,550	0	63,550
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	532,118	0	532,118
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	217,976	0	217,976
91.00	09100	EMERGENCY	807,273	0	807,273
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	226,221	0	226,221
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,110,394	0	10,110,394
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,047	0	52,047
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0
192.01	19201	PACT REV PHYSICIANS	25,203	0	25,203
192.02	19202	VISITOR MEALS	2,082	0	2,082
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0
192.04	19204	LIFELINE	0	0	0
192.05	19205	OWNED PROPERTIES	13,911	0	13,911
192.06	19206	UROLOGY	51,401	0	51,401
192.07	19207	PHYSICIANS' PRIVATE OFFICES	689	0	689
192.08	19211	PARISH NURSING	2,948	0	2,948
192.09	19212	BIOTERRORISM GRANT	0	0	0
192.10	19214	BREAST PUMPS	0	0	0
192.11	19208	MGH EMERGENCY PHYSICIANS	130	0	130
192.12	19209	LUNG CENTER	23,520	0	23,520
192.13	19213	MGH EXPRESS	62,786	0	62,786
192.14	19210	MGH PHYS PRACT MGMT	90,249	0	90,249
192.15	19215	MGH MARION SURGEONS	71,263	0	71,263
192.16	19216	MGH MGH MED ONC	54,468	0	54,468
192.17	19217	MGH FMC SOUTH	51,341	0	51,341

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
192.18	19218	15,487	0	15,487	192.18
192.19	19219	45,214	0	45,214	192.19
193.00	19300	0	0	0	193.00
193.01	19301	39,558	0	39,558	193.01
193.02	19302	30,544	0	30,544	193.02
193.03	19303	122,533	0	122,533	193.03
193.04	19304	123,660	0	123,660	193.04
193.05	19305	9,211	0	9,211	193.05
193.06	19306	31,509	0	31,509	193.06
193.07	19307	10,055	0	10,055	193.07
193.08	19308	12,859	0	12,859	193.08
193.09	19309	25	0	25	193.09
193.10	19310	0	0	0	193.10
193.11	19311	0	0	0	193.11
193.12	19312	80,205	0	80,205	193.12
193.15	19315	0	0	0	193.15
193.16	19316	21,445	0	21,445	193.16
193.18	19318	943	0	943	193.18
194.00	07963	1,748	0	1,748	194.00
194.01	07950	59,507	0	59,507	194.01
194.02	07951	21,382	0	21,382	194.02
194.03	07952	16,327	0	16,327	194.03
194.04	07953	23,435	0	23,435	194.04
194.05	07954	0	0	0	194.05
194.06	07955	1,211	0	1,211	194.06
194.07	07956	0	0	0	194.07
194.08	07957	0	0	0	194.08
194.09	07958	0	0	0	194.09
194.10	07959	0	0	0	194.10
194.11	07960	0	0	0	194.11
194.12	07961	1,132	0	1,132	194.12
194.13	07969	0	0	0	194.13
194.14	07964	0	0	0	194.14
194.15	07965	1,232	0	1,232	194.15
194.16	07966	0	0	0	194.16
194.17	07967	0	0	0	194.17
194.18	07962	0	0	0	194.18
194.19	07968	5,106	0	5,106	194.19
194.20	07970	0	0	0	194.20
194.21	07971	0	0	0	194.21
194.22	07972	0	0	0	194.22
194.23	07973	0	0	0	194.23
194.24	07974	0	0	0	194.24
194.25	07975	57,548	0	57,548	194.25
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	11,344,308	0	11,344,308	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5A	5.00	6.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	451,142				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,834	78,520,109			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	142,286	13,023,328	-33,255,304	150,020,361	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	298,022
6.01 00601	CAFETERIA	4,857	0	0	1,912,222	4,857
6.02 00602	CAFETERIA	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	89,714	897,004	0	8,904,788	89,714
8.00 00800	LAUNDRY & LINEN SERVICE	2,113	0	0	360,786	2,113
9.00 00900	HOUSEKEEPING	3,260	0	0	3,079,256	3,260
10.00 01000	DIETARY	6,692	21,664	0	822,076	6,692
13.00 01300	NURSING ADMINISTRATION	696	959,929	0	1,294,281	696
14.00 01400	CENTRAL SERVICES & SUPPLY	2,383	158,239	0	693,646	2,383
15.00 01500	PHARMACY	3,070	2,696,754	0	4,875,764	3,070
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	42,294	6,302,252	0	11,108,107	42,294
31.00 03100	INTENSIVE CARE UNIT	10,924	2,260,894	0	5,328,565	10,924
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	9,585	867,321	0	2,310,134	9,585
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	1,382,385	0	2,042,584	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	34,453	3,537,632	0	11,055,945	34,453
51.00 05100	RECOVERY ROOM	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,686	2,691,431	0	5,641,515	20,686
57.00 05700	CT SCAN	1,505	523,331	0	1,105,254	1,505
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,784	313,617	0	694,812	1,784
59.00 05900	CARDIAC CATHETERIZATION	5,040	865,837	0	2,913,195	5,040
60.00 06000	LABORATORY	14,572	2,318,076	0	10,645,989	14,572
60.01 06001	ONCOLOGY	0	1,043,685	0	1,930,041	0
60.02 06002	RADIATION ONCOLOGY	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	6,702	1,352,999	0	4,078,268	6,702
66.00 06600	PHYSICAL THERAPY	6,997	1,814,515	0	3,233,200	6,997
69.00 06900	ELECTROCARDIOLOGY	7,954	823,662	0	1,528,084	7,954
69.01 06901	CARDIAC REHAB	1,296	208,846	0	329,033	1,296
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	0	0	11,544,077	0
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	4,895	276,517	0	1,173,619	4,895
91.00 09100	EMERGENCY	11,071	8,954,517	0	10,320,738	11,071
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	4,150	1,362,736	0	2,024,784	4,150
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	449,813	54,657,171	-33,255,304	110,950,763	296,693
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,329	23,521	0	71,022	1,329
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	PACT REV PHYSICIANS	0	644,814	0	933,580	0
192.02 19202	VISITOR MEALS	0	0	0	0	0
192.03 19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	0
192.04 19204	LIFELINE	0	0	0	0	0
192.05 19205	OWNED PROPERTIES	0	0	0	576,041	0
192.06 19206	UROLOGY	0	1,054,549	0	1,730,438	0
192.07 19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.08 19211	PARISH NURSING	0	58,896	0	88,323	0
192.09 19212	BIOTERRORISM GRANT	0	0	0	0	0
192.10 19214	BREAST PUMPS	0	0	0	0	0
192.11 19208	MGH EMERGENCY PHYSICIANS	0	3,888	0	4,834	0
192.12 19209	LUNG CENTER	0	603,512	0	852,227	0
192.13 19213	MGH EXPRESS	0	1,262,731	0	2,225,742	0
192.14 19210	MGH PHYS PRACT MGMT	0	1,738,447	0	2,999,015	0
192.15 19215	MGH MARION SURGEONS	0	1,737,977	0	2,441,126	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00	4.00					
192.16 19216 MGH MGH MED ONC	0		1,484,638	0	2,042,085	0	192.16
192.17 19217 MGH MGH SOUTH	0		1,027,866	0	1,837,046	0	192.17
192.18 19218 MGH FAIRM MED ASSOC	0		386,885	0	585,592	0	192.18
192.19 19219 MGH FMC MARION	0		978,086	0	1,466,233	0	192.19
193.00 19300 NONPAID WORKERS	0		0	0	0	0	193.00
193.01 19301 MGH FMC NORTHWOOD	0		955,310	0	1,453,868	0	193.01
193.02 19302 MGH FMC GAS CITY	0		641,427	0	1,125,322	0	193.02
193.03 19303 MGH HOSPITALISTS	0		3,323,691	0	4,596,270	0	193.03
193.04 19304 MGH MAR FAM PRACT	0		2,808,725	0	4,434,079	0	193.04
193.05 19305 MGH FMC SWAYZEE	0		194,228	0	306,620	0	193.05
193.06 19306 MGH PEDIATRIC CTR	0		666,897	0	1,094,318	0	193.06
193.07 19307 MGH SPECIALTY PHYS	0		241,201	0	357,022	0	193.07
193.08 19308 MGH FMC CONVERSE	0		259,962	0	447,814	0	193.08
193.09 19309 MGH UPLAND HEALTH	0		0	0	0	0	193.09
193.10 19310 MGH MGH WOMENS CTR	0		0	0	0	0	193.10
193.11 19311 MGH MGH PSYCHIATRY	0		0	0	0	0	193.11
193.12 19312 OB/GYN	0		1,557,512	0	2,628,192	0	193.12
193.15 19315 MGH RIVER VIEW BLDG	0		0	0	0	0	193.15
193.16 19316 MGH NEONATOLOGY	0		0	0	888,000	0	193.16
193.18 19318 MGH WOUND CARE	0		25,571	0	35,369	0	193.18
194.00 07963 HEART FAILURE CLINIC	0		37,821	0	66,957	0	194.00
194.01 07950 MOW	0		0	0	0	0	194.01
194.02 07951 MENTAL HEALTH	0		0	0	0	0	194.02
194.03 07952 ADVERTISING	0		242,092	0	596,929	0	194.03
194.04 07953 MGH WORK SOLUTIONS	0		422,102	0	815,687	0	194.04
194.05 07954 MGH TAYLOR UNIVERSITY	0		0	0	0	0	194.05
194.06 07955 OPIOID IMPL GRANT	0		0	0	50,132	0	194.06
194.07 07956 ASTHMA GRANT	0		0	0	0	0	194.07
194.08 07957 MGH SMMP BLDG	0		0	0	0	0	194.08
194.09 07958 MGH AMBUCARE BLDG	0		0	0	0	0	194.09
194.10 07959 MGH 106 LYONS BLDG	0		0	0	0	0	194.10
194.11 07960 FAIRMOUNT	0		0	0	0	0	194.11
194.12 07961 GAS CITY	0		0	0	0	0	194.12
194.13 07969 LYONS	0		0	0	0	0	194.13
194.14 07964 WABASH	0		0	0	0	0	194.14
194.15 07965 TOBACCO GRANT	0		15,711	0	44,902	0	194.15
194.16 07966 HRSA NETWORK DEV PLANNING	0		0	0	0	0	194.16
194.17 07967 HRSA OPIOID PLANNING	0		0	0	0	0	194.17
194.18 07962 ECHO GRANT	0		0	0	0	0	194.18
194.19 07968 RURAL QI GRANT	0		75,714	0	185,268	0	194.19
194.20 07970 MGH DIABETES GRANT	0		0	0	0	0	194.20
194.21 07971 MGH MGH ORTHO	0		0	0	0	0	194.21
194.22 07972 MGH BELLA BLDG	0		0	0	0	0	194.22
194.23 07973 DIABETES GRANT	0		0	0	0	0	194.23
194.24 07974 HEALTH SYS GRANT	0		0	0	0	0	194.24
194.25 07975 MGH MGH ORTHO	0		1,389,164	0	2,089,545	0	194.25
200.00							200.00
201.00							201.00
202.00							202.00
203.00							203.00
204.00							204.00
205.00							205.00
206.00							206.00
207.00							207.00
		11,344,308	19,108,780		33,255,304	0.000000	
		25.145759	0.243362		0.221672	0.000000	
			272,429		3,623,044	0	
			0.003470		0.024150	0.000000	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description		CAFETERIA (MEALS SERVED)	CAFETERIA (HOURS WORKED)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.01	6.02	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601	241,218					6.01
6.02	00602	238,234	1,132,410				6.02
7.00	00700		37,861	203,451			7.00
8.00	00800		0	2,113	680,186		8.00
9.00	00900		0	3,260	0	59,228	9.00
10.00	01000		313	6,692	82,985	832	10.00
13.00	01300		18,335	696	0	312	13.00
14.00	01400		7,671	2,383	26	1,560	14.00
15.00	01500		62,316	3,070	0	728	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	155,998	42,294	121,682	15,392	30.00
31.00	03100	0	47,037	10,924	32,629	2,912	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	22,523	9,585	8,334	2,496	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	31,967	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	101,154	34,453	63,933	7,696	50.00
51.00	05100	0	0	0	0	0	51.00
54.00	05400	0	79,152	20,686	36,798	3,328	54.00
57.00	05700	0	16,197	1,505	22,645	1,040	57.00
58.00	05800	0	9,707	1,784	0	0	58.00
59.00	05900	0	23,641	5,040	7,452	1,560	59.00
60.00	06000	0	85,509	14,572	0	2,912	60.00
60.01	06001	0	0	0	2,399	0	60.01
60.02	06002	0	0	0	0	0	60.02
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	24,844	6,702	6,183	2,184	65.00
66.00	06600	0	22,739	6,997	13,711	0	66.00
69.00	06900	0	31,396	7,954	5,728	1,872	69.00
69.01	06901	0	5,650	1,296	0	1,560	69.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	9,848	4,895	1,261	1,040	90.00
91.00	09100	0	121,965	11,071	253,058	10,400	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	53,641	4,150	19,527	416	95.00
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		238,234	969,464	202,122	678,351	58,240	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	795	1,329	0	156	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	2,852	0	0	0	192.01
192.02	19202	2,984	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
192.06	19206	0	17,403	0	0	0	192.06
192.07	19207	0	0	0	0	208	192.07
192.08	19211	0	1,821	0	0	104	192.08
192.09	19212	0	0	0	0	0	192.09
192.10	19214	0	0	0	0	0	192.10
192.11	19208	0	0	0	0	0	192.11
192.12	19209	0	5,754	0	0	0	192.12
192.13	19213	0	0	0	924	0	192.13
192.14	19210	0	68,598	0	0	520	192.14
192.15	19215	0	19,595	0	45	0	192.15
192.16	19216	0	0	0	0	0	192.16
192.17	19217	0	0	0	94	0	192.17
192.18	19218	0	0	0	25	0	192.18

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description		CAFETERIA (MEALS SERVED)	CAFETERIA (HOURS WORKED)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)		
		6.01	6.02	7.00	8.00	9.00		
192.19	19219	MGH FMC MARION	0	20,512	0	12	0	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	0	0	0	193.01
193.02	19302	MGH FMC GAS CITY	0	0	0	68	0	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	286	0	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	0	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	11,116	0	22	0	193.06
193.07	19307	MGH SPECIALTY PHYS	0	4,061	0	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	74	0	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	197	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	40	0	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	0	193.16
193.18	19318	MGH WOUND CARE	0	0	0	0	0	193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	0	0	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	7,295	0	0	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	0	48	0	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	0	0	0	0	194.06
194.07	07956	ASTHMA GRANT	0	0	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	632	0	0	0	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	0	0	0	0	194.18
194.19	07968	RURAL QI GRANT	0	2,512	0	0	0	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	0	194.23
194.24	07974	HEALTH SYS GRANT	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	0	0	0	194.25
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)	2,336,108	2,307,209	10,955,869	554,547	3,937,393	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	9.684634	2.037433	53.850160	0.815287	66.478574	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	168,313	166,231	2,479,649	87,599	196,072	204.00
205.00		Unit cost multiplier (wkst. B, Part II)	0.697763	0.146794	12.187942	0.128787	3.310461	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: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description		DIETARY (MEALS SERVED)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
		10.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
13.00	01300	83,681	0	724,483			13.00
14.00	01400	0	0	7,671	100		14.00
15.00	01500	0	0	0	0	100	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	40,265	155,998	13	0		30.00
31.00	03100	10,822	47,037	5	0		31.00
40.00	04000	0	0	0	0		40.00
41.00	04100	5,086	22,523	1	0		41.00
42.00	04200	0	0	0	0		42.00
43.00	04300	0	31,967	0	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	101,154	19	0		50.00
51.00	05100	0	0	0	0		51.00
54.00	05400	0	0	3	0		54.00
57.00	05700	0	0	0	0		57.00
58.00	05800	0	0	0	0		58.00
59.00	05900	0	23,641	5	0		59.00
60.00	06000	0	0	3	0		60.00
60.01	06001	0	35,083	1	0		60.01
60.02	06002	0	0	0	0		60.02
64.00	06400	0	0	0	0		64.00
65.00	06500	0	28,614	1	0		65.00
66.00	06600	0	22,739	0	0		66.00
69.00	06900	0	31,396	3	0		69.00
69.01	06901	0	5,650	0	0		69.01
71.00	07100	0	0	0	0		71.00
72.00	07200	0	0	0	0		72.00
73.00	07300	0	0	0	100		73.00
77.00	07700	0	0	0	0		77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	9,848	0	0		90.00
91.00	09100	3,611	121,965	5	0		91.00
92.00	09200	0	0	0	0		92.00
92.01	09201	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	53,641	1	0		95.00
102.00	10200	0	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0		113.00
118.00		59,784	698,927	60	100		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0		190.00
192.00	19200	0	0	0	0		192.00
192.01	19201	0	0	0	0		192.01
192.02	19202	0	0	0	0		192.02
192.03	19203	0	0	0	0		192.03
192.04	19204	0	0	0	0		192.04
192.05	19205	0	0	0	0		192.05
192.06	19206	0	0	3	0		192.06
192.07	19207	0	0	0	0		192.07
192.08	19211	0	0	0	0		192.08
192.09	19212	0	0	0	0		192.09
192.10	19214	0	0	0	0		192.10
192.11	19208	0	0	0	0		192.11
192.12	19209	0	0	0	0		192.12
192.13	19213	0	25,556	2	0		192.13
192.14	19210	0	0	0	0		192.14
192.15	19215	0	0	3	0		192.15
192.16	19216	0	0	0	0		192.16
192.17	19217	0	0	3	0		192.17

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description			DIETARY (MEALS SERVED)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	13.00	14.00	15.00	
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	192.18
192.19	19219	MGH FMC MARION	0	0	3	0	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	1	0	193.01
193.02	19302	MGH FMC GAS CITY	0	0	1	0	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	6	0	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	1	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	1	0	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	1	0	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	10	0	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	193.16
193.18	19318	MGH WOUND CARE	0	0	0	0	193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	0	194.00
194.01	07950	MOW	17,580	0	0	0	194.01
194.02	07951	MENTAL HEALTH	6,317	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	2	0	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	0	0	0	194.06
194.07	07956	ASTHMA GRANT	0	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	1	0	194.12
194.13	07969	LYONS	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	0	0	0	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	0	0	0	194.18
194.19	07968	RURAL QI GRANT	0	0	0	0	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	194.23
194.24	07974	HEALTH SYS GRANT	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	2	0	194.25
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)	1,488,277	1,676,764	1,112,844	6,297,265	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	17.785124	2.314428	11,128.440000	62,972.650000	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	283,252	64,296	113,241	253,280	204.00
205.00		Unit cost multiplier (wkst. B, Part II)	3.384902	0.088747	1,132.410000	2,532.800000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet C
Part I
Date/Time Prepared:
11/28/2023 11:19 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,510,111		18,510,111	0	18,510,111	30.00
31.00	03100	INTENSIVE CARE UNIT	7,771,018		7,771,018	0	7,771,018	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,710,706		3,710,706	0	3,710,706	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,634,484		2,634,484	0	2,634,484	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,577,436		16,577,436	0	16,577,436	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,451,919		8,451,919	0	8,451,919	54.00
57.00	05700	CT SCAN	1,551,902		1,551,902	0	1,551,902	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	964,678		964,678	0	964,678	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,098,681		4,098,681	0	4,098,681	59.00
60.00	06000	LABORATORY	14,191,802		14,191,802	0	14,191,802	60.00
60.01	06001	ONCOLOGY	2,452,158		2,452,158	0	2,452,158	60.01
60.02	06002	RADIATION ONCOLOGY	0		0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,621,411	0	5,621,411	0	5,621,411	65.00
66.00	06600	PHYSICAL THERAPY	4,436,835	0	4,436,835	0	4,436,835	66.00
69.00	06900	ELECTROCARDIOLOGY	2,594,275		2,594,275	0	2,594,275	69.00
69.01	06901	CARDIAC REHAB	600,055		600,055	0	600,055	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	20,400,329		20,400,329	0	20,400,329	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,810,397		1,810,397	0	1,810,397	90.00
91.00	09100	EMERGENCY	14,753,062		14,753,062	0	14,753,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,722,643		5,722,643	0	5,722,643	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,985,241		2,985,241	0	2,985,241	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	139,839,143	0	139,839,143	0	139,839,143	200.00
201.00		Less Observation Beds	5,722,643		5,722,643		5,722,643	201.00
202.00		Total (see instructions)	134,116,500	0	134,116,500	0	134,116,500	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/28/2023 11:19 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	12,777,795		12,777,795	30.00
31.00	03100	INTENSIVE CARE UNIT	7,254,743		7,254,743	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	40.00
41.00	04100	SUBPROVIDER - IRF	2,373,554		2,373,554	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	2,575,655		2,575,655	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,593,354	90,065,987	121,659,341	0.136261 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000 51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,082,394	31,879,423	33,961,817	0.248865 54.00
57.00	05700	CT SCAN	5,568,580	36,754,045	42,322,625	0.036668 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	328,567	3,511,665	3,840,232	0.251203 58.00
59.00	05900	CARDIAC CATHETERIZATION	4,065,077	9,894,522	13,959,599	0.293610 59.00
60.00	06000	LABORATORY	3,690,782	17,180,485	20,871,267	0.679968 60.00
60.01	06001	ONCOLOGY	24,057	6,864,053	6,888,110	0.355999 60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0.000000 60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000 64.00
65.00	06500	RESPIRATORY THERAPY	2,126,485	7,777,045	9,903,530	0.567617 65.00
66.00	06600	PHYSICAL THERAPY	3,972,586	7,066,564	11,039,150	0.401918 66.00
69.00	06900	ELECTROCARDIOLOGY	3,721,572	10,278,628	14,000,200	0.185303 69.00
69.01	06901	CARDIAC REHAB	0	1,210,749	1,210,749	0.495606 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,259,046	85,255,980	92,515,026	0.220508 73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000 77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	500	3,420,099	3,420,599	0.529263 90.00
91.00	09100	EMERGENCY	13,067,084	80,686,368	93,753,452	0.157360 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	240,000	11,187,255	11,427,255	0.500789 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	6,403,313	6,403,313	0.466203 95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0.000000 102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	102,721,831	409,436,181	512,158,012	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	102,721,831	409,436,181	512,158,012	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/28/2023 11:19 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
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.136261	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.248865	54.00
57.00	05700	CT SCAN	0.036668	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.251203	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.293610	59.00
60.00	06000	LABORATORY	0.679968	60.00
60.01	06001	ONCOLOGY	0.355999	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.567617	65.00
66.00	06600	PHYSICAL THERAPY	0.401918	66.00
69.00	06900	ELECTROCARDIOLOGY	0.185303	69.00
69.01	06901	CARDIAC REHAB	0.495606	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220508	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.529263	90.00
91.00	09100	EMERGENCY	0.157360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.500789	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.466203	95.00
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
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: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet C
Part I
Date/Time Prepared:
11/28/2023 11:19 am

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance		Total Costs	
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,510,111		18,510,111	0	18,510,111	30.00
31.00	03100	INTENSIVE CARE UNIT	7,771,018		7,771,018	0	7,771,018	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,710,706		3,710,706	0	3,710,706	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,634,484		2,634,484	0	2,634,484	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,577,436		16,577,436	0	16,577,436	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,451,919		8,451,919	0	8,451,919	54.00
57.00	05700	CT SCAN	1,551,902		1,551,902	0	1,551,902	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	964,678		964,678	0	964,678	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,098,681		4,098,681	0	4,098,681	59.00
60.00	06000	LABORATORY	14,191,802		14,191,802	0	14,191,802	60.00
60.01	06001	ONCOLOGY	2,452,158		2,452,158	0	2,452,158	60.01
60.02	06002	RADIATION ONCOLOGY	0		0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,621,411	0	5,621,411	0	5,621,411	65.00
66.00	06600	PHYSICAL THERAPY	4,436,835	0	4,436,835	0	4,436,835	66.00
69.00	06900	ELECTROCARDIOLOGY	2,594,275		2,594,275	0	2,594,275	69.00
69.01	06901	CARDIAC REHAB	600,055		600,055	0	600,055	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	20,400,329		20,400,329	0	20,400,329	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,810,397		1,810,397	0	1,810,397	90.00
91.00	09100	EMERGENCY	14,753,062		14,753,062	0	14,753,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,722,643		5,722,643	0	5,722,643	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,985,241		2,985,241	0	2,985,241	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	139,839,143	0	139,839,143	0	139,839,143	200.00
201.00		Less Observation Beds	5,722,643		5,722,643		5,722,643	201.00
202.00		Total (see instructions)	134,116,500	0	134,116,500	0	134,116,500	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/28/2023 11:19 am
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		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,777,795		12,777,795		30.00
31.00	03100	INTENSIVE CARE UNIT	7,254,743		7,254,743		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	2,373,554		2,373,554		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,575,655		2,575,655		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,593,354	90,065,987	121,659,341	0.136261	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,082,394	31,879,423	33,961,817	0.248865	54.00
57.00	05700	CT SCAN	5,568,580	36,754,045	42,322,625	0.036668	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	328,567	3,511,665	3,840,232	0.251203	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,065,077	9,894,522	13,959,599	0.293610	59.00
60.00	06000	LABORATORY	3,690,782	17,180,485	20,871,267	0.679968	60.00
60.01	06001	ONCOLOGY	24,057	6,864,053	6,888,110	0.355999	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0.000000	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	2,126,485	7,777,045	9,903,530	0.567617	65.00
66.00	06600	PHYSICAL THERAPY	3,972,586	7,066,564	11,039,150	0.401918	66.00
69.00	06900	ELECTROCARDIOLOGY	3,721,572	10,278,628	14,000,200	0.185303	69.00
69.01	06901	CARDIAC REHAB	0	1,210,749	1,210,749	0.495606	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,259,046	85,255,980	92,515,026	0.220508	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	500	3,420,099	3,420,599	0.529263	90.00
91.00	09100	EMERGENCY	13,067,084	80,686,368	93,753,452	0.157360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	240,000	11,187,255	11,427,255	0.500789	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,403,313	6,403,313	0.466203	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	102,721,831	409,436,181	512,158,012		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	102,721,831	409,436,181	512,158,012		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN:15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/28/2023 11:19 am
		Title XIX	Hospital	Cost

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
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06001	ONCOLOGY	0.000000	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
69.01	06901	CARDIAC REHAB	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part I Date/Time Prepared: 11/28/2023 11:19 am
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Cost Center Description		Title XVIII				Hospital		
		Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,123,505	0	2,123,505	13,818	153.68	30.00	
31.00	INTENSIVE CARE UNIT	611,577		611,577	4,101	149.13	31.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	449,632	0	449,632	1,781	252.46	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	61,655		61,655	1,455	42.37	43.00	
200.00	Total (lines 30 through 199)	3,246,369		3,246,369	21,155		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,799	583,830					30.00
31.00	INTENSIVE CARE UNIT	589	87,838					31.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	1,086	274,172					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	5,474	945,840					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part II
Date/Time Prepared:
11/28/2023 11:19 am

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	1,644,594	121,659,341	0.013518	8,931,712	120,739	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	948,639	33,961,817	0.027933	795,074	22,209	54.00
57.00	05700	CT SCAN	93,432	42,322,625	0.002208	2,679,065	5,915	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	85,896	3,840,232	0.022367	126,677	2,833	58.00
59.00	05900	CARDIAC CATHETERIZATION	278,874	13,959,599	0.019977	1,065,332	21,282	59.00
60.00	06000	LABORATORY	834,761	20,871,267	0.039996	1,363,266	54,525	60.00
60.01	06001	ONCOLOGY	54,787	6,888,110	0.007954	4,000	32	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0.000000	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	368,740	9,903,530	0.037233	667,499	24,853	65.00
66.00	06600	PHYSICAL THERAPY	352,724	11,039,150	0.031952	674,367	21,547	66.00
69.00	06900	ELECTROCARDIOLOGY	354,440	14,000,200	0.025317	1,474,442	37,328	69.00
69.01	06901	CARDIAC REHAB	63,550	1,210,749	0.052488	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	532,118	92,515,026	0.005752	2,471,685	14,217	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	217,976	3,420,599	0.063725	0	0	90.00
91.00	09100	EMERGENCY	807,273	93,753,452	0.008611	4,710,669	40,564	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	656,507	11,427,255	0.057451	212,947	12,234	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	7,294,311	480,772,952		25,176,735	378,278	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Prepared: 11/28/2023 11:19 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	PPS
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of 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	13,818	0.00	3,799	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	4,101	0.00	589	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	1,781	0.00	1,086	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	1,455	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	21,155	0.00	5,474	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
			9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/28/2023 11:19 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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
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
60.01	06001	ONCOLOGY	0	0	0	0	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	0	60.02
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	77.00
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	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	121,659,341	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	33,961,817	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	42,322,625	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,840,232	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	13,959,599	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	20,871,267	0.000000	60.00
60.01	06001	ONCOLOGY	0	0	0	6,888,110	0.000000	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0.000000	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,903,530	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,039,150	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,000,200	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,210,749	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	92,515,026	0.000000	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	3,420,599	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	93,753,452	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	11,427,255	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	480,772,952		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital		Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
					Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
ANCILLARY SERVICE COST CENTERS		9.00	10.00	11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0.000000	8,931,712	0	14,202,677	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	795,074	0	6,689,927	0	54.00	
57.00	05700 CT SCAN	0.000000	2,679,065	0	6,667,666	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	126,677	0	777,937	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,065,332	0	3,039,620	0	59.00	
60.00	06000 LABORATORY	0.000000	1,363,266	0	1,444,248	0	60.00	
60.01	06001 ONCOLOGY	0.000000	4,000	0	2,330,309	0	60.01	
60.02	06002 RADIATION ONCOLOGY	0.000000	0	0	0	0	60.02	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	667,499	0	1,620,504	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	674,367	0	21,200	0	66.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,474,442	0	2,176,395	0	69.00	
69.01	06901 CARDIAC REHAB	0.000000	0	0	375,549	0	69.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	2,471,685	0	31,231,056	0	73.00	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	997,926	0	90.00	
91.00	09100 EMERGENCY	0.000000	4,710,669	0	10,373,756	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	212,947	0	747,366	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		25,176,735	0	82,696,136	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/28/2023 11:19 am
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		21.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
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
60.01	06001 ONCOLOGY	0	0			60.01
60.02	06002 RADIATION ONCOLOGY	0	0			60.02
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
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
69.01	06901 CARDIAC REHAB	0	0			69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0			77.00
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
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/28/2023 11:19 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 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	0.136261	14,202,677	0	0	1,935,271	50.00
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.248865	6,689,927	0	0	1,664,889	54.00
57.00 05700 CT SCAN	0.036668	6,667,666	0	0	244,490	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.251203	777,937	0	0	195,420	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.293610	3,039,620	0	0	892,463	59.00
60.00 06000 LABORATORY	0.679968	1,444,248	3,671	0	982,042	60.00
60.01 06001 ONCOLOGY	0.355999	2,330,309	0	0	829,588	60.01
60.02 06002 RADIATION ONCOLOGY	0.000000	0	0	0	0	60.02
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.567617	1,620,504	0	0	919,826	65.00
66.00 06600 PHYSICAL THERAPY	0.401918	21,200	0	0	8,521	66.00
69.00 06900 ELECTROCARDIOLOGY	0.185303	2,176,395	0	0	403,293	69.00
69.01 06901 CARDIAC REHAB	0.495606	375,549	0	0	186,124	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	0.220508	31,231,056	0	3,191	6,886,698	73.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.529263	997,926	0	0	528,165	90.00
91.00 09100 EMERGENCY	0.157360	10,373,756	0	230	1,632,414	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.500789	747,366	0	0	374,273	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.466203		0			95.00
200.00 Subtotal (see instructions)		82,696,136	3,671	3,421	17,683,477	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 - line 201)		82,696,136	3,671	3,421	17,683,477	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/28/2023 11:19 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	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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	2,496	0		60.00
60.01 06001 ONCOLOGY	0	0		60.01
60.02 06002 RADIATION ONCOLOGY	0	0		60.02
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
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	704		73.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	36		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	2,496	740		200.00
201.00 Less PBP Clinic Lab. Services-Program Only charges	0			201.00
202.00 Net Charges (line 200 - line 201)	2,496	740		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN:15-0011 Component CCN:15-T011		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part II Date/Time Prepared: 11/28/2023 11:19 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	1,644,594	121,659,341	0.013518	92,932	1,256	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	948,639	33,961,817	0.027933	22,807	637	54.00
57.00	05700	CT SCAN	93,432	42,322,625	0.002208	35,796	79	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	85,896	3,840,232	0.022367	2,970	66	58.00
59.00	05900	CARDIAC CATHETERIZATION	278,874	13,959,599	0.019977	172	3	59.00
60.00	06000	LABORATORY	834,761	20,871,267	0.039996	42,452	1,698	60.00
60.01	06001	ONCOLOGY	54,787	6,888,110	0.007954	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0.000000	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	368,740	9,903,530	0.037233	11,155	415	65.00
66.00	06600	PHYSICAL THERAPY	352,724	11,039,150	0.031952	1,400,238	44,740	66.00
69.00	06900	ELECTROCARDIOLOGY	354,440	14,000,200	0.025317	17,912	453	69.00
69.01	06901	CARDIAC REHAB	63,550	1,210,749	0.052488	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	532,118	92,515,026	0.005752	117,871	678	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	217,976	3,420,599	0.063725	0	0	90.00
91.00	09100	EMERGENCY	807,273	93,753,452	0.008611	55,215	475	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,427,255	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,637,804	480,772,952		1,799,520	50,500	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0011
Component CCN: 15-T011

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/28/2023 11:19 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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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
60.01	06001	ONCOLOGY	0	0	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	60.02
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN:15-0011 Component CCN:15-T011	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/28/2023 11:19 am
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	121,659,341	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0.000000	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	33,961,817	0.000000	54.00
57.00	05700 CT SCAN	0	0	0	42,322,625	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,840,232	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	13,959,599	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	20,871,267	0.000000	60.00
60.01	06001 ONCOLOGY	0	0	0	6,888,110	0.000000	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0	0	0.000000	60.02
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	9,903,530	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	11,039,150	0.000000	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	14,000,200	0.000000	69.00
69.01	06901 CARDIAC REHAB	0	0	0	1,210,749	0.000000	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	92,515,026	0.000000	73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	3,420,599	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	93,753,452	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	11,427,255	0.000000	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	480,772,952		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN:15-0011 Component CCN:15-T011		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part IV Date/Time Prepared: 11/28/2023 11:19 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	92,932	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	22,807	0	0	54.00
57.00	05700	CT SCAN	0.000000	35,796	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,970	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	172	0	0	59.00
60.00	06000	LABORATORY	0.000000	42,452	0	0	60.00
60.01	06001	ONCOLOGY	0.000000	0	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	11,155	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,400,238	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	17,912	0	0	69.00
69.01	06901	CARDIAC REHAB	0.000000	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	117,871	0	0	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	55,215	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		1,799,520	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN:15-0011 Component CCN:15-T011	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/28/2023 11:19 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
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
60.01	06001 ONCOLOGY	0	0	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	60.02
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
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
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
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50 through 199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/28/2023 11:19 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)		13,818	1.00
2.00	Total inpatient days (including private room days, excluding swing-bed and newborn days)		13,818	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)		9,546	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,799	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)		18,510,111	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)		18,510,111	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)		18,510,111	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)		1,339.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,089,026	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)		5,089,026	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/28/2023 11:19 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			Hospital		PPS			
Cost Center Description			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		7,771,018	4,101	1,894.91	589	1,116,102	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								
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)						5,102,243	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)						0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)						11,307,371	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)						671,668	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)						378,278	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						1,049,946	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						10,257,425	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
55.01	Permanent adjustment amount per discharge						0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)						0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)						0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)						0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						4,272	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,339.57	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0011		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/28/2023 11:19 am	
Cost Center Description		Title XVIII		Hospital		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	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,722,643	89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,123,505	18,510,111	0.114721	5,722,643	656,507	90.00
91.00	Nursing Program cost	0	18,510,111	0.000000	5,722,643	0	91.00
92.00	Allied health cost	0	18,510,111	0.000000	5,722,643	0	92.00
93.00	All other Medical Education	0	18,510,111	0.000000	5,722,643	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:15-0011 Component CCN:15-T011	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/28/2023 11:19 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)		1,781	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,781	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)		1,781	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,086	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)		3,710,706	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)		3,710,706	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)		3,710,706	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)		2,083.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,262,681	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,262,681	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1
				Component CCN:15-T011		Date/Time Prepared: 11/28/2023 11:19 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	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)					656,427	48.00
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					2,919,108	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)					274,172	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					50,500	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					324,672	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,594,436	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
55.01 Permanent adjustment amount per discharge					0.00	55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/28/2023 11:19 am		
		Title XVIII	Subprovider - IRF	PPS		
Cost Center Description						
				1.00		
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	
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	449,632	3,710,706	0.121172	0	0 90.00
91.00	Nursing Program cost	0	3,710,706	0.000000	0	0 91.00
92.00	Allied health cost	0	3,710,706	0.000000	0	0 92.00
93.00	All other Medical Education	0	3,710,706	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/28/2023 11:19 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,818	1.00
2.00	Total inpatient days (including private room days, excluding swing-bed and newborn days)		13,818	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)		9,546	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)		644	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)		1,455	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)		18,510,111	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)		18,510,111	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)		18,510,111	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)		1,339.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		862,683	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)		862,683	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/28/2023 11:19 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						
42.00	NURSERY (title V & XIX only)	2,634,484	1,455	1,810.64	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,771,018	4,101	1,894.91	0	0
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					595,949
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					1,458,632
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					0
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
55.01	Permanent adjustment amount per discharge					0.00
55.02	Adjustment amount per discharge (contractor use only)					0.00
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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)					4,272
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,339.57

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0011		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/28/2023 11:19 am	
Cost Center Description		Title XIX		Hospital		Cost	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00	89.00
						5,722,643	
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	2,123,505	18,510,111	0.114721	5,722,643	656,507	90.00
91.00	Nursing Program cost	0	18,510,111	0.000000	5,722,643	0	91.00
92.00	Allied health cost	0	18,510,111	0.000000	5,722,643	0	92.00
93.00	All other Medical Education	0	18,510,111	0.000000	5,722,643	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:15-0011 Component CCN:15-T011	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/28/2023 11:19 am
Cost Center Description		Title XIX	Subprovider - IRF	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,781	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,781	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)		1,781	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	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)		1,455	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)		3,710,706	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)		3,710,706	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)		3,710,706	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)		2,083.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		25,002	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)		25,002	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1
				Component CCN:15-T011	Date/Time Prepared: 11/28/2023 11:19 am	
				Title XIX	Subprovider - IRF	Cost
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)					6,311	48.00
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					31,313	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)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
55.01 Permanent adjustment amount per discharge					0.00	55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:15-0011 Component CCN:15-T011		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/28/2023 11:19 am	
Cost Center Description		Title XIX		Subprovider - IRF		Cost	
Cost Center Description						1.00	
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
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	449,632	3,710,706	0.121172	0	0	90.00
91.00	Nursing Program cost	0	3,710,706	0.000000	0	0	91.00
92.00	Allied health cost	0	3,710,706	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,710,706	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/28/2023 11:19 am
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		4,746,387		30.00
31.00	03100 INTENSIVE CARE UNIT		1,365,556		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.136261	8,931,712	1,217,044	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.248865	795,074	197,866	54.00
57.00	05700 CT SCAN	0.036668	2,679,065	98,236	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.251203	126,677	31,822	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.293610	1,065,332	312,792	59.00
60.00	06000 LABORATORY	0.679968	1,363,266	926,977	60.00
60.01	06001 ONCOLOGY	0.355999	4,000	1,424	60.01
60.02	06002 RADIATION ONCOLOGY	0.000000	0	0	60.02
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.567617	667,499	378,884	65.00
66.00	06600 PHYSICAL THERAPY	0.401918	674,367	271,040	66.00
69.00	06900 ELECTROCARDIOLOGY	0.185303	1,474,442	273,219	69.00
69.01	06901 CARDIAC REHAB	0.495606	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220508	2,471,685	545,026	73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.529263	0	0	90.00
91.00	09100 EMERGENCY	0.157360	4,710,669	741,271	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.500789	212,947	106,642	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		25,176,735	5,102,243	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)		25,176,735		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN:15-0011 Component CCN:15-T011	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/28/2023 11:19 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
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER	1,509,485	42.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.136261	92,932
51.00	05100	RECOVERY ROOM	0.000000	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.248865	22,807
57.00	05700	CT SCAN	0.036668	35,796
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.251203	2,970
59.00	05900	CARDIAC CATHETERIZATION	0.293610	172
60.00	06000	LABORATORY	0.679968	42,452
60.01	06001	ONCOLOGY	0.355999	0
60.02	06002	RADIATION ONCOLOGY	0.000000	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	0
65.00	06500	RESPIRATORY THERAPY	0.567617	11,155
66.00	06600	PHYSICAL THERAPY	0.401918	1,400,238
69.00	06900	ELECTROCARDIOLOGY	0.185303	17,912
69.01	06901	CARDIAC REHAB	0.495606	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220508	117,871
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.529263	0
91.00	09100	EMERGENCY	0.157360	55,215
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.500789	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES		
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,799,520
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0
202.00		Net charges (line 200 minus line 201)		1,799,520

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/28/2023 11:19 am
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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		669,059		30.00
31.00	03100 INTENSIVE CARE UNIT		471,045		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.136261	1,407,408	191,775	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.248865	83,060	20,671	54.00
57.00	05700 CT SCAN	0.036668	204,982	7,516	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.251203	10,526	2,644	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.293610	116,194	34,116	59.00
60.00	06000 LABORATORY	0.679968	163,019	110,848	60.00
60.01	06001 ONCOLOGY	0.355999	0	0	60.01
60.02	06002 RADIATION ONCOLOGY	0.000000	0	0	60.02
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.567617	96,718	54,899	65.00
66.00	06600 PHYSICAL THERAPY	0.401918	29,592	11,894	66.00
69.00	06900 ELECTROCARDIOLOGY	0.185303	70,970	13,151	69.00
69.01	06901 CARDIAC REHAB	0.495606	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220508	383,550	84,576	73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.529263	0	0	90.00
91.00	09100 EMERGENCY	0.157360	405,814	63,859	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.500789	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,971,833	595,949	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)		2,971,833		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN:15-0011 Component CCN:15-T011	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/28/2023 11:19 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			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		16,428	41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.136261	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.248865	0	54.00
57.00	05700	CT SCAN	0.036668	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.251203	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.293610	0	59.00
60.00	06000	LABORATORY	0.679968	190	60.00
60.01	06001	ONCOLOGY	0.355999	0	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.567617	0	65.00
66.00	06600	PHYSICAL THERAPY	0.401918	15,138	66.00
69.00	06900	ELECTROCARDIOLOGY	0.185303	0	69.00
69.01	06901	CARDIAC REHAB	0.495606	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220508	446	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.529263	0	90.00
91.00	09100	EMERGENCY	0.157360	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.500789	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		15,774	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)		15,774	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/28/2023 11:19 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)		2,608,079	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,384,407	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)		83,317	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		34,884	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)		94.08	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.02	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.81	31.00
32.00	Sum of lines 30 and 31		33.83	32.00
33.00	Allowable disproportionate share percentage (see instructions)		17.12	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/28/2023 11:19 am	
		Title XVIII	Hospital	PPS	
				1.00	
34.00	Disproportionate share adjustment (see instructions)			427,679	34.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Payment Adjustment					
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459		35.00
35.01	Factor 3 (see instructions)	0.000282243	0.000316018		35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	2,029,894	2,172,436		35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	511,645	1,624,863		35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	2,136,508			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)	12,674,874			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	11,047,289			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		12,674,874		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		765,605		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		11,940		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
55.01	Cellular therapy acquisition cost (see instructions)		0		55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		13,452,419		59.00
60.00	Primary payer payments		8,739		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		13,443,680		61.00
62.00	Deductibles billed to program beneficiaries		1,313,764		62.00
63.00	Coinsurance billed to program beneficiaries		26,426		63.00
64.00	Allowable bad debts (see instructions)		59,455		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		38,646		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		19,701		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		12,142,136		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0		70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0		70.75
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		0		70.93
70.94	HRR adjustment amount (see instructions)		-4,046		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/28/2023 11:19 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	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	0	70.97
70.98	Low Volume Payment-3	0	0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		12,138,090		71.00
71.01	Sequestration adjustment (see instructions)		242,762		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		11,475,542		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)		419,786		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		224,632		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from wkst. L, Pt. I, line 2			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	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet DSH Date/Time Prepared: 11/28/2023 11:19 am
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		Title XVIII			Hospital	PPS	
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	5.02	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	28.81	0.00			28.81	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	33.83	0.00			28.81	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	94.08	0.00			94.08	5.00
6.00	Disproportionate Share Payment Percentage (transferred from worksheet E, Part A, line 33)	17.12	0.00			12.98	6.00
7.00	Qualify for operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	1.79	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	644	0			644	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	591	0			591	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	25	0			25	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	3,125	0			3,125	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	4,385	0			4,385	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	15,102	0			15,102	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	120	0			120	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	15,222	0			15,222	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	28.81	0.00			28.81	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0011		Period: From 07/01/2022 To 06/30/2023		Worksheet DSH Date/Time Prepared: 11/28/2023 11:19 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	17.12		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		17.12		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		17.12		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	True				True	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural				Rural	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet DSH Date/Time Prepared: 11/28/2023 11:19 am
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	12.98		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	12.98		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	12.98		31.00

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	2,608,079	0	2,608,079		2,608,079	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,384,407	0		7,384,407	7,384,407	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	83,317	0	83,317		83,317	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	34,884	0		34,884	34,884	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1712	0.1712	0.1712	0.1712		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	427,679	0	111,626	316,053	427,679	11.00
11.01	Uncompensated care payments	36.00	2,136,508	0	511,645	1,624,863	2,136,508	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	12,674,874	0	3,314,667	9,360,207	12,674,874	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	12,674,874	0	3,314,667	9,360,207	12,674,874	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2023 11:19 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from wkst. L, Pt. I, if applicable)	50.00	765,605	0	207,459	558,146	765,605	16.00
17.00	Special add-on payments for new technologies	54.00	11,940	0	2,151	9,789	11,940	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	3,524,277	9,928,142	13,452,419	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	745,505	0	194,112	551,393	745,505	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	20,100	0	13,347	6,753	20,100	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	765,605	0	207,459	558,146	765,605	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/28/2023 11:19 am
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		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	2,608,079	2,608,079		2,608,079	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,384,407		7,384,407	7,384,407	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	83,317	83,317		83,317	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	34,884		34,884	34,884	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1712	0.1712	0.1712		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	427,679	111,626	316,053	427,679	11.00
11.01	Uncompensated care payments	36.00	2,136,508	511,645	1,624,863	2,136,508	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	12,674,874	3,314,667	9,360,207	12,674,874	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	12,674,874	3,314,667	9,360,207	12,674,874	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	765,605	207,459	558,146	765,605	16.00
17.00	Special add-on payments for new technologies	54.00	11,940	2,151	9,789	11,940	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			3,524,277	9,928,142	13,452,419	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/28/2023 11:19 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	745,505	194,112	551,393	745,505	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	20,100	13,347	6,753	20,100	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	765,605	207,459	558,146	765,605	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-4,046	-1,827	-2,219	-4,046	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/28/2023 11:19 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,236	1.00
2.00	Medical and other services reimbursed under OPPIs (see instructions)		17,683,477	2.00
3.00	OPPIs or REH payments		14,688,155	3.00
4.00	Outlier payment (see instructions)		107,409	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,236	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		7,092	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)		7,092	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)		7,092	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,856	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)		3,236	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)		14,795,564	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)		2,693,628	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)		12,105,172	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount		0	28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		12,105,172	30.00
31.00	Primary payer payments		992	31.00
32.00	Subtotal (line 30 minus line 31)		12,104,180	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)		338,759	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		220,193	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		257,857	36.00
37.00	Subtotal (see instructions)		12,324,373	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-61	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		1,684	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		12,324,434	40.00
40.01	Sequestration adjustment (see instructions)		246,489	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		12,192,966	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-115,021	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
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: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/28/2023 11:19 am
		Title XVIII	Hospital	PPS
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00
				1.00
MEDICARE PART B ANCILLARY COSTS				
200.00	Part B Combined Billed Days			0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0011		Period: From 07/01/2022 To 06/30/2023		Worksheet E-1 Part I Date/Time Prepared: 11/28/2023 11:19 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		11,475,542		12,192,966	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or Wkst. E-3, line and column as appropriate)		11,475,542		12,192,966	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		419,786		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		115,021	6.02	
7.00	Total Medicare program liability (see instructions)		11,895,328		12,077,945	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:15-0011 Component CCN:15-T011	Period: From 07/01/2022 To 06/30/2023	Worksheet E-1 Part I Date/Time Prepared: 11/28/2023 11:19 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		2,279,933		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		0		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)				
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)		2,279,933		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)				
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)				
6.01	SETTLEMENT TO PROVIDER		3,538		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		2,283,471		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: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet E-1 Part II Date/Time Prepared: 11/28/2023 11:19 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 (see instructions)			2.00
3.00	Medicare HMO days from wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part III Date/Time Prepared: 11/28/2023 11:19 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,258,614 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0179 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			71,146 3.00
4.00	Outlier Payments			37,978 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)			4.879452 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)			2,367,738 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)			2,367,738 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,367,738 19.00
20.00	Deductibles			31,560 20.00
21.00	Subtotal (line 19 minus line 20)			2,336,178 21.00
22.00	Coinsurance			6,800 22.00
23.00	Subtotal (line 21 minus line 22)			2,329,378 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,068 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			694 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)			2,330,072 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)			2,330,072 32.00
32.01	Sequestration adjustment (see instructions)			46,601 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,279,933 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)			3,538 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			37,978 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 ON OR BEFORE MAY 11, 2023 (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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2023 11:19 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		1,458,632		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,458,632	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,458,632	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		1,140,104		8.00
9.00	Ancillary service charges		2,971,833	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		4,111,937	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		4,111,937	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		2,653,305	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		1,458,632	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		1,458,632	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		1,458,632	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		1,458,632	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		1,458,632	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		1,458,632	0	40.00
41.00	Interim payments		2,189,470	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-730,838	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2023 11:19 am
		Title XIX	Subprovider - IRF	Cost
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		31,313	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant programs only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		31,313	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		31,313	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		16,428	8.00
9.00	Ancillary service charges		15,774	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		32,202	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		32,202	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		889	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		31,313	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		31,313	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		31,313	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		31,313	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		31,313	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		31,313	40.00
41.00	Interim payments		14,626	41.00
42.00	Balance due provider/program (line 40 minus line 41)		16,687	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00
OVERRIDES				
109.00	override Ancillary service charges (line 9)		0	109.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet E-5 Date/Time Prepared: 11/28/2023 11:19 am
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet G

Date/Time Prepared:
11/28/2023 11:19 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	10,882,639	0	0	0	1.00
2.00	Temporary investments	9,821,032	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	55,528,294	0	0	0	4.00
5.00	Other receivable	3,216,800	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-34,764,004	0	0	0	6.00
7.00	Inventory	2,097,130	0	0	0	7.00
8.00	Prepaid expenses	3,923,143	0	0	0	8.00
9.00	Other current assets	1,345,351	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)	52,050,385	0	0	0	11.00
FIXED ASSETS						
12.00	Land	12,819,425	0	0	0	12.00
13.00	Land improvements	3,369,169	0	0	0	13.00
14.00	Accumulated depreciation	-3,233,608	0	0	0	14.00
15.00	Buildings	155,179,210	0	0	0	15.00
16.00	Accumulated depreciation	-105,376,966	0	0	0	16.00
17.00	Leasehold improvements	1,004,506	0	0	0	17.00
18.00	Accumulated depreciation	-723,443	0	0	0	18.00
19.00	Fixed equipment	3,509,530	0	0	0	19.00
20.00	Accumulated depreciation	-1,632,009	0	0	0	20.00
21.00	Automobiles and trucks	1,063,716	0	0	0	21.00
22.00	Accumulated depreciation	-957,208	0	0	0	22.00
23.00	Major movable equipment	74,692,822	0	0	0	23.00
24.00	Accumulated depreciation	-62,658,594	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	79,093,497	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	156,150,047	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	302,366,890	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	10,956,801	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	313,323,691	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	521,524,123	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,542,243	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,574,837	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	6,154,101	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,271,181	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	145,480,923	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	145,480,923	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	168,752,104	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	352,772,019				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	352,772,019	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	521,524,123	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet G-1

Date/Time Prepared:
11/28/2023 11:19 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		351,531,392			0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,240,627				2.00
3.00	Total (sum of line 1 and line 2)		352,772,019			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0			0	10.00
11.00	Subtotal (line 3 plus line 10)		352,772,019			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		352,772,019			0	19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0011

Period:
From 07/01/2022
To 06/30/2023

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/28/2023 11:19 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	14,663,663		14,663,663	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	2,413,255		2,413,255	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	17,076,918		17,076,918	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,303,526		7,303,526	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)	7,303,526		7,303,526	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	24,380,444		24,380,444	17.00
18.00	Ancillary services	79,486,536	0	79,486,536	18.00
19.00	Outpatient services	0	407,742,309	407,742,309	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	6,421,305	6,421,305	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	42,367,077	42,367,077	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	103,866,980	456,530,691	560,397,671	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		211,989,329		29.00
30.00	ADD RECONCILING ITEM	12			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)		12		36.00
37.00	ELIMINATIONS	1,648,718			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)		1,648,718		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		210,340,623		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet G-3 Date/Time Prepared: 11/28/2023 11:19 am
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		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	560,397,671	1.00
2.00	Less contractual allowances and discounts on patients' accounts	376,929,577	2.00
3.00	Net patient revenues (line 1 minus line 2)	183,468,094	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	210,340,623	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-26,872,529	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	24,785,514	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	3,232,665	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	28,018,179	25.00
26.00	Total (line 5 plus line 25)	1,145,650	26.00
27.00	BAD DEBT EXPENSE	-94,977	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-94,977	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,240,627	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet L Parts I-III Date/Time Prepared: 11/28/2023 11:19 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		745,505	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		20,100	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)		37.72	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		765,605	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