

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet S Parts I-III Date/Time Prepared: 11/29/2023 2:02 pm
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Contractor use only
 5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 11/29/2023 Time: 2:02 pm

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOSEPHS REG MED CENTER PLYMOUTH (15-0076) for the cost reporting period beginning 07/01/2022 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	Melissa Lukasick	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Melissa Lukasi ck		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronica		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	291,436	-32,851	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0 3.00
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	291,436	-32,851	0	0 200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The 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: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 2:02 pm
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1.00	2.00	3.00	4.00		1.00	2.00
Hospital and Hospital Health Care Complex Address:						
1.00	Street: 1915 LAKE AVENUE		PO Box: 670	Zip Code: 46563	County: MARSHALL	1.00
2.00	City: PLYMOUTH		State: IN			2.00

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ST. JOSEPHS REG MED CENTER PLYMOUTH	150076	99915	1	07/01/1996	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:	
						1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2022	06/30/2023	20.00
21.00	Type of Control (see instructions)					1		21.00
						1.00	2.00	3.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0076			Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 2:02 pm				
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	82	0	1	776	47		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00		
						Urban/Rural	S	Date of Geogr			
						1.00		2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						2			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						2			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00	
						Beginni ng:	Endi ng:				
						1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)									37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.									38.00	
						Y/N	Y/N				
						1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						Y	Y		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	N		40.00	
						V	XVII I	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 impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.						N			56.00	
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.									57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.						N			58.00	

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		V	XVIII	XIX			
		1.00	2.00	3.00			
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N					59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings 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	
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		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0		71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0		76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				0 88.00
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		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		N 91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		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

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		V		XIX			
		1.00		2.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.06
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N				112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 2:02 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: SAINT JOSEPH REG MEDICAL CTR	Contractor's Name: WISCONSIN PHYSICIANS SERVICE INSURAN	Contractor's Number: 08001	141.00
142.00	Street: 5215 HOLY CROSS PARKWAY	PO Box:		142.00
143.00	City: MISHAWAKA	State: IN	Zip Code: 46545	143.00
		1.00	2.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0076		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 2:02 pm		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0076		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part II Date/Time Prepared: 11/29/2023 2:02 pm	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date		V/I
				1.00	2.00		3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
				Y/N	Type		Date
				1.00	2.00		3.00
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y		A			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/23/2023	Y	10/23/2023		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part II Date/Time Prepared: 11/29/2023 2:02 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	Tracy Workman		WORKMAN	41.00
42.00	Enter the employer/company name of the cost report preparer.	St Jos Health System			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	5743354652		workmantsj rmc.com	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0076

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

Worksheet S-2
Part II
Date/Time Prepared:
11/29/2023 2:02 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0076

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

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2023 2:02 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P	Title V
	Line No.				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
PART I - STATISTICAL DATA						
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	38	13,870	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		38	13,870	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	0	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		45	13,870	0.00	0	14.00
15.00 CAH visits					0	15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		45				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01
34.00 Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0076

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

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2023 2:02 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,052	77	3,355		1.00
2.00	HMO and other (see instructions)	1,053	566			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,052	77	3,355		7.00
8.00	INTENSIVE CARE UNIT	0	0	0		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		216	332		13.00
14.00	Total (see instructions)	1,052	293	3,687	0.00	261.29
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits					15.10
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	261.29
28.00	Observation Bed Days		5	1,212		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			34		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	47	67		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0076

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

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2023 2:02 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	381	12	1,403	1.00
2.00	HMO and other (see instructions)			311	290		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	100.00	0	381	12	1,403	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	100.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0076

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

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2023 2:02 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	18,790,300	0	18,790,300	543,486.00	34.57
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		20,860	0	20,860	149.00	140.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		118,696	0	118,696	1,873.00	63.37
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,601,976	0	1,601,976	60,326.40	26.56
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		815,885	0	815,885	9,922.00	82.23
12.00	Contract labor: Top level management and other management and administrative services		15,440	0	15,440	74.00	208.65
13.00	Contract Labor: Physician-Part A - Administrative		184,223	0	184,223	1,216.00	151.50
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		4,170,795	0	4,170,795	91,626.00	45.52
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		14,108	0	14,108	109.00	129.43
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		6,005,362	0	6,005,362		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		752,736	0	752,736		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		1,652	0	1,652		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		23,374	0	23,374		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,141,811	0	1,141,811		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0076

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

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2023 2:02 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	57,462	0	57,462	1,539.10	37.33	26.00
27.00	Administrative & General	1,093,424	-64,302	1,029,122	44,307.10	23.23	27.00
28.00	Administrative & General under contract (see inst.)	308,502	0	308,502	2,619.00	117.79	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	479,026	0	479,026	18,970.65	25.25	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	320,792	0	320,792	18,070.62	17.75	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	341,485	0	341,485	17,101.25	19.97	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	45,940	0	45,940	1,881.75	24.41	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	652,357	0	652,357	12,149.31	53.69	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	684,147	0	684,147	13,065.00	52.36	40.00
41.00	Medical Records & Medical Records Library	369,467	0	369,467	13,152.97	28.09	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0076

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

Worksheet S-3
Part III
Date/Time Prepared:
11/29/2023 2:02 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	18,980,106	0	18,980,106	544,232.00	34.88	1.00
2.00	Excluded area salaries (see instructions)	1,601,976	0	1,601,976	60,326.40	26.56	2.00
3.00	Subtotal salaries (line 1 minus line 2)	17,378,130	0	17,378,130	483,905.60	35.91	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,200,451	0	5,200,451	102,947.00	50.52	4.00
5.00	Subtotal wage-related costs (see inst.)	7,148,825	0	7,148,825	0.00	41.14	5.00
6.00	Total (sum of lines 3 thru 5)	29,727,406	0	29,727,406	586,852.60	50.66	6.00
7.00	Total overhead cost (see instructions)	4,352,602	-64,302	4,288,300	142,856.75	30.02	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2023 2:02 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	814,496	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)	114,837	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	107,954	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	2,982,932	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	812,616	9.00
10.00	Dental, Hearing and Vision Plan	95,383	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	23,984	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)	333,461	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	126,153	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	1,355,413	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	468	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	13,776	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	6,781,473	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part V Date/Time Prepared: 11/29/2023 2:02 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		815,885	6,781,473
2.00	Hospital		815,885	6,781,473
3.00	SUBPROVIDER - IPF			
4.00	SUBPROVIDER - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	SKILLED NURSING FACILITY			
9.00	NURSING FACILITY			
10.00	OTHER LONG TERM CARE I			
11.00	Hospital-Based HHA			
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	RENAL DIALYSIS I			
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet S-10 Date/Time Prepared: 11/29/2023 2:02 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.203006	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,934,650	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		40,511,560	6.00	
7.00	Medicaid cost (line 1 times line 6)		8,224,090	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	2,668,451	224,592	2,893,043	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	541,712	224,592	766,304	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	541,712	224,592	766,304	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)			4,988,084	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			69,454	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			106,851	27.01
28.00	Non-Medicare bad debt expense (see instructions)			4,881,233	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,028,317	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			1,794,621	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			1,794,621	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0076

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

Worksheet A
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	2,068,872	2,068,872	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	314	314	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	57,462	208,856	266,318	266,318	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,093,424	18,172,346	19,265,770	20,071,619	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	479,026	2,719,474	3,198,500	2,112,598	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	154,004	154,004	153,557	8.00
9.00	00900	HOUSEKEEPING	320,792	227,878	548,670	547,508	9.00
10.00	01000	DIETARY	341,485	317,928	659,413	634,467	10.00
11.00	01100	CAFETERIA	45,940	53,116	99,056	96,387	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	652,357	253,860	906,217	775,654	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	684,147	2,152,147	2,836,294	611,953	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	369,467	95,923	465,390	465,390	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,183,219	1,245,576	4,428,795	3,565,826	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	14,789	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	369,575	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,267,449	2,825,173	5,092,622	4,110,888	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	369,575	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,195,686	451,526	1,647,212	1,457,050	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	308,948	587,387	896,335	840,739	55.00
57.00	05700	CT SCAN	106,204	94,510	200,714	167,836	57.00
59.00	05900	CARDIAC CATHETERIZATION	73,539	166,673	240,212	107,369	59.00
60.00	06000	LABORATORY	1,718,412	2,699,812	4,418,224	4,287,965	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	372,863	380,417	753,280	722,056	65.00
65.01	06501	SLEEP LAB	43,665	29,004	72,669	71,105	65.01
66.00	06600	PHYSICAL THERAPY	849,001	333,823	1,182,824	1,173,141	66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	109,313	202,550	311,863	308,357	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	150,796	32,846	183,642	180,116	67.00
68.00	06800	SPEECH PATHOLOGY	100,762	19,894	120,656	120,656	68.00
69.00	06900	ELECTROCARDIOLOGY	189,266	91,367	280,633	243,888	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-42,338	-42,338	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	802,838	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,288,113	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	7,219	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	7,646	1,243	8,889	8,889	90.01
90.02	09002	ATHLETIC TRAINERS	61,395	18,542	79,937	79,937	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	90.03
90.04	09004	WOUND CARE	183,913	689,337	873,250	689,107	90.04
91.00	09100	EMERGENCY	2,222,147	2,211,694	4,433,841	3,917,786	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,188,324	36,394,568	53,582,892	53,709,457	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,228	18,228	18,228	190.00
190.01	19001	LI FEPLEX FITNESS FORUM	467,422	3,021,200	3,488,622	3,440,153	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	821,317	336,293	1,157,610	1,153,977	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0	0	192.01
192.02	19202	HOSPITALIST	0	0	0	0	192.02
192.03	19203	INTENSIVIST	0	0	0	0	192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	211,712	706,434	918,146	914,782	192.04
194.00	07950	PLYMOUTH MOB-4	0	133,908	133,908	62,809	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0076		Period: From 07/01/2022 To 06/30/2023		Worksheet A Date/Time Prepared: 11/29/2023 2:02 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	101,525	35,430	136,955	0	136,955	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	18,790,300	40,646,061	59,436,361	0	59,436,361	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0076

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

Worksheet A
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,046,101	3,114,973	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	314	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-65,639	200,679	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,922,178	13,149,441	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	2,112,598	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-2,875	150,682	8.00
9.00	00900	HOUSEKEEPING	0	547,508	9.00
10.00	01000	DIETARY	0	634,467	10.00
11.00	01100	CAFETERIA	-153,919	-57,532	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	775,654	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-12,137	599,816	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-54	465,336	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-528	3,565,298	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,789	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
43.00	04300	NURSERY	0	369,575	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-124,672	3,986,216	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	369,575	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,457,050	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-482,205	358,534	55.00
57.00	05700	CT SCAN	0	167,836	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	107,369	59.00
60.00	06000	LABORATORY	-920	4,287,045	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-2,393	719,663	65.00
65.01	06501	SLEEP LAB	0	71,105	65.01
66.00	06600	PHYSICAL THERAPY	0	1,173,141	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0	308,357	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	180,116	67.00
68.00	06800	SPEECH PATHOLOGY	0	120,656	68.00
69.00	06900	ELECTROCARDIOLOGY	0	243,888	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	802,838	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,288,113	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	7,219	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	8,889	90.01
90.02	09002	ATHLETIC TRAINERS	-68,119	11,818	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	90.03
90.04	09004	WOUND CARE	0	689,107	90.04
91.00	09100	EMERGENCY	-30,722	3,887,064	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-6,820,260	46,889,197	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,228	190.00
190.01	19001	LIFEPLEX FITNESS FORUM	-536,850	2,903,303	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,153,977	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	192.01
192.02	19202	HOSPITALIST	0	0	192.02
192.03	19203	INTENSIVIST	0	0	192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	0	914,782	192.04
194.00	07950	PLYMOUTH MOB-4	0	62,809	194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	0	136,955	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-7,357,110	52,079,251	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - Negative Balances					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	42,338	1.00
	TOTALS		0	42,338	
B - Implantable Devices					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	802,838	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	802,838	
C - Drugs Charged to Patients					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,288,113	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	TOTALS		0	2,288,113	
E - Building Depreciation					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,786,892	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
	TOTALS		0	1,786,892	
F - Equipment Depreciation					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	314	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,511,978	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00

		Increases			
Cost Center		Line #	Salary	Other	
24.00	2.00	3.00	4.00	5.00	
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
TOTALS			0	1,512,292	
I - Nursery and Labor/Delivery					
1.00	NURSERY	43.00	249,384	120,191	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	249,384	120,191	2.00
TOTALS			498,768	240,382	
K - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		281,980	1.00
2.00			0	281,980	2.00
TOTALS				281,980	
N - Hyperbaric Oxygen					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	3,955	3,264	1.00
TOTALS			3,955	3,264	
O - COVID-19 Dept Recl class					
1.00	ADULTS & PEDIATRICS	30.00	49,513	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	14,789	0	2.00
TOTALS			64,302	0	
P - Contr Labor Recl class					
1.00	ADULTS & PEDIATRICS	30.00	0	41,108	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,575	2.00
TOTALS			0	44,683	
500.00	Grand Total: Increases		567,025	7,002,782	500.00

RECLASSIFICATIONS

Provider CCN: 15-0076

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

Worksheet A-6
Date/Time Prepared:
11/29/2023 2:02 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - Negative Balances							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	42,338	0		1.00
	TOTALS		0	42,338			
B - Implantable Devices							
1.00	ADULTS & PEDIATRICS	30.00	0	219	0		1.00
2.00	OPERATING ROOM	50.00	0	662,411	0		2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	172	0		3.00
4.00	ELECTROCARDIOLOGY	69.00	0	94	0		4.00
5.00	WOUND CARE	90.04	0	139,895	0		5.00
6.00	EMERGENCY	91.00	0	47	0		6.00
	TOTALS		0	802,838			
C - Drugs Charged to Patients							
1.00	PHARMACY	15.00	0	1,997,719	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	24,754	0		2.00
3.00	OPERATING ROOM	50.00	0	47,850	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	130,985	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	230	0		5.00
6.00	CT SCAN	57.00	0	25,458	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	609	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	8	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	371	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	402	0		10.00
11.00	WOUND CARE	90.04	0	14,973	0		11.00
12.00	EMERGENCY	91.00	0	44,754	0		12.00
	TOTALS		0	2,288,113			
E - Building Depreciation							
1.00		0.00	0	0	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	276,138	0		2.00
3.00	OPERATION OF PLANT	7.00	0	752,909	0		3.00
4.00	HOUSEKEEPING	9.00	0	1,162	0		4.00
5.00	DIETARY	10.00	0	3,010	0		5.00
6.00	CAFETERIA	11.00	0	443	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	55,235	0		7.00
8.00	PHARMACY	15.00	0	200,386	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	20,817	0		9.00
10.00	OPERATING ROOM	50.00	0	36,427	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,929	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,671	0		12.00
13.00	LABORATORY	60.00	0	1,122	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	4,852	0		14.00
15.00	SLEEP LAB	65.01	0	408	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	3,354	0		16.00
17.00	WOUND CARE	90.04	0	22,056	0		17.00
18.00	EMERGENCY	91.00	0	322,986	0		18.00
19.00	LI FEPLEX FITNESS FORUM	190.01	0	362	0		19.00
20.00	FOOT & ANKLE SPORTS MED PLY	192.04	0	1,743	0		20.00
21.00	PLYMOUTH MOB-4	194.00	0	59,882	0		21.00
	TOTALS		0	1,786,892			
F - Equipment Depreciation							
1.00		0.00	0	0	9		1.00
2.00	OPERATION OF PLANT	7.00	0	329,681	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	447	0		3.00
4.00	DIETARY	10.00	0	21,936	0		4.00
5.00	CAFETERIA	11.00	0	2,226	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	75,328	0		6.00
7.00	PHARMACY	15.00	0	26,236	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	168,650	0		8.00
9.00	OPERATING ROOM	50.00	0	235,046	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	48,248	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	46,098	0		11.00
12.00	CT SCAN	57.00	0	7,420	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	132,234	0		13.00
14.00	LABORATORY	60.00	0	129,137	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	26,364	0		15.00
16.00	SLEEP LAB	65.01	0	1,156	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	5,958	0		17.00
18.00	PHYSICAL THERAPY - LI FEPLEX	66.01	0	3,506	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	3,526	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	36,249	0		20.00
21.00	EMERGENCY	91.00	0	148,268	0		21.00
22.00	LI FEPLEX FITNESS FORUM	190.01	0	48,107	0		22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,633	0		23.00
24.00	FOOT & ANKLE SPORTS MED PLY	192.04	0	1,621	0		24.00
25.00	PLYMOUTH MOB-4	194.00	0	11,217	0		25.00

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
TOTALS			0	1,512,292			
I - Nursery and Labor/Delivery							
1.00	ADULTS & PEDIATRICS	30.00	498,768	240,382	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			498,768	240,382			
K - Interest Expense							
1.00					11		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	281,980			2.00
				281,980			
N - Hyperbaric Oxygen							
1.00	WOUND CARE	90.04	3,955	3,264			1.00
			3,955	3,264			
O - COVID-19 Dept Recl class							
1.00	ADMINISTRATIVE & GENERAL	5.00	64,302	0			1.00
2.00			64,302	0			2.00
P - Contr Labor Recl class							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	41,371	0		1.00
2.00	OPERATION OF PLANT	7.00	0	3,312	0		2.00
TOTALS			0	44,683			
500.00	Grand Total: Decreases		567,025	7,002,782			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0076

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

Worksheet A-7
Part I
Date/Time Prepared:
11/29/2023 2:02 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	477,930	0	0	0	1.00
2.00	Land Improvements	2,348,695	151,375	0	151,375	2.00
3.00	Buildings and Fixtures	42,715,411	146,013	0	146,013	3.00
4.00	Building Improvements	22,694	3,216,889	0	3,216,889	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	28,096,320	3,614,498	0	3,614,498	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	73,661,050	7,128,775	0	7,128,775	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	73,661,050	7,128,775	0	7,128,775	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	477,930	0			1.00
2.00	Land Improvements	2,477,011	1,724,862			2.00
3.00	Buildings and Fixtures	42,730,632	19,251,750			3.00
4.00	Building Improvements	3,196,962	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	31,350,557	20,271,823			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	80,233,092	41,248,435			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	80,233,092	41,248,435			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0076

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

Worksheet A-7
Part II
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0076

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

Worksheet A-7
Part III
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0 3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,861,148	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	314	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,861,462	0 3.00
Cost Center Description	SUMMARY OF CAPITAL					
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	253,825	0	0	0	3,114,973 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	314 2.00
3.00	Total (sum of lines 1-2)	253,825	0	0	0	3,115,287 3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0076

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

Worksheet A-8

Date/Time Prepared:
11/29/2023 2:02 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-28,155	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,899,457			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	309,249			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-150,943	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-12,137	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-2,976	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0076

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

Worksheet A-8

Date/Time Prepared:
11/29/2023 2:02 pm

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
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.00
33.01 Other Operating Rev - Respiratory Care - Rent	B		0	RESPIRATORY THERAPY	65.00	0 33.01
33.02 Other Operating Rev - Radiation Oncology - Rent	B	-136,015		RADIOLOGY-THERAPEUTIC	55.00	0 33.02
33.03 Other Operating Rev - Physical Therapy	B		0	PHYSICAL THERAPY	66.00	0 33.03
33.04 Other Operating Rev - Athletic Trainers	B	-68,119		ATHLETIC TRAINERS	90.02	0 33.04
33.05 Other Operating Rev - Housekeeping	B		0	HOUSEKEEPING	9.00	0 33.05
33.06 Other Operating Rev - Administration	B	-38,452		ADMINISTRATIVE & GENERAL	5.00	0 33.06
33.07 Other Operating Rev - Vending	B		0	DIETARY	10.00	0 33.07
33.08 OTHER REVENUE	B		0	LABORATORY	60.00	0 33.08
33.09 OTHER REVENUE	B		0	RESPIRATORY THERAPY	65.00	0 33.09
33.10 Other Operating Rev - Saint Joseph Health Center	B		0	SAINT JOSEPH HEALTH CENTER	90.03	0 33.10
33.11 Other Operating Rev - Foot & Ankle Sports Med	B		0	FOOT & ANKLE SPORTS MED PLY	192.04	0 33.11
33.12 Other Operating Revenue - Cardiac Rehab Lifeplex	B		0	CARDIAC REHABILITATION	76.97	0 33.12
33.13 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.13
33.14 Other Revenue - Lifeplex	B	-536,850		LIFEPLEX FITNESS FORUM	190.01	0 33.14
33.15 Other Revenue - Lab	B		0	LABORATORY	60.00	0 33.15
33.16 Other Revenue - Med Records and HIM	B	-54		MEDICAL RECORDS & LIBRARY	16.00	9 33.16
33.17 Other Operating Rev - Physician Offices-Clinics	B		0	PHYSICIANS' PRIVATE OFFICES	192.00	0 33.17
33.18 Other Revenue - Laundry - Linen	B	-2,875		LAUNDRY & LINEN SERVICE	8.00	0 33.18
34.00 PROVIDER TAX	A		0	ADMINISTRATIVE & GENERAL	5.00	0 34.00
34.10 Provider Tax	A	-4,784,144		ADMINISTRATIVE & GENERAL	5.00	0 34.10
35.00 Donations	A	-1,400		ADMINISTRATIVE & GENERAL	5.00	0 35.00
35.10 Property Tax	A	-4,782		ADMINISTRATIVE & GENERAL	5.00	0 35.10
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,357,110				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0076

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2023 2:02 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	HO NON CAPITAL COSTS	7,957,414	8,762,394 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	WORKERS COMP	101,908	96,262 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	INSURANCE	145,109	234,183 3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	PENSION	0	-327,603 3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	RETIREE HEALTH COSTS	0	138,563 3.02
3.03	1.00	CAP REL COSTS-BLDG & FIXT	HO CAPITAL COSTS	1,074,256	0 3.03
3.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	Emp Health Stop Loss	0	65,639 3.04
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			9,278,687	8,969,438 5.00

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

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

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

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

6.00	G		100.00	TRINITY HEALTH	100.00	6.00
7.00	G		100.00	SJRCM - INC	100.00	7.00
8.00	G	SJRCM - SB	100.00		100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				100.00

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

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

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

Provider CCN: 15-0076

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2023 2:02 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-804,980	0		1.00
2.00	5,646	0		2.00
3.00	-89,074	0		3.00
3.01	327,603	0		3.01
3.02	-138,563	0		3.02
3.03	1,074,256	9		3.03
3.04	-65,639	0		3.04
4.00	0	0		4.00
5.00	309,249			5.00

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

Related Organization(s) and/or Home Office	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HO OF PARENT CO		6.00
7.00	PARENT COMPANY		7.00
8.00	HOSPITAL		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0076

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2023 2:02 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	0.00		0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	124,672	124,672	0	246,400	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	55.00	RADIOLOGY-THERAPEUTIC	347,395	345,945	1,450	179,000	14	4.00
5.00	60.00	LABORATORY	5,550	0	5,550	260,300	37	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	66,522	0	66,522	179,000	416	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	76,139	46,979	29,160	179,000	216	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	1,336,481	1,336,481	0	239,400	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	-14,672	528	-15,200	179,000	80	10.00
11.00	65.00	RESPIRATORY THERAPY	4,200	0	4,200	179,000	21	11.00
200.00			1,946,287	1,854,605	91,682		784	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	0.00		0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	55.00	RADIOLOGY-THERAPEUTIC	1,205	60	0	0	0	4.00
5.00	60.00	LABORATORY	4,630	232	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	35,800	1,790	0	0	0	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	18,588	929	0	0	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	6,885	344	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	1,807	90	0	0	0	11.00
200.00			68,915	3,445	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	0.00		0	0	0	0		1.00
2.00	50.00	OPERATING ROOM	0	0	0	124,672		2.00
3.00	0.00		0	0	0	0		3.00
4.00	55.00	RADIOLOGY-THERAPEUTIC	0	1,205	245	346,190		4.00
5.00	60.00	LABORATORY	0	4,630	920	920		5.00
6.00	0.00		0	0	0	0		6.00
7.00	91.00	EMERGENCY	0	35,800	30,722	30,722		7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	0	18,588	10,572	57,551		8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,336,481		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	6,885	0	528		10.00
11.00	65.00	RESPIRATORY THERAPY	0	1,807	2,393	2,393		11.00
200.00			0	68,915	44,852	1,899,457		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0076

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,114,973	3,114,973			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	314		314		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	200,679	0	0	200,679	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	13,149,441	347,009	35	11,025	13,507,510
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	2,112,598	656,286	68	5,132	2,774,084
8.00 00800	LAUNDRY & LINEN SERVICE	150,682	11,750	1	0	162,433
9.00 00900	HOUSEKEEPING	547,508	5,817	1	3,437	556,763
10.00 01000	DIETARY	634,467	40,659	4	3,658	678,788
11.00 01100	CAFETERIA	-57,532	38,934	4	492	-18,102
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	775,654	0	0	6,989	782,643
14.00 01400	CENTRAL SERVICES & SUPPLY	0	90,567	9	0	90,576
15.00 01500	PHARMACY	599,816	24,062	2	7,329	631,209
16.00 01600	MEDICAL RECORDS & LIBRARY	465,336	48,744	5	3,958	518,043
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING PROGRAM	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	3,565,298	375,918	38	29,284	3,970,538
31.00 03100	INTENSIVE CARE UNIT	14,789	72,089	7	158	87,043
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
43.00 04300	NURSERY	369,575	0	0	2,672	372,247
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,986,216	282,675	28	24,291	4,293,210
52.00 05200	DELIVERY ROOM & LABOR ROOM	369,575	0	0	2,672	372,247
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,457,050	140,843	14	12,809	1,610,716
55.00 05500	RADIOLOGY-THERAPEUTIC	358,534	175,472	18	3,310	537,334
57.00 05700	CT SCAN	167,836	8,124	1	1,138	177,099
59.00 05900	CARDIAC CATHETERIZATION	107,369	41,163	4	788	149,324
60.00 06000	LABORATORY	4,287,045	84,265	8	18,409	4,389,727
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	719,663	64,314	6	3,994	787,977
65.01 06501	SLEEP LAB	71,105	0	0	468	71,573
66.00 06600	PHYSICAL THERAPY	1,173,141	113,369	11	9,095	1,295,616
66.01 06601	PHYSICAL THERAPY - LI FEPLEX	308,357	0	0	1,171	309,528
66.02 06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	180,116	0	0	1,615	181,731
68.00 06800	SPEECH PATHOLOGY	120,656	0	0	1,079	121,735
69.00 06900	ELECTROCARDIOLOGY	243,888	0	0	2,028	245,916
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	802,838	0	0	0	802,838
73.00 07300	DRUGS CHARGED TO PATIENTS	2,288,113	0	0	0	2,288,113
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARI C OXYGEN THERAPY	7,219	0	0	42	7,261
76.99 07699	LITHOTRI PSY	0	0	0	0	0
77.00 07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OUTPATIENT TREATMENT & INFUSION CTR	8,889	0	0	82	8,971
90.02 09002	ATHLETIC TRAINERS	11,818	0	0	658	12,476
90.03 09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0
90.04 09004	WOUND CARE	689,107	60,611	6	1,928	751,652
91.00 09100	EMERGENCY	3,887,064	142,297	14	23,806	4,053,181
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	46,889,197	2,824,968	284	183,517	46,582,000
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,228	5,313	1	0	23,542
190.01 19001	LI FEPLEX FITNESS FORUM	2,903,303	0	0	5,007	2,908,310
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,153,977	284,692	29	8,799	1,447,497
192.01 19201	FOUNDATION ADMINISTRATION	0	0	0	0	0
192.02 19202	HOSPITALIST	0	0	0	0	0
192.03 19203	INTENSIVIST	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0076

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

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
192.04 19204 FOOT & ANKLE SPORTS MED PLY	914,782	0	0	2,268	917,050	192.04
194.00 07950 PLYMOUTH MOB-4	62,809	0	0	0	62,809	194.00
194.01 07951 COMMUNITY OUTREACH & PARTNERSHIP	136,955	0	0	1,088	138,043	194.01
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	52,079,251	3,114,973	314	200,679	52,079,251	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/29/2023 2:02 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	13,507,510			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	971,007	0	3,745,091	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	56,856	0	20,839	240,128	8.00	
9.00	00900	HOUSEKEEPING	194,883	0	10,316	0	761,962	9.00
10.00	01000	DIETARY	237,595	0	72,110	17	14,794	10.00
11.00	01100	CAFETERIA	0	0	69,049	0	14,166	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	273,947	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	31,704	0	160,622	0	32,954	14.00
15.00	01500	PHARMACY	220,941	0	42,674	0	8,755	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	181,330	0	86,449	0	17,736	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,389,799	0	666,695	14,470	136,782	30.00
31.00	03100	INTENSIVE CARE UNIT	30,467	0	127,851	0	26,230	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	130,297	0	0	762	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,502,744	0	501,328	39,984	102,854	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	130,297	0	0	1,538	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	563,796	0	249,787	22,607	51,247	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	188,082	0	311,203	8,967	63,847	55.00
57.00	05700	CT SCAN	61,990	0	14,408	36,298	2,956	57.00
59.00	05900	CARDIAC CATHETERIZATION	52,268	0	73,004	1,269	14,978	59.00
60.00	06000	LABORATORY	1,536,510	0	149,446	47,121	30,661	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	275,814	0	114,062	2,629	23,401	65.00
65.01	06501	SLEEP LAB	25,053	0	0	454	0	65.01
66.00	06600	PHYSICAL THERAPY	453,502	0	201,061	5,586	41,250	66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	108,343	0	0	1,099	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	63,611	0	0	1,100	0	67.00
68.00	06800	SPEECH PATHOLOGY	42,611	0	0	293	0	68.00
69.00	06900	ELECTROCARDIOLOGY	86,077	0	0	8,798	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	281,016	0	0	2,374	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	800,904	0	0	15,975	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	2,542	0	0	106	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	3,140	0	0	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	4,367	0	0	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004	WOUND CARE	263,099	0	107,494	2,756	22,054	90.04
91.00	09100	EMERGENCY	1,418,727	0	252,366	21,735	51,776	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,583,319	0	3,230,764	235,938	656,441	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,240	0	9,422	0	1,933	190.00
190.01	19001	LI FEPLEX FITNESS FORUM	1,017,990	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	506,664	0	504,905	1,410	103,588	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0	0	0	192.01
192.02	19202	HOSPITALIST	0	0	0	1,624	0	192.02
192.03	19203	INTENSIVIST	0	0	0	0	0	192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	320,993	0	0	1,156	0	192.04
194.00	07950	PLYMOUTH MOB-4	21,985	0	0	0	0	194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	48,319	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
202.00 TOTAL (sum lines 118 through 201)	13,507,510	0	3,745,091	240,128	761,962	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,003,304					10.00
11.00	01100	CAFETERIA	0	65,113				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,780	0	1,058,370		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	315,856	14.00
15.00	01500	PHARMACY	0	1,918	0	32,056	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,901	0	31,767	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	755,506	10,360	0	173,161	19,041	30.00
31.00	03100	INTENSIVE CARE UNIT	160,913	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	961	0	16,057	1,003	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	78,022	7,936	0	132,614	52,617	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	961	0	16,057	2,024	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,749	0	79,360	29,750	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	988	0	16,519	11,800	55.00
57.00	05700	CT SCAN	0	456	0	7,624	47,766	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	311	0	5,198	1,670	59.00
60.00	06000	LABORATORY	0	8,896	0	148,671	61,893	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,262	0	21,082	3,459	65.00
65.01	06501	SLEEP LAB	0	187	0	3,119	598	65.01
66.00	06600	PHYSICAL THERAPY	0	3,263	0	54,524	7,350	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0	525	0	8,779	1,446	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	453	0	7,566	1,448	67.00
68.00	06800	SPEECH PATHOLOGY	0	277	0	4,621	385	68.00
69.00	06900	ELECTROCARDIOLOGY	0	774	0	12,938	11,578	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,123	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	21,022	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	14	0	231	140	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	28	0	462	0	90.01
90.02	09002	ATHLETIC TRAINERS	0	422	0	7,047	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004	WOUND CARE	0	646	0	10,801	3,627	90.04
91.00	09100	EMERGENCY	8,863	7,037	0	117,597	28,602	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,003,304	56,105	0	907,851	310,342	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	LIFEPLEX FITNESS FORUM	0	4,127	0	68,964	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,083	0	51,521	1,856	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0	0	0	192.01
192.02	19202	HOSPITALIST	0	0	0	0	2,137	192.02
192.03	19203	INTENSIVIST	0	0	0	0	0	192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	0	1,103	0	18,425	1,521	192.04
194.00	07950	PLYMOUTH MOB-4	0	0	0	0	0	194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	0	695	0	11,609	0	194.01
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,003,304	65,113	0	1,058,370	315,856	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/29/2023 2:02 pm		
Cost Center Description				PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM
				15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	937,553					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	837,226				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	50,471	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	2,659	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	139,470	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,364	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	78,856	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,277	0	0	0	55.00
57.00	05700	CT SCAN	0	126,612	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,428	0	0	0	59.00
60.00	06000	LABORATORY	0	164,053	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	9,169	0	0	0	65.00
65.01	06501	SLEEP LAB	0	1,585	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	19,483	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0	3,833	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,838	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,022	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	30,689	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,279	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	927,101	55,722	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	371	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004	WOUND CARE	0	9,614	0	0	0	90.04
91.00	09100	EMERGENCY	0	75,813	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	927,101	822,608	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	LIFEPLEX FITNESS FORUM	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,530	4,919	0	0	0	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0	0	0	192.01
192.02	19202	HOSPITALIST	0	5,665	0	0	0	192.02
192.03	19203	INTENSIVIST	0	1	0	0	0	192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	8,922	4,033	0	0	0	192.04
194.00	07950	PLYMOUTH MOB-4	0	0	0	0	0	194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0076

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

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
		15.00	16.00	17.00	19.00	20.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	937,553	837,226	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0076

Period:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING PROGRAM						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	7,186,823	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	432,504	0	31.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00 04300 NURSERY	0	0	0	523,986	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	6,850,779	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	528,488	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	2,690,868	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	1,170,017	0	55.00
57.00 05700 CT SCAN	0	0	0	475,209	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	302,450	0	59.00
60.00 06000 LABORATORY	0	0	0	6,536,978	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	1,238,855	0	65.00
65.01 06501 SLEEP LAB	0	0	0	102,569	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	2,081,635	0	66.00
66.01 06601 PHYSICAL THERAPY - LI FEPLEX	0	0	0	433,553	0	66.01
66.02 06602 PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	259,747	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	170,944	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	396,770	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,097,630	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	4,108,837	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	10,665	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	12,601	0	90.01
90.02 09002 ATHLETIC TRAINERS	0	0	0	24,312	0	90.02
90.03 09003 SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04 09004 WOUND CARE	0	0	0	1,171,743	0	90.04
91.00 09100 EMERGENCY	0	0	0	6,035,697	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			43,843,660	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	43,137	0	190.00
190.01 19001 LI FEPLEX FITNESS FORUM	0	0	0	3,999,391	0	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	2,626,973	0	192.00
192.01 19201 FOUNDATION ADMINISTRATION	0	0	0	0	0	192.01
192.02 19202 HOSPITALIST	0	0	0	9,426	0	192.02
192.03 19203 INTENSIVIST	0	0	0	1	0	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0076

Period:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
192.04 19204 FOOT & ANKLE SPORTS MED PLY	0	0	0	1,273,203	0	192.04
194.00 07950 PLYMOUTH MOB-4	0	0	0	84,794	0	194.00
194.01 07951 COMMUNITY OUTREACH & PARTNERSHIP	0	0	0	198,666	0	194.01
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	52,079,251	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/29/2023 2:02 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING PROGRAM		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	7,186,823	30.00
31.00	03100 INTENSIVE CARE UNIT	432,504	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
43.00	04300 NURSERY	523,986	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	6,850,779	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	528,488	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,690,868	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,170,017	55.00
57.00	05700 CT SCAN	475,209	57.00
59.00	05900 CARDIAC CATHETERIZATION	302,450	59.00
60.00	06000 LABORATORY	6,536,978	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500 RESPIRATORY THERAPY	1,238,855	65.00
65.01	06501 SLEEP LAB	102,569	65.01
66.00	06600 PHYSICAL THERAPY	2,081,635	66.00
66.01	06601 PHYSICAL THERAPY - LIFEPLEX	433,553	66.01
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	259,747	67.00
68.00	06800 SPEECH PATHOLOGY	170,944	68.00
69.00	06900 ELECTROCARDIOLOGY	396,770	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,097,630	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,108,837	73.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	10,665	76.98
76.99	07699 LI THOTRI PSY	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR	12,601	90.01
90.02	09002 ATHLETIC TRAINERS	24,312	90.02
90.03	09003 SAINT JOSEPH HEALTH CENTER	0	90.03
90.04	09004 WOUND CARE	1,171,743	90.04
91.00	09100 EMERGENCY	6,035,697	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	43,843,660	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	43,137	190.00
190.01	19001 LIFEPLEX FITNESS FORUM	3,999,391	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,626,973	192.00
192.01	19201 FOUNDATION ADMINISTRATION	0	192.01
192.02	19202 HOSPITALIST	9,426	192.02
192.03	19203 INTENSIVIST	1	192.03
192.04	19204 FOOT & ANKLE SPORTS MED PLY	1,273,203	192.04
194.00	07950 PLYMOUTH MOB-4	84,794	194.00
194.01	07951 COMMUNITY OUTREACH & PARTNERSHIP	198,666	194.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	52,079,251	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/29/2023 2:02 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	347,009	35	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	656,286	68	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	11,750	1	8.00
9.00 00900	HOUSEKEEPING	0	5,817	1	9.00
10.00 01000	DIETARY	0	40,659	4	10.00
11.00 01100	CAFETERIA	0	38,934	4	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	90,567	9	14.00
15.00 01500	PHARMACY	0	24,062	2	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	48,744	5	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	375,918	38	30.00
31.00 03100	INTENSIVE CARE UNIT	0	72,089	7	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
43.00 04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	282,675	28	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	140,843	14	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	175,472	18	55.00
57.00 05700	CT SCAN	0	8,124	1	57.00
59.00 05900	CARDIAC CATHETERIZATION	0	41,163	4	59.00
60.00 06000	LABORATORY	0	84,265	8	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	64,314	6	65.00
65.01 06501	SLEEP LAB	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	113,369	11	66.00
66.01 06601	PHYSICAL THERAPY - LIFEPLEX	0	0	0	66.01
66.02 06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699	LITHOTRIpsy	0	0	0	76.99
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.01 09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	90.01
90.02 09002	ATHLETIC TRAINERS	0	0	0	90.02
90.03 09003	SAINT JOSEPH HEALTH CENTER	0	0	0	90.03
90.04 09004	WOUND CARE	0	60,611	6	90.04
91.00 09100	EMERGENCY	0	142,297	14	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	2,824,968	284	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,313	1	190.00
190.01 19001	LIFEPLEX FITNESS FORUM	0	0	0	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	284,692	29	192.00
192.01 19201	FOUNDATION ADMINISTRATION	0	0	0	192.01
192.02 19202	HOSPITALIST	0	0	0	192.02
192.03 19203	INTENSIVIST	0	0	0	192.03
192.04 19204	FOOT & ANKLE SPORTS MED PLY	0	0	0	192.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0076

Period:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.00 07950 PLYMOUTH MOB-4	0	0	0	0	0	194.00
194.01 07951 COMMUNITY OUTREACH & PARTNERSHIP	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	0	3,114,973	314	3,115,287		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0076

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To 06/30/2023

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	347,044				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	24,947	0	681,301		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,461	0	3,791	17,003	8.00
9.00	00900	HOUSEKEEPING	5,007	0	1,877	0	12,702
10.00	01000	DIETARY	6,104	0	13,118	1	247
11.00	01100	CAFETERIA	0	0	12,561	0	236
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	7,038	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	815	0	29,220	0	549
15.00	01500	PHARMACY	5,676	0	7,763	0	146
16.00	01600	MEDICAL RECORDS & LIBRARY	4,659	0	15,727	0	296
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,707	0	121,285	1,020	2,280
31.00	03100	INTENSIVE CARE UNIT	783	0	23,258	0	437
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	3,348	0	0	54	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,609	0	91,201	2,819	1,715
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,348	0	0	108	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,485	0	45,441	1,594	854
55.00	05500	RADIOLOGY-THERAPEUTIC	4,832	0	56,613	632	1,064
57.00	05700	CT SCAN	1,593	0	2,621	2,560	49
59.00	05900	CARDIAC CATHETERIZATION	1,343	0	13,281	90	250
60.00	06000	LABORATORY	39,482	0	27,187	3,395	511
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	7,086	0	20,750	185	390
65.01	06501	SLEEP LAB	644	0	0	32	0
66.00	06600	PHYSICAL THERAPY	11,651	0	36,577	394	688
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	2,784	0	0	77	0
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,634	0	0	78	0
68.00	06800	SPEECH PATHOLOGY	1,095	0	0	21	0
69.00	06900	ELECTROCARDIOLOGY	2,212	0	0	620	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,220	0	0	167	0
73.00	07300	DRUGS CHARGED TO PATIENTS	20,577	0	0	1,126	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	65	0	0	7	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	81	0	0	0	0
90.02	09002	ATHLETIC TRAINERS	112	0	0	0	0
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0
90.04	09004	WOUND CARE	6,760	0	19,555	194	368
91.00	09100	EMERGENCY	36,450	0	45,910	1,533	863
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	297,608	0	587,736	16,707	10,943
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	212	0	1,714	0	32
190.01	19001	LI FEPLEX FITNESS FORUM	26,154	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,017	0	91,851	99	1,727
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0	0	0
192.02	19202	HOSPITALIST	0	0	0	115	0
192.03	19203	INTENSIVIST	0	0	0	0	0
192.04	19204	FOOT & ANKLE SPORTS MED PLY	8,247	0	0	82	0
194.00	07950	PLYMOUTH MOB-4	565	0	0	0	0
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	1,241	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0076			Period: From 07/01/2022 To 06/30/2023		Worksheet B Part II Date/Time Prepared: 11/29/2023 2:02 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
202.00	TOTAL (sum lines 118 through 201)	347,044	0	681,301	17,003	12,702	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0076		Period: From 07/01/2022 To 06/30/2023		Worksheet B Part II Date/Time Prepared: 11/29/2023 2:02 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	60,133					10.00
11.00	01100	CAFETERIA	0	27,466				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	751	0	7,789		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	121,160	14.00
15.00	01500	PHARMACY	0	809	0	236	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	802	0	234	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,282	4,371	0	1,275	7,301	30.00
31.00	03100	INTENSIVE CARE UNIT	9,644	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	405	0	118	385	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,676	3,347	0	976	20,175	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	405	0	118	776	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,003	0	584	11,407	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	417	0	122	4,524	55.00
57.00	05700	CT SCAN	0	192	0	56	18,315	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	131	0	38	640	59.00
60.00	06000	LABORATORY	0	3,753	0	1,094	23,782	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	532	0	155	1,326	65.00
65.01	06501	SLEEP LAB	0	79	0	23	229	65.01
66.00	06600	PHYSICAL THERAPY	0	1,376	0	401	2,818	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0	222	0	65	554	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	191	0	56	555	67.00
68.00	06800	SPEECH PATHOLOGY	0	117	0	34	148	68.00
69.00	06900	ELECTROCARDIOLOGY	0	327	0	95	4,439	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,198	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,061	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	6	0	2	54	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	12	0	3	0	90.01
90.02	09002	ATHLETIC TRAINERS	0	178	0	52	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004	WOUND CARE	0	273	0	79	1,391	90.04
91.00	09100	EMERGENCY	531	2,968	0	865	10,967	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,133	23,667	0	6,681	119,045	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	LIFEPLEX FITNESS FORUM	0	1,741	0	508	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,300	0	379	712	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0	0	0	192.01
192.02	19202	HOSPITALIST	0	0	0	0	820	192.02
192.03	19203	INTENSIVIST	0	0	0	0	0	192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	0	465	0	136	583	192.04
194.00	07950	PLYMOUTH MOB-4	0	0	0	0	0	194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	0	293	0	85	0	194.01
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0076			Period: From 07/01/2022 To 06/30/2023		Worksheet B Part II Date/Time Prepared: 11/29/2023 2:02 pm	
Cost Center Description		DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSI NG ADMI NI STRATION	CENTRAL SERVI CES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
201.00	Negative Cost Centers	0	24,269	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	60,133	51,735	0	7,789	121,160	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/29/2023 2:02 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	38,694				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	70,467			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	4,253	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
43.00	04300	NURSERY	0	224	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	11,754	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	452	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,646	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,636	0		55.00
57.00	05700	CT SCAN	0	10,670	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	373	0		59.00
60.00	06000	LABORATORY	0	13,736	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	773	0		65.00
65.01	06501	SLEEP LAB	0	134	0		65.01
66.00	06600	PHYSICAL THERAPY	0	1,642	0		66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0	323	0		66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	323	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	86	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,586	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	698	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,263	4,696	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	31	0		76.98
76.99	07699	LITHOTRI PSY	0	0	0		76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0		77.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0		90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0		90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0		90.03
90.04	09004	WOUND CARE	0	810	0		90.04
91.00	09100	EMERGENCY	0	6,389	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,263	69,235	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
190.01	19001	LIFEPLEX FITNESS FORUM	0	0	0		190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	63	415	0		192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0		192.01
192.02	19202	HOSPITALIST	0	477	0		192.02
192.03	19203	INTENSIVIST	0	0	0		192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	368	340	0		192.04
194.00	07950	PLYMOUTH MOB-4	0	0	0		194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	0	0	0		194.01
200.00		Cross Foot Adjustments				0	200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0076			Period: From 07/01/2022 To 06/30/2023		Worksheet B Part II Date/Time Prepared: 11/29/2023 2:02 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM		
		15.00	16.00	17.00	19.00	20.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	38,694	70,467	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/29/2023 2:02 pm
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING PROGRAM				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS			598,730	0 30.00
31.00 03100	INTENSIVE CARE UNIT			106,218	0 31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT			0	0 34.00
43.00 04300	NURSERY			4,534	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM			457,975	0 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			5,207	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			223,871	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC			246,330	0 55.00
57.00 05700	CT SCAN			44,181	0 57.00
59.00 05900	CARDIAC CATHETERIZATION			57,313	0 59.00
60.00 06000	LABORATORY			197,213	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0 62.30
65.00 06500	RESPIRATORY THERAPY			95,517	0 65.00
65.01 06501	SLEEP LAB			1,141	0 65.01
66.00 06600	PHYSICAL THERAPY			168,927	0 66.00
66.01 06601	PHYSICAL THERAPY - LI FEPLEX			4,025	0 66.01
66.02 06602	PHYSICAL THERAPY - CULVER MILITARY			0	0 66.02
67.00 06700	OCCUPATIONAL THERAPY			2,837	0 67.00
68.00 06800	SPEECH PATHOLOGY			1,501	0 68.00
69.00 06900	ELECTROCARDIOLOGY			10,279	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			9,283	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			72,723	0 73.00
76.97 07697	CARDIAC REHABILITATION			0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY			165	0 76.98
76.99 07699	LITHOTRIpsy			0	0 76.99
77.00 07700	ALLOGENEIC HSCT ACQUISITION			0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
90.01 09001	OUTPATIENT TREATMENT & INFUSION CTR			96	0 90.01
90.02 09002	ATHLETIC TRAINERS			342	0 90.02
90.03 09003	SAINT JOSEPH HEALTH CENTER			0	0 90.03
90.04 09004	WOUND CARE			90,047	0 90.04
91.00 09100	EMERGENCY			248,787	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0 92.00
OTHER REIMBURSABLE COST CENTERS					
102.00 10200	OPPIOID TREATMENT PROGRAM			0	0 102.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	2,647,242	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			7,272	0 190.00
190.01 19001	LI FEPLEX FITNESS FORUM			28,403	0 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES			394,284	0 192.00
192.01 19201	FOUNDATION ADMINISTRATION			0	0 192.01
192.02 19202	HOSPITALIST			1,412	0 192.02
192.03 19203	INTENSIVIST			0	0 192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0076

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

Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
192.04 19204 FOOT & ANKLE SPORTS MED PLY				10,221	0	192.04
194.00 07950 PLYMOUTH MOB-4				565	0	194.00
194.01 07951 COMMUNITY OUTREACH & PARTNERSHIP				1,619	0	194.01
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	24,269	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	3,115,287	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/29/2023 2:02 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING PROGRAM		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	598,730	30.00
31.00	03100 INTENSIVE CARE UNIT	106,218	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
43.00	04300 NURSERY	4,534	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	457,975	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,207	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	223,871	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	246,330	55.00
57.00	05700 CT SCAN	44,181	57.00
59.00	05900 CARDIAC CATHETERIZATION	57,313	59.00
60.00	06000 LABORATORY	197,213	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500 RESPIRATORY THERAPY	95,517	65.00
65.01	06501 SLEEP LAB	1,141	65.01
66.00	06600 PHYSICAL THERAPY	168,927	66.00
66.01	06601 PHYSICAL THERAPY - LIFEPLEX	4,025	66.01
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	2,837	67.00
68.00	06800 SPEECH PATHOLOGY	1,501	68.00
69.00	06900 ELECTROCARDIOLOGY	10,279	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,283	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	72,723	73.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	165	76.98
76.99	07699 LI THOTRI PSY	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR	96	90.01
90.02	09002 ATHLETIC TRAINERS	342	90.02
90.03	09003 SAINT JOSEPH HEALTH CENTER	0	90.03
90.04	09004 WOUND CARE	90,047	90.04
91.00	09100 EMERGENCY	248,787	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,647,242	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,272	190.00
190.01	19001 LIFEPLEX FITNESS FORUM	28,403	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	394,284	192.00
192.01	19201 FOUNDATION ADMINISTRATION	0	192.01
192.02	19202 HOSPITALIST	1,412	192.02
192.03	19203 INTENSIVIST	0	192.03
192.04	19204 FOOT & ANKLE SPORTS MED PLY	10,221	192.04
194.00	07950 PLYMOUTH MOB-4	565	194.00
194.01	07951 COMMUNITY OUTREACH & PARTNERSHIP	1,619	194.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	24,269	201.00
202.00	TOTAL (sum lines 118 through 201)	3,115,287	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	160,655				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		160,655			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	18,732,838		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	17,897	17,897	1,029,122	-13,507,510	38,589,843
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	33,848	33,848	479,026	0	2,774,084
8.00 00800	LAUNDRY & LINEN SERVICE	606	606	0	0	162,433
9.00 00900	HOUSEKEEPING	300	300	320,792	0	556,763
10.00 01000	DIETARY	2,097	2,097	341,485	0	678,788
11.00 01100	CAFETERIA	2,008	2,008	45,940	18,102	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	652,357	0	782,643
14.00 01400	CENTRAL SERVICES & SUPPLY	4,671	4,671	0	0	90,576
15.00 01500	PHARMACY	1,241	1,241	684,147	0	631,209
16.00 01600	MEDICAL RECORDS & LIBRARY	2,514	2,514	369,467	0	518,043
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING PROGRAM	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	19,388	19,388	2,733,964	0	3,970,538
31.00 03100	INTENSIVE CARE UNIT	3,718	3,718	14,789	0	87,043
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
43.00 04300	NURSERY	0	0	249,384	0	372,247
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	14,579	14,579	2,267,449	0	4,293,210
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	249,384	0	372,247
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,264	7,264	1,195,686	0	1,610,716
55.00 05500	RADIOLOGY-THERAPEUTIC	9,050	9,050	308,948	0	537,334
57.00 05700	CT SCAN	419	419	106,204	0	177,099
59.00 05900	CARDIAC CATHETERIZATION	2,123	2,123	73,539	0	149,324
60.00 06000	LABORATORY	4,346	4,346	1,718,412	0	4,389,727
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	3,317	3,317	372,863	0	787,977
65.01 06501	SLEEP LAB	0	0	43,665	0	71,573
66.00 06600	PHYSICAL THERAPY	5,847	5,847	849,001	0	1,295,616
66.01 06601	PHYSICAL THERAPY - LI FEPLEX	0	0	109,313	0	309,528
66.02 06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	150,796	0	181,731
68.00 06800	SPEECH PATHOLOGY	0	0	100,762	0	121,735
69.00 06900	ELECTROCARDIOLOGY	0	0	189,266	0	245,916
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	802,838
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,288,113
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	3,955	0	7,261
76.99 07699	LITHOTRI PSY	0	0	0	0	0
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	7,646	0	8,971
90.02 09002	ATHLETIC TRAINERS	0	0	61,395	0	12,476
90.03 09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0
90.04 09004	WOUND CARE	3,126	3,126	179,958	0	751,652
91.00 09100	EMERGENCY	7,339	7,339	2,222,147	0	4,053,181
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	145,698	145,698	17,130,862	-13,489,408	33,092,592
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	274	274	0	0	23,542
190.01 19001	LI FEPLEX FITNESS FORUM	0	0	467,422	0	2,908,310
192.00 19200	PHYSICIANS' PRIVATE OFFICES	14,683	14,683	821,317	0	1,447,497
192.01 19201	FOUNDATION ADMINISTRATION	0	0	0	0	0
192.02 19202	HOSPITALIST	0	0	0	0	0
192.03 19203	INTENSIVIST	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
192.04 19204 FOOT & ANKLE SPORTS MED PLY	0	0	211,712	0	917,050	192.04
194.00 07950 PLYMOUTH MOB-4	0	0	0	0	62,809	194.00
194.01 07951 COMMUNITY OUTREACH & PARTNERSHIP	0	0	101,525	0	138,043	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,114,973	314	200,679		13,507,510	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	19.389207	0.001954	0.010713		0.350028	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			0		347,044	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000000		0.008993	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (GROSS REVENUE)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	108,910			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	606	219,825,877		8.00
9.00	00900	HOUSEKEEPING	0	300	0	108,004	9.00
10.00	01000	DIETARY	0	2,097	16,002	2,097	16,074
11.00	01100	CAFETERIA	0	2,008	0	2,008	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,671	0	4,671	0
15.00	01500	PHARMACY	0	1,241	0	1,241	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,514	0	2,514	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	19,388	13,250,485	19,388	12,104
31.00	03100	INTENSIVE CARE UNIT	0	3,718	0	3,718	2,578
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	0	0	698,100	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	14,579	36,615,827	14,579	1,250
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,408,294	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,264	20,702,569	7,264	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,050	8,211,293	9,050	0
57.00	05700	CT SCAN	0	419	33,240,332	419	0
59.00	05900	CARDIAC CATHETERIZATION	0	2,123	1,162,386	2,123	0
60.00	06000	LABORATORY	0	4,346	43,077,838	4,346	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	3,317	2,407,269	3,317	0
65.01	06501	SLEEP LAB	0	0	416,036	0	0
66.00	06600	PHYSICAL THERAPY	0	5,847	5,115,051	5,847	0
66.01	06601	PHYSICAL THERAPY - LIFFLEX	0	0	1,006,220	0	0
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,007,688	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	268,257	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	8,056,872	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,173,620	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	14,629,042	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	97,320	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0	0
90.02	09002	ATHLETIC TRAINERS	0	0	0	0	0
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0
90.04	09004	WOUND CARE	0	3,126	2,523,948	3,126	0
91.00	09100	EMERGENCY	0	7,339	19,903,771	7,339	142
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	93,953	215,988,220	93,047	16,074
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	274	0	274	0
190.01	19001	LIFFLEX FITNESS FORUM	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	14,683	1,291,299	14,683	0
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0	0	0
192.02	19202	HOSPITALIST	0	0	1,487,357	0	0
192.03	19203	INTENSIVIST	0	0	316	0	0
192.04	19204	FOOT & ANKLE SPORTS MED PLY	0	0	1,058,685	0	0
194.00	07950	PLYMOUTH MOB-4	0	0	0	0	0
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (GROSS REVENUE)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	3,745,091	240,128	761,962	1,003,304	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	34.387026	0.001092	7.054942	62.417818	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	681,301	17,003	12,702	60,133	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	6.255633	0.000077	0.117607	3.741010	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	18,839					11.00
12.00	01200	0	0				12.00
13.00	01300	515	0	18,324			13.00
14.00	01400	0	0	0	219,809,875		14.00
15.00	01500	555	0	555	0	2,168,153	15.00
16.00	01600	550	0	550	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,998	0	2,998	13,250,485	0	30.00
31.00	03100	0	0	0	0	0	31.00
34.00	03400	0	0	0	0	0	34.00
43.00	04300	278	0	278	698,100	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,296	0	2,296	36,615,827	0	50.00
52.00	05200	278	0	278	1,408,294	0	52.00
54.00	05400	1,374	0	1,374	20,702,569	0	54.00
55.00	05500	286	0	286	8,211,293	0	55.00
57.00	05700	132	0	132	33,240,332	0	57.00
59.00	05900	90	0	90	1,162,386	0	59.00
60.00	06000	2,574	0	2,574	43,077,838	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	365	0	365	2,407,269	0	65.00
65.01	06501	54	0	54	416,036	0	65.01
66.00	06600	944	0	944	5,115,051	0	66.00
66.01	06601	152	0	152	1,006,220	0	66.01
66.02	06602	0	0	0	0	0	66.02
67.00	06700	131	0	131	1,007,688	0	67.00
68.00	06800	80	0	80	268,257	0	68.00
69.00	06900	224	0	224	8,056,872	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	2,173,620	0	72.00
73.00	07300	0	0	0	14,629,042	2,143,981	73.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	4	0	4	97,320	0	76.98
76.99	07699	0	0	0	0	0	76.99
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	8	0	8	0	0	90.01
90.02	09002	122	0	122	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	187	0	187	2,523,948	0	90.04
91.00	09100	2,036	0	2,036	19,903,771	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		16,233	0	15,718	215,972,218	2,143,981	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	1,194	0	1,194	0	0	190.01
192.00	19200	892	0	892	1,291,299	3,539	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	1,487,357	0	192.02
192.03	19203	0	0	0	316	0	192.03
192.04	19204	319	0	319	1,058,685	20,633	192.04
194.00	07950	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
194.01	07951 COMMUNITY OUTREACH & PARTNERSHIP	201	0	201	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	65,113	0	1,058,370	315,856	937,553	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.456287	0.000000	57.758677	0.001437	0.432420	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	51,735	0	7,789	121,160	38,694	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.457933	0.000000	0.425071	0.000551	0.017847	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	219,809,875					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING PROGRAM	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	13,250,485	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00 04300 NURSERY	698,100	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	36,615,827	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,408,294	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	20,702,569	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	8,211,293	0	0	0	0	55.00
57.00 05700 CT SCAN	33,240,332	0	0	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	1,162,386	0	0	0	0	59.00
60.00 06000 LABORATORY	43,077,838	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	2,407,269	0	0	0	0	65.00
65.01 06501 SLEEP LAB	416,036	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	5,115,051	0	0	0	0	66.00
66.01 06601 PHYSICAL THERAPY - LIFFELEX	1,006,220	0	0	0	0	66.01
66.02 06602 PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	1,007,688	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	268,257	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	8,056,872	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,173,620	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	14,629,042	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	97,320	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0	0	90.01
90.02 09002 ATHLETIC TRAINERS	0	0	0	0	0	90.02
90.03 09003 SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04 09004 WOUND CARE	2,523,948	0	0	0	0	90.04
91.00 09100 EMERGENCY	19,903,771	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	215,972,218	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 LIFFELEX FITNESS FORUM	0	0	0	0	0	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,291,299	0	0	0	0	192.00
192.01 19201 FOUNDATION ADMINISTRATION	0	0	0	0	0	192.01
192.02 19202 HOSPITALIST	1,487,357	0	0	0	0	192.02
192.03 19203 INTENSIVIST	316	0	0	0	0	192.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
192.04	19204 FOOT & ANKLE SPORTS MED PLY	1,058,685	0	0	0	0	192.04
194.00	07950 PLYMOUTH MOB-4	0	0	0	0	0	194.00
194.01	07951 COMMUNITY OUTREACH & PARTNERSHIP	0	0	0	0	0	194.01
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)	837,226	0	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003809	0.000000	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	70,467	0	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000321	0.000000	0.000000	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)		
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING PROGRAM			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	06501	SLEEP LAB	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	0	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	90.03
90.04	09004	WOUND CARE	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	LI FEPLEX FITNESS FORUM	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	192.01
192.02	19202	HOSPITALIST	0	0	192.02
192.03	19203	INTENSIVIST	0	0	192.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMETERED PRGM (ASSIGNED TIME)		
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		22.00	23.00		
192.04	19204	FOOT & ANKLE SPORTS MED PLY	0	0	192.04
194.00	07950	PLYMOUTH MOB-4	0	0	194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	0	0	194.01
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/29/2023 2:02 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		7,186,823	0	7,186,823
31.00	03100 INTENSIVE CARE UNIT		432,504	0	432,504
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0
43.00	04300 NURSERY		523,986	0	523,986
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		6,850,779	0	6,850,779
52.00	05200 DELIVERY ROOM & LABOR ROOM		528,488	0	528,488
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,690,868	0	2,690,868
55.00	05500 RADIOLOGY-THERAPEUTIC		1,170,017	245	1,170,262
57.00	05700 CT SCAN		475,209	0	475,209
59.00	05900 CARDIAC CATHETERIZATION		302,450	0	302,450
60.00	06000 LABORATORY		6,536,978	920	6,537,898
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	1,238,855	2,393	1,241,248
65.01	06501 SLEEP LAB	0	102,569	0	102,569
66.00	06600 PHYSICAL THERAPY	0	2,081,635	0	2,081,635
66.01	06601 PHYSICAL THERAPY - LIFEPLEX	0	433,553	0	433,553
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0
67.00	06700 OCCUPATIONAL THERAPY	0	259,747	0	259,747
68.00	06800 SPEECH PATHOLOGY	0	170,944	0	170,944
69.00	06900 ELECTROCARDIOLOGY		396,770	0	396,770
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,097,630	0	1,097,630
73.00	07300 DRUGS CHARGED TO PATIENTS		4,108,837	0	4,108,837
76.97	07697 CARDIAC REHABILITATION		0	0	0
76.98	07698 HYPERBARIIC OXYGEN THERAPY		10,665	0	10,665
76.99	07699 LI THOTRI PSY		0	0	0
77.00	07700 ALLOGENEIC HSCT ACQUISITION		0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR		12,601	0	12,601
90.02	09002 ATHLETIC TRAINERS		24,312	0	24,312
90.03	09003 SAINT JOSEPH HEALTH CENTER		0	0	0
90.04	09004 WOUND CARE		1,171,743	0	1,171,743
91.00	09100 EMERGENCY		6,035,697	30,722	6,066,419
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		1,907,252	0	1,907,252
OTHER REIMBURSABLE COST CENTERS					
102.00	10200 OPIOID TREATMENT PROGRAM		0	0	0
200.00	Subtotal (see instructions)	0	45,750,912	34,280	45,785,192
201.00	Less Observation Beds		1,907,252	0	1,907,252
202.00	Total (see instructions)	0	43,843,660	34,280	43,877,940

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/29/2023 2:02 pm	
				Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient					
	6.00	7.00	8.00				
9.00	10.00						
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,994,915		9,994,915		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
43.00	04300	NURSERY	698,100		698,100		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,030,039	31,585,788	36,615,827	0.187099	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,338,847	69,447	1,408,294	0.375268	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,875,223	18,827,346	20,702,569	0.129977	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	32,296	8,178,997	8,211,293	0.142489	55.00
57.00	05700	CT SCAN	4,275,692	28,964,641	33,240,333	0.014296	57.00
59.00	05900	CARDIAC CATHETERIZATION	31,855	1,130,531	1,162,386	0.260198	59.00
60.00	06000	LABORATORY	5,459,051	37,618,787	43,077,838	0.151748	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	1,449,555	957,714	2,407,269	0.514631	65.00
65.01	06501	SLEEP LAB	0	416,036	416,036	0.246539	65.01
66.00	06600	PHYSICAL THERAPY	358,317	4,756,734	5,115,051	0.406963	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0	1,006,220	1,006,220	0.430873	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	219,593	788,095	1,007,688	0.257765	67.00
68.00	06800	SPEECH PATHOLOGY	53,568	214,689	268,257	0.637240	68.00
69.00	06900	ELECTROCARDIOLOGY	1,528,242	6,528,630	8,056,872	0.049246	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	274,680	1,898,939	2,173,619	0.504978	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,329,055	12,299,987	14,629,042	0.280868	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	97,320	97,320	0.109587	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0.000000	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0	0.000000	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0.000000	90.03
90.04	09004	WOUND CARE	5,389	2,518,559	2,523,948	0.464250	90.04
91.00	09100	EMERGENCY	2,072,876	17,830,895	19,903,771	0.303244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,115,559	2,140,011	3,255,570	0.585843	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
200.00		Subtotal (see instructions)	38,142,852	177,829,366	215,972,218		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	38,142,852	177,829,366	215,972,218		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/29/2023 2:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.187099		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.375268		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129977		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.142519		55.00
57.00	05700 CT SCAN	0.014296		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.260198		59.00
60.00	06000 LABORATORY	0.151769		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.515625		65.00
65.01	06501 SLEEP LAB	0.246539		65.01
66.00	06600 PHYSICAL THERAPY	0.406963		66.00
66.01	06601 PHYSICAL THERAPY - LIFEPLEX	0.430873		66.01
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.257765		67.00
68.00	06800 SPEECH PATHOLOGY	0.637240		68.00
69.00	06900 ELECTROCARDIOLOGY	0.049246		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.504978		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.280868		73.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.109587		76.98
76.99	07699 LI THOTRIPSY	0.000000		76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR	0.000000		90.01
90.02	09002 ATHLETIC TRAINERS	0.000000		90.02
90.03	09003 SAINT JOSEPH HEALTH CENTER	0.000000		90.03
90.04	09004 WOUND CARE	0.464250		90.04
91.00	09100 EMERGENCY	0.304787		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.585843		92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/29/2023 2:02 pm
			Title XIX	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		7,186,823	0	7,186,823
31.00	03100 INTENSIVE CARE UNIT		432,504	0	432,504
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0
43.00	04300 NURSERY		523,986	0	523,986
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		6,850,779	0	6,850,779
52.00	05200 DELIVERY ROOM & LABOR ROOM		528,488	0	528,488
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,690,868	0	2,690,868
55.00	05500 RADIOLOGY-THERAPEUTIC		1,170,017	245	1,170,262
57.00	05700 CT SCAN		475,209	0	475,209
59.00	05900 CARDIAC CATHETERIZATION		302,450	0	302,450
60.00	06000 LABORATORY		6,536,978	920	6,537,898
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	1,238,855	2,393	1,241,248
65.01	06501 SLEEP LAB	0	102,569	0	102,569
66.00	06600 PHYSICAL THERAPY	0	2,081,635	0	2,081,635
66.01	06601 PHYSICAL THERAPY - LIFEPLEX	0	433,553	0	433,553
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0
67.00	06700 OCCUPATIONAL THERAPY	0	259,747	0	259,747
68.00	06800 SPEECH PATHOLOGY	0	170,944	0	170,944
69.00	06900 ELECTROCARDIOLOGY		396,770	0	396,770
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,097,630	0	1,097,630
73.00	07300 DRUGS CHARGED TO PATIENTS		4,108,837	0	4,108,837
76.97	07697 CARDIAC REHABILITATION		0	0	0
76.98	07698 HYPERBARIIC OXYGEN THERAPY		10,665	0	10,665
76.99	07699 LI THOTRI PSY		0	0	0
77.00	07700 ALLOGENEIC HSCT ACQUISITION		0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR		12,601	0	12,601
90.02	09002 ATHLETIC TRAINERS		24,312	0	24,312
90.03	09003 SAINT JOSEPH HEALTH CENTER		0	0	0
90.04	09004 WOUND CARE		1,171,743	0	1,171,743
91.00	09100 EMERGENCY		6,035,697	30,722	6,066,419
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		1,907,252	0	1,907,252
OTHER REIMBURSABLE COST CENTERS					
102.00	10200 OPIOID TREATMENT PROGRAM		0	0	0
200.00	Subtotal (see instructions)	0	45,750,912	34,280	45,785,192
201.00	Less Observation Beds		1,907,252	0	1,907,252
202.00	Total (see instructions)	0	43,843,660	34,280	43,877,940

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0076

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

Worksheet C
Part I
Date/Time Prepared:
11/29/2023 2:02 pm

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,994,915		9,994,915		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
43.00	04300	NURSERY	698,100		698,100		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,030,039	31,585,788	36,615,827	0.187099	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,338,847	69,447	1,408,294	0.375268	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,875,223	18,827,346	20,702,569	0.129977	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	32,296	8,178,997	8,211,293	0.142489	55.00
57.00	05700	CT SCAN	4,275,692	28,964,641	33,240,333	0.014296	57.00
59.00	05900	CARDIAC CATHETERIZATION	31,855	1,130,531	1,162,386	0.260198	59.00
60.00	06000	LABORATORY	5,459,051	37,618,787	43,077,838	0.151748	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	1,449,555	957,714	2,407,269	0.514631	65.00
65.01	06501	SLEEP LAB	0	416,036	416,036	0.246539	65.01
66.00	06600	PHYSICAL THERAPY	358,317	4,756,734	5,115,051	0.406963	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0	1,006,220	1,006,220	0.430873	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	219,593	788,095	1,007,688	0.257765	67.00
68.00	06800	SPEECH PATHOLOGY	53,568	214,689	268,257	0.637240	68.00
69.00	06900	ELECTROCARDIOLOGY	1,528,242	6,528,630	8,056,872	0.049246	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	274,680	1,898,939	2,173,619	0.504978	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,329,055	12,299,987	14,629,042	0.280868	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	97,320	97,320	0.109587	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0.000000	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0	0.000000	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0.000000	90.03
90.04	09004	WOUND CARE	5,389	2,518,559	2,523,948	0.464250	90.04
91.00	09100	EMERGENCY	2,072,876	17,830,895	19,903,771	0.303244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,115,559	2,140,011	3,255,570	0.585843	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
200.00		Subtotal (see instructions)	38,142,852	177,829,366	215,972,218		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	38,142,852	177,829,366	215,972,218		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/29/2023 2:02 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.187099		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.375268		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129977		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.142519		55.00
57.00	05700 CT SCAN	0.014296		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.260198		59.00
60.00	06000 LABORATORY	0.151769		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.515625		65.00
65.01	06501 SLEEP LAB	0.246539		65.01
66.00	06600 PHYSICAL THERAPY	0.406963		66.00
66.01	06601 PHYSICAL THERAPY - LIFEPLEX	0.430873		66.01
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.257765		67.00
68.00	06800 SPEECH PATHOLOGY	0.637240		68.00
69.00	06900 ELECTROCARDIOLOGY	0.049246		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.504978		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.280868		73.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.109587		76.98
76.99	07699 LI THOTRIPSY	0.000000		76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR	0.000000		90.01
90.02	09002 ATHLETIC TRAINERS	0.000000		90.02
90.03	09003 SAINT JOSEPH HEALTH CENTER	0.000000		90.03
90.04	09004 WOUND CARE	0.464250		90.04
91.00	09100 EMERGENCY	0.304787		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.585843		92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0076

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

Worksheet C
Part II
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description		Title XIX			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,850,779	457,975	6,392,804	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	528,488	5,207	523,281	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,690,868	223,871	2,466,997	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,170,017	246,330	923,687	0	0	55.00
57.00	05700 CT SCAN	475,209	44,181	431,028	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	302,450	57,313	245,137	0	0	59.00
60.00	06000 LABORATORY	6,536,978	197,213	6,339,765	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	1,238,855	95,517	1,143,338	0	0	65.00
65.01	06501 SLEEP LAB	102,569	1,141	101,428	0	0	65.01
66.00	06600 PHYSICAL THERAPY	2,081,635	168,927	1,912,708	0	0	66.00
66.01	06601 PHYSICAL THERAPY - LIFEPLEX	433,553	4,025	429,528	0	0	66.01
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	259,747	2,837	256,910	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	170,944	1,501	169,443	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	396,770	10,279	386,491	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,097,630	9,283	1,088,347	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,108,837	72,723	4,036,114	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	10,665	165	10,500	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR	12,601	96	12,505	0	0	90.01
90.02	09002 ATHLETIC TRAINERS	24,312	342	23,970	0	0	90.02
90.03	09003 SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004 WOUND CARE	1,171,743	90,047	1,081,696	0	0	90.04
91.00	09100 EMERGENCY	6,035,697	248,787	5,786,910	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,907,252	158,891	1,748,361	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
200.00	Subtotal (sum of lines 50 thru 199)	37,607,599	2,096,651	35,510,948	0	0	200.00
201.00	Less Observation Beds	1,907,252	158,891	1,748,361	0	0	201.00
202.00	Total (line 200 minus line 201)	35,700,347	1,937,760	33,762,587	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part II Date/Time Prepared: 11/29/2023 2:02 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,850,779	36,615,827	0.187099	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	528,488	1,408,294	0.375268	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,690,868	20,702,569	0.129977	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,170,017	8,211,293	0.142489	55.00
57.00	05700	CT SCAN	475,209	33,240,333	0.014296	57.00
59.00	05900	CARDIAC CATHETERIZATION	302,450	1,162,386	0.260198	59.00
60.00	06000	LABORATORY	6,536,978	43,077,838	0.151748	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	1,238,855	2,407,269	0.514631	65.00
65.01	06501	SLEEP LAB	102,569	416,036	0.246539	65.01
66.00	06600	PHYSICAL THERAPY	2,081,635	5,115,051	0.406963	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	433,553	1,006,220	0.430873	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	259,747	1,007,688	0.257765	67.00
68.00	06800	SPEECH PATHOLOGY	170,944	268,257	0.637240	68.00
69.00	06900	ELECTROCARDIOLOGY	396,770	8,056,872	0.049246	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,097,630	2,173,619	0.504978	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,108,837	14,629,042	0.280868	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	76.97
76.98	07698	HYPERBARIAC OXYGEN THERAPY	10,665	97,320	0.109587	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	12,601	0	0.000000	90.01
90.02	09002	ATHLETIC TRAINERS	24,312	0	0.000000	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0.000000	90.03
90.04	09004	WOUND CARE	1,171,743	2,523,948	0.464250	90.04
91.00	09100	EMERGENCY	6,035,697	19,903,771	0.303244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,907,252	3,255,570	0.585843	92.00
OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0.000000	102.00
200.00		Subtotal (sum of lines 50 thru 199)	37,607,599	205,279,203		200.00
201.00		Less Observation Beds	1,907,252	0		201.00
202.00		Total (line 200 minus line 201)	35,700,347	205,279,203		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part I Date/Time Prepared: 11/29/2023 2:02 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	598,730	0	598,730	4,567	131.10	30.00	
31.00	INTENSIVE CARE UNIT	106,218		106,218	0	0.00	31.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
43.00	NURSERY	4,534		4,534	332	13.66	43.00	
200.00	Total (lines 30 through 199)	709,482		709,482	4,899		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,052	137,917					30.00
31.00	INTENSIVE CARE UNIT	0	0					31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	1,052	137,917					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0076

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

Worksheet D
Part II
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	457,975	36,615,827	0.012508	1,072,961	13,421	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,207	1,408,294	0.003697	61	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	223,871	20,702,569	0.010814	622,277	6,729	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	246,330	8,211,293	0.029999	0	0	55.00
57.00	05700	CT SCAN	44,181	33,240,333	0.001329	1,352,077	1,797	57.00
59.00	05900	CARDIAC CATHETERIZATION	57,313	1,162,386	0.049306	9,018	445	59.00
60.00	06000	LABORATORY	197,213	43,077,838	0.004578	1,706,424	7,812	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	95,517	2,407,269	0.039679	506,604	20,102	65.00
65.01	06501	SLEEP LAB	1,141	416,036	0.002743	0	0	65.01
66.00	06600	PHYSICAL THERAPY	168,927	5,115,051	0.033025	146,504	4,838	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	4,025	1,006,220	0.004000	0	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,837	1,007,688	0.002815	90,138	254	67.00
68.00	06800	SPEECH PATHOLOGY	1,501	268,257	0.005595	18,871	106	68.00
69.00	06900	ELECTROCARDIOLOGY	10,279	8,056,872	0.001276	550,845	703	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,283	2,173,619	0.004271	53,485	228	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,723	14,629,042	0.004971	701,171	3,486	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	165	97,320	0.001695	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	96	0	0.000000	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	342	0	0.000000	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0.000000	0	0	90.03
90.04	09004	WOUND CARE	90,047	2,523,948	0.035677	3,038	108	90.04
91.00	09100	EMERGENCY	248,787	19,903,771	0.012499	749,654	9,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	158,891	3,255,570	0.048806	349,732	17,069	92.00
200.00		Total (lines 50 through 199)	2,096,651	205,279,203		7,932,860	86,468	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Prepared: 11/29/2023 2:02 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	4,567	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	34.00
43.00	04300	NURSERY		0	332	0.00	43.00
200.00		Total (lines 30 through 199)		0	4,899	1,052	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/29/2023 2:02 pm
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Cost Center Description	Title XVIII					Hospital		
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS		
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004	WOUND CARE	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/29/2023 2:02 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XVIII	
						Hospital	PPS
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	36,615,827	0.000000		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,408,294	0.000000		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	20,702,569	0.000000		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	8,211,293	0.000000		55.00
57.00 05700 CT SCAN	0	0	0	33,240,333	0.000000		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	1,162,386	0.000000		59.00
60.00 06000 LABORATORY	0	0	0	43,077,838	0.000000		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	2,407,269	0.000000		65.00
65.01 06501 SLEEP LAB	0	0	0	416,036	0.000000		65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	5,115,051	0.000000		66.00
66.01 06601 PHYSICAL THERAPY - LI FEPLEX	0	0	0	1,006,220	0.000000		66.01
66.02 06602 PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0.000000		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,007,688	0.000000		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	268,257	0.000000		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	8,056,872	0.000000		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,173,619	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	14,629,042	0.000000		73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	97,320	0.000000		76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000		76.99
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0	0.000000		90.01
90.02 09002 ATHLETIC TRAINERS	0	0	0	0	0.000000		90.02
90.03 09003 SAINT JOSEPH HEALTH CENTER	0	0	0	0	0.000000		90.03
90.04 09004 WOUND CARE	0	0	0	2,523,948	0.000000		90.04
91.00 09100 EMERGENCY	0	0	0	19,903,771	0.000000		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,255,570	0.000000		92.00
200.00 Total (lines 50 through 199)	0	0	0	205,279,203			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0076

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	1,072,961	0	5,648,591	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	61	0	57	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	622,277	0	3,085,235	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	1,966,110	0	55.00
57.00	05700 CT SCAN	0.000000	1,352,077	0	6,461,006	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	9,018	0	324,253	0	59.00
60.00	06000 LABORATORY	0.000000	1,706,424	0	2,364,085	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	506,604	0	169,722	0	65.00
65.01	06501 SLEEP LAB	0.000000	0	0	63,443	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	146,504	0	2,708	0	66.00
66.01	06601 PHYSICAL THERAPY - LIFEPLEX	0.000000	0	0	584	0	66.01
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	90,138	0	141	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	18,871	0	2,839	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	550,845	0	1,533,499	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	53,485	0	351,437	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	701,171	0	4,012,043	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR	0.000000	0	0	0	0	90.01
90.02	09002 ATHLETIC TRAINERS	0.000000	0	0	0	0	90.02
90.03	09003 SAINT JOSEPH HEALTH CENTER	0.000000	0	0	0	0	90.03
90.04	09004 WOUND CARE	0.000000	3,038	0	841,785	0	90.04
91.00	09100 EMERGENCY	0.000000	749,654	0	2,486,687	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	349,732	0	376,768	0	92.00
200.00	Total (lines 50 through 199)		7,932,860	0	29,690,993	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/29/2023 2:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.187099	5,648,591	0	0	1,056,846	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.375268	57	0	0	21	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129977	3,085,235	0	0	401,010	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142489	1,966,110	0	0	280,149	55.00
57.00	05700	CT SCAN	0.014296	6,461,006	0	0	92,367	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.260198	324,253	0	0	84,370	59.00
60.00	06000	LABORATORY	0.151748	2,364,085	0	0	358,745	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.514631	169,722	0	0	87,344	65.00
65.01	06501	SLEEP LAB	0.246539	63,443	0	0	15,641	65.01
66.00	06600	PHYSICAL THERAPY	0.406963	2,708	0	0	1,102	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0.430873	584	0	0	252	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.257765	141	0	0	36	67.00
68.00	06800	SPEECH PATHOLOGY	0.637240	2,839	0	0	1,809	68.00
69.00	06900	ELECTROCARDIOLOGY	0.049246	1,533,499	0	0	75,519	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.504978	351,437	0	0	177,468	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.280868	4,012,043	0	960	1,126,854	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.109587	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0.000000	0	0	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	0.000000	0	0	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0.000000	0	0	0	0	90.03
90.04	09004	WOUND CARE	0.464250	841,785	0	0	390,799	90.04
91.00	09100	EMERGENCY	0.303244	2,486,687	0	0	754,073	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.585843	376,768	0	0	220,727	92.00
200.00		Subtotal (see instructions)		29,690,993	0	960	5,125,132	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		29,690,993	0	960	5,125,132	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/29/2023 2:02 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 PHYSICAL THERAPY - LIFEPLEX	0	0		66.01
66.02 06602 PHYSICAL THERAPY - CULVER MILITARY	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	270		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRIPSY	0	0		76.99
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 OUTPATIENT TREATMENT & INFUSION CTR	0	0		90.01
90.02 09002 ATHLETIC TRAINERS	0	0		90.02
90.03 09003 SAINT JOSEPH HEALTH CENTER	0	0		90.03
90.04 09004 WOUND CARE	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	270		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	270		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part I Date/Time Prepared: 11/29/2023 2:02 pm
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Cost Center Description		Title XIX			Hospital	PPS	
		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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	598,730	0	598,730	4,567	131.10	30.00
31.00	INTENSIVE CARE UNIT	106,218		106,218	0	0.00	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
43.00	NURSERY	4,534		4,534	332	13.66	43.00
200.00	Total (lines 30 through 199)	709,482		709,482	4,899		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	77	10,095				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
43.00	NURSERY	216	2,951				43.00
200.00	Total (lines 30 through 199)	293	13,046				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0076

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

Worksheet D
Part II
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description			Title XIX			Hospital	PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	457,975	36,615,827	0.012508	1,114,528	13,941	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,207	1,408,294	0.003697	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	223,871	20,702,569	0.010814	242,392	2,621	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	246,330	8,211,293	0.029999	0	0	55.00
57.00	05700	CT SCAN	44,181	33,240,333	0.001329	633,652	842	57.00
59.00	05900	CARDIAC CATHETERIZATION	57,313	1,162,386	0.049306	6,172	304	59.00
60.00	06000	LABORATORY	197,213	43,077,838	0.004578	814,799	3,730	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	95,517	2,407,269	0.039679	151,846	6,025	65.00
65.01	06501	SLEEP LAB	1,141	416,036	0.002743	0	0	65.01
66.00	06600	PHYSICAL THERAPY	168,927	5,115,051	0.033025	27,330	903	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	4,025	1,006,220	0.004000	0	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,837	1,007,688	0.002815	13,233	37	67.00
68.00	06800	SPEECH PATHOLOGY	1,501	268,257	0.005595	9,758	55	68.00
69.00	06900	ELECTROCARDIOLOGY	10,279	8,056,872	0.001276	153,732	196	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,283	2,173,619	0.004271	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,723	14,629,042	0.004971	268,388	1,334	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	165	97,320	0.001695	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	96	0	0.000000	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	342	0	0.000000	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0.000000	0	0	90.03
90.04	09004	WOUND CARE	90,047	2,523,948	0.035677	0	0	90.04
91.00	09100	EMERGENCY	248,787	19,903,771	0.012499	365,127	4,564	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	158,891	3,255,570	0.048806	0	0	92.00
200.00		Total (lines 50 through 199)	2,096,651	205,279,203		3,800,957	34,552	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Prepared: 11/29/2023 2:02 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	4,567	0.00	77 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0.00	0 31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0 34.00	
43.00	04300	NURSERY	0	0	332	0.00	216 43.00	
200.00		Total (lines 30 through 199)	0	0	4,899		293 200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0076

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description		Title XIX					Hospital	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004	WOUND CARE	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/29/2023 2:02 pm
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Cost Center Description	Title XIX			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	36,615,827	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,408,294	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	20,702,569	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	8,211,293	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	33,240,333	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,162,386	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	43,077,838	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,407,269	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	416,036	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	5,115,051	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	0	0	0	1,006,220	0.000000	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,007,688	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	268,257	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,056,872	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,173,619	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,629,042	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	97,320	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0	0.000000	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0	0	0.000000	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0.000000	90.03
90.04	09004	WOUND CARE	0	0	0	2,523,948	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	19,903,771	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,255,570	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	205,279,203		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0076

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description			Title XIX			Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	1,114,528	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	242,392	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	633,652	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	6,172	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	814,799	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	151,846	0	0	0	65.00
65.01	06501	SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	27,330	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0.000000	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	13,233	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	9,758	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	153,732	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	268,388	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0.000000	0	0	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	0.000000	0	0	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0.000000	0	0	0	0	90.03
90.04	09004	WOUND CARE	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	365,127	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		3,800,957	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/29/2023 2:02 pm
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)		4,567	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,567	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)		3,355	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)		1,052	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)		7,186,823	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)		7,186,823	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)		7,186,823	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)		1,573.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,655,469	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)		1,655,469	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/29/2023 2:02 pm	
Cost Center Description			Title XVIII		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	432,504	0	0.00	0	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,604,266	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)				3,259,735	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)				137,917	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				86,468	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				224,385	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				3,035,350	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)				1,212	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,573.64	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				1,907,252	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0076		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/29/2023 2:02 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	598,730	7,186,823	0.083309	1,907,252	158,891	90.00
91.00	Nursing Program cost	0	7,186,823	0.000000	1,907,252	0	91.00
92.00	Allied health cost	0	7,186,823	0.000000	1,907,252	0	92.00
93.00	All other Medical Education	0	7,186,823	0.000000	1,907,252	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/29/2023 2:02 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,567	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,567	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)		3,355	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)		77	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)		332	15.00
16.00	Nursery days (title V or XIX only)		216	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)		7,186,823	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)		7,186,823	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)		7,186,823	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)		1,573.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		121,170	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)		121,170	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/29/2023 2:02 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	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)	523,986	332	1,578.27	216	340,906	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	432,504	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	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					667,644	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					1,129,720	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)					13,046	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					34,552	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					47,598	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,082,122	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)					1,212	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,573.64	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,907,252	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0076

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

Worksheet D-1
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description	Cost	Title XIX		Hospital	PPS	
		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	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	598,730	7,186,823	0.083309	1,907,252	158,891	90.00
91.00 Nursing Program cost	0	7,186,823	0.000000	1,907,252	0	91.00
92.00 Allied health cost	0	7,186,823	0.000000	1,907,252	0	92.00
93.00 All other Medical Education	0	7,186,823	0.000000	1,907,252	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/29/2023 2:02 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,935,635	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.187099	1,072,961	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.375268	61	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129977	622,277	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142519	0	55.00
57.00	05700	CT SCAN	0.014296	1,352,077	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.260198	9,018	59.00
60.00	06000	LABORATORY	0.151769	1,706,424	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.515625	506,604	65.00
65.01	06501	SLEEP LAB	0.246539	0	65.01
66.00	06600	PHYSICAL THERAPY	0.406963	146,504	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0.430873	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.257765	90,138	67.00
68.00	06800	SPEECH PATHOLOGY	0.637240	18,871	68.00
69.00	06900	ELECTROCARDIOLOGY	0.049246	550,845	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.504978	53,485	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.280868	701,171	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.109587	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0.000000	0	90.01
90.02	09002	ATHLETIC TRAINERS	0.000000	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0.000000	0	90.03
90.04	09004	WOUND CARE	0.464250	3,038	90.04
91.00	09100	EMERGENCY	0.304787	749,654	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585843	349,732	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,932,860	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)		7,932,860	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/29/2023 2:02 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,992,040		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.187099	1,114,528	208,527	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.375268	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129977	242,392	31,505	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.142519	0	0	55.00
57.00	05700 CT SCAN	0.014296	633,652	9,059	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.260198	6,172	1,606	59.00
60.00	06000 LABORATORY	0.151769	814,799	123,661	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.515625	151,846	78,296	65.00
65.01	06501 SLEEP LAB	0.246539	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.406963	27,330	11,122	66.00
66.01	06601 PHYSICAL THERAPY - LIFEPLEX	0.430873	0	0	66.01
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.257765	13,233	3,411	67.00
68.00	06800 SPEECH PATHOLOGY	0.637240	9,758	6,218	68.00
69.00	06900 ELECTROCARDIOLOGY	0.049246	153,732	7,571	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.504978	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.280868	268,388	75,382	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.109587	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR	0.000000	0	0	90.01
90.02	09002 ATHLETIC TRAINERS	0.000000	0	0	90.02
90.03	09003 SAINT JOSEPH HEALTH CENTER	0.000000	0	0	90.03
90.04	09004 WOUND CARE	0.464250	0	0	90.04
91.00	09100 EMERGENCY	0.304787	365,127	111,286	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.585843	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,800,957	667,644	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		3,800,957		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/29/2023 2:02 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		2,890,171	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	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)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		0	2.04
3.00	Managed Care Simulated Payments		2,679,898	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		34.68	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.15	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.92	31.00
32.00	Sum of lines 30 and 31		25.07	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.90	33.00
34.00	Disproportionate share adjustment (see instructions)		71,532	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/29/2023 2:02 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Payment Adjustment					
35.00	Total uncompensated care amount (see instructions)	0	0	35.00	
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01	
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	617,013	673,099	35.02	
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	155,521	503,441	35.03	
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	658,962		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)	3,620,665		47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00	
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		3,620,665	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		216,546	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		7,924	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)		3,845,135	59.00	
60.00	Primary payer payments		0	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		3,845,135	61.00	
62.00	Deductibles billed to program beneficiaries		436,732	62.00	
63.00	Coinsurance billed to program beneficiaries		3,545	63.00	
64.00	Allowable bad debts (see instructions)		10,921	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		7,099	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		6,473	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		3,411,957	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)		-2,096	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/29/2023 2:02 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2022	487,583		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)	2023	73,461		70.97
70.98	Low Volume Payment-3	0	0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		3,970,905		71.00
71.01	Sequestration adjustment (see instructions)		79,418		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		3,600,051		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)		291,436		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		162,334		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0		104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0076

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2023 2:02 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	2,890,171	0	2,890,171		2,890,171	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		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	0	0	0	0	0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	2,679,898	0	2,679,898	0	2,679,898	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	0.0990	0.0990	0.0990	0.0990		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	71,532	0	71,532	0	71,532	11.00
11.01	Uncompensated care payments	36.00	658,962	0	155,494	503,468	658,962	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	3,620,665	0	3,117,197	503,468	3,620,665	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	3,620,665	0	3,117,197	503,468	3,620,665	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	216,546	0	216,546	0	216,546	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0076

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2023 2:02 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	7,924	0	7,924	0	7,924	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	3,341,667	503,468	3,845,135	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	216,546	0	216,546	0	216,546	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	0	0	0	0	0	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	216,546	0	216,546	0	216,546	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				0.145910	0.145910		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			487,583		487,583	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				73,461	73,461	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0076

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2023 2:02 pm

		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 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	2,890,171	2,890,171		2,890,171	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00					2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	2,679,898	2,679,898	0	2,679,898	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	0.0990	0.0990	0.0990		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	71,532	71,532	0	71,532	11.00	
11.01	Uncompensated care payments	36.00	658,962	155,521	503,468	658,989	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	3,620,665	3,117,197	503,468	3,620,665	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	3,620,665	3,117,197	503,468	3,620,665	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	216,546	216,546	0	216,546	16.00	
17.00	Special add-on payments for new technologies	54.00	7,924	7,924	0	7,924	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			3,341,667	503,468	3,845,135	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0076

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2023 2:02 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	216,546	216,546	0	216,546	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	0	0	0	0	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	216,546	216,546	0	216,546	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	487,583	487,583		487,583	28.00
29.00	Low volume adjustment on or after October 1	70.97	73,461		73,461	73,461	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	-2,096	-2,096	0	-2,096	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/29/2023 2:02 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		270	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,125,132	2.00
3.00	OPPS or REH payments		4,725,513	3.00
4.00	Outlier payment (see instructions)		4,036	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)		270	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		960	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)		960	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)		960	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		690	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)		270	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		4,729,549	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)		879,794	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)		3,850,025	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)		3,850,025	30.00
31.00	Primary payer payments		2,927	31.00
32.00	Subtotal (line 30 minus line 31)		3,847,098	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)		95,930	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		62,355	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		56,387	36.00
37.00	Subtotal (see instructions)		3,909,453	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-64	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,909,517	40.00
40.01	Sequestration adjustment (see instructions)		78,190	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		3,864,178	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)		-32,851	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: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/29/2023 2:02 pm
Title XVIII		Hospital	PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0076

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

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2023 2:02 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		3,600,051		3,864,178	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)		3,600,051		3,864,178	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		291,436		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		32,851	6.02	
7.00	Total Medicare program liability (see instructions)		3,891,487		3,831,327	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet E-1 Part II Date/Time Prepared: 11/29/2023 2:02 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet E-5 Date/Time Prepared: 11/29/2023 2:02 pm
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. 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: 15-0076

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

Worksheet G
Date/Time Prepared:
11/29/2023 2:02 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	83,043	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	231,388,949	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,474,021	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	4,758	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)	232,950,771	0	0	0	11.00
FIXED ASSETS						
12.00	Land	477,930	0	0	0	12.00
13.00	Land improvements	2,096,101	0	0	0	13.00
14.00	Accumulated depreciation	-1,695,588	0	0	0	14.00
15.00	Buildings	45,927,594	0	0	0	15.00
16.00	Accumulated depreciation	-34,078,522	0	0	0	16.00
17.00	Leasehold improvements	380,910	0	0	0	17.00
18.00	Accumulated depreciation	-380,910	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	220,814	0	0	0	21.00
22.00	Accumulated depreciation	-164,987	0	0	0	22.00
23.00	Major movable equipment	31,129,743	0	0	0	23.00
24.00	Accumulated depreciation	-26,616,571	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	17,296,514	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	6,394,777	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,394,777	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	256,642,062	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	167,617,358	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,166,315	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	404,364	0	0	0	40.00
41.00	Deferred income	166,110	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	105,892	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	177,460,039	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,699,807	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,699,807	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	183,159,846	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	73,482,216				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)	73,482,216	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	256,642,062	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0076

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

Worksheet G-1

Date/Time Prepared:
11/29/2023 2:02 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		71,404,048		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		891,171			2.00
3.00	Total (sum of line 1 and line 2)		72,295,219		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	Intraco equity transfers	1,187,000		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,187,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		73,482,219		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		73,482,219		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	Intraco equity transfers		0			5.00
6.00			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: 15-0076

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2023 2:02 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	10,693,015		10,693,015	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	10,693,015		10,693,015	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	10,693,015		10,693,015	17.00
18.00	Ancillary services	24,256,013	155,339,900	179,595,913	18.00
19.00	Outpatient services	3,193,824	22,489,465	25,683,289	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN'S PRIVATE OFFICES	47,624	1,256,943	1,304,567	27.00
27.02	HOSPITALISTS	986,365	500,992	1,487,357	27.02
27.03	INTENSIVISTS	316	0	316	27.03
27.04	FOOT & ANKLE SPORTS MED PLY	43,835	1,014,850	1,058,685	27.04
27.99	REVENUE ADJUSTMENTS	321,708	3,252,993	3,574,701	27.99
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	39,542,700	183,855,143	223,397,843	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		59,436,361		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		59,436,361		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0076

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

Worksheet G-3

Date/Time Prepared:
11/29/2023 2:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	223,397,843	1.00
2.00	Less contractual allowances and discounts on patients' accounts	165,137,565	2.00
3.00	Net patient revenues (line 1 minus line 2)	58,260,278	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	59,436,361	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,176,083	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	57,315	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	36,267	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other specify	1,973,672	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	2,067,254	25.00
26.00	Total (line 5 plus line 25)	891,171	26.00
27.00	Other expenses specify	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	891,171	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0076	Period: From 07/01/2022 To 06/30/2023	Worksheet L Parts I-III Date/Time Prepared: 11/29/2023 2:02 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		216,546	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	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)		9.47	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)		216,546	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