

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). OMB NO. 0938-0050 EXPIRES 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet S Parts I-III Date/Time Prepared: 11/30/2023 1:56 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report	Date: 11/30/2023 Time: 1:56 pm
Contractor use only	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no. 5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOSEPHS REG MED CENTER S. BEND ( 15-0012 ) 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	CHIEF FINANCIAL OFFICER		3
4	Date	(Dated when report is electronic		4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	HOSPITAL	0	1,007,674	-88,685	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	3.00
5.00	SWING BED - SNF	0	0	0	0	5.00
6.00	SWING BED - NF	0	0	0	0	6.00
200.0	TOTAL	0	1,007,674	-88,685	0	200.0

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: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/30/2023 1:56 pm
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1.00	2.00	3.00	4.00
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Hospital and Hospital Health Care Complex Address:				1.00
1.00	Street: 5215 HOLY CROSS PARKWAY	PO Box:		
2.00	City: MI SHAWAKA	State: IN	Zip Code: 46545	County:

	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 S. BEND	150012	43780	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)				N	N	N		22.03
22.04	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
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)								22.04
22.04	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: 15-0012			Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/30/2023 1:56 pm				
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,912	925	106	223	10,673	299		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.						1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						2	11/01/2022		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00	
						Beginning:	Ending:				
						1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)									37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.									38.00	
						Y/N	Y/N				
						1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	N		40.00	
						V	XVIII	XIX			
						1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital											
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)						N	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.						Y	Y			56.00

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		V	XVIII	XIX		
		1.00	2.00	3.00		
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.	Y				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.02
		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
61.01	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

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			1.00	
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ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00	62.01

Teaching Hospitals that Claim Residents in Nonprovider Settings				
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)		N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
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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 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	6.84	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	

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	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)	PRIMARY	1350	0.04	25.57	0.001562		67.00	
						1.00			
Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)									
68.00	For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?					Y		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)				N		N	0	76.00
						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N			80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N			81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N			85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				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	

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		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00		0	89.00
			V	XIX	
			1.00	2.00	
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06
<b>Rural Providers</b>					
105.0	Does this hospital qualify as a CAH?		N		105.0
106.0	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.0
107.0	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)				107.0
108.0	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		108.0
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.0	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.				109.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/30/2023 1:56 pm
		1.00		
110.0	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		110.0
		1.00	2.00	
111.0	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		111.0
		1.00	2.00	3.00
112.0	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		112.0
<b>Miscellaneous Cost Reporting Information</b>				
115.0	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 hospital providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.0
116.0	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.0
117.0	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.0
118.0	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		118.0
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.0	List amounts of malpractice premiums and paid losses:	0	0	0 118.0
		1.00	2.00	
118.0	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		118.0
119.0	DO NOT USE THIS LINE			119.0
120.0	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.0
121.0	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.0
122.0	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		122.0
123.0	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.			123.0
<b>Certified Transplant Center Information</b>				
125.0	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		125.0
126.0	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.0
127.0	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.0
128.0	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.0
129.0	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.0
130.0	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.0



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/30/2023 1:56 pm				
		1.00	2.00					
131.0	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.0			
132.0	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.0			
133.0	Removed and reserved				133.0			
134.0	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.				134.0			
<b>All Providers</b>								
140.0	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	15H034		140.0			
		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.								
141.0	Name: ST JOSEPH REG MED CTR	Contractor's Name: WISCONSIN PROVIDER SERVICES CO		Contractor's Number: 08001	141.0			
142.0	Street: 5215 HOLY CROSS PARKWAY	PO Box:			142.0			
143.0	City: MISHAWAKA	State: IN	Zip Code: 46545		143.0			
				1.00				
144.0	Are provider based physicians' costs included in Worksheet A?		Y		144.0			
				1.00				
145.0	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.0			
146.0	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			146.0			
				1.00				
147.0	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.0			
148.0	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.0			
149.0	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.0			
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 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)								
155.0	Hospital	N	N	N	N	155.0		
156.0	Subprovider - IPF	N	N	N	N	156.0		
157.0	Subprovider - IRF	N	N	N	N	157.0		
158.0	SUBPROVIDER					158.0		
159.0	SNF	N	N	N	N	159.0		
160.0	HOME HEALTH AGENCY	N	N	N	N	160.0		
161.0	CMHC		N	N	N	161.0		
					1.00			
165.0	Multi campus Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.0		
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00	
166.0	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	166.0
							1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
167.0	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y		167.0	
168.0	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)						168.0	
168.0	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)						168.0	
169.0	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	169.0	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/30/2023 1:56 pm
			Beginning 1.00	Ending 2.00
170.0	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.0
			1.00	2.00
171.0	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	0 171.0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part II Date/Time Prepared: 11/30/2023 1:56 pm	
			Y/N	Date	
			1.00	2.00	
<b>PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE</b>					
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	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
<b>Financial Data and Reports</b>					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
<b>Approved Educational Activities</b>					
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
<b>Bad Debts</b>					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N	14.00
<b>Bed Complement</b>					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
					Date
					4.00
<b>PS&amp;R Data</b>					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	09/30/2023	Y	09/30/2023
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	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part II Date/Time Prepared: 11/30/2023 1:56 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TRACY		WORKMAN	41.00
42.00	Enter the employer/company name of the cost report preparer.	SAINT JOSEPH REGIONAL MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(574) 335-4656		WORKMANT@SJPMC.COM	43.00

		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	FINANCE - REIMBURSEMENT	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: 15-0012

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/30/2023 1:56 pm

Component	Worksheet A Line No.	No. of Beds	Bed Days Avai lable	CAH/REH Hours	I/P Days / O/P Vi sits / Tri ps		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - STATISTICAL DATA</b>							
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	213	77,745	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)		213	77,745	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	28	10,220	0.00	0	8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	12	4,380	0.00	0	12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		253	92,345	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	41.00	0	0		0	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY						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)		253				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)		4	1,460			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: 15-0012

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/30/2023 1:56 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
<b>PART I - STATISTICAL DATA</b>						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,837	3,465	45,743		1.00
2.00	HMO and other (see instructions)	15,317	9,732			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)	13,837	3,465	45,743		7.00
8.00	INTENSIVE CARE UNIT	1,308	0	3,536		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	NEONATAL INTENSIVE CARE UNIT	0	262	487		12.00
13.00	NURSERY		384	6,549		13.00
14.00	Total (see instructions)	15,145	4,111	56,315	32.41	1,467.59
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	0	0	0	0.00	0.00
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)			17		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)				32.41	1,467.59
28.00	Observation Bed Days		80	6,416		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			618		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	295	585		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: 15-0012

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/30/2023 1:56 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVII			Title XIX
		11.00	12.00	13.00			14.00
<b>PART I - STATISTICAL DATA</b>							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,080	315	11,988	1.00
2.00	HMO and other (see instructions)			2,579	2,195		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	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	533.00	0	3,080	315	11,988	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	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						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)	533.00					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: 15-0012

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/30/2023 1:56 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	121,478,202	0	121,478,202	3,052,577.77	39.80
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		25,292	0	25,292	253.00	99.97
4.01	Physicians - Part A - Teaching		2,728,809	0	2,728,809	20,256.00	134.72
5.00	Physician and Non-Physician-Part B		7,910,134	0	7,910,134	59,321.00	133.34
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	2,308,239	71,289	2,379,528	67,746.00	35.12
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)		8,181,266	338,097	8,519,363	255,557.00	33.34
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		6,673,317	0	6,673,317	71,437.00	93.42
12.00	Contract Labor: Top level management and other management and administrative services		72,070	0	72,070	343.00	210.12
13.00	Contract Labor: Physician-Part A - Administrative		1,902,447	0	1,902,447	15,678.00	121.35
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		26,714,261	0	26,714,261	586,874.00	45.52
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		90,366	0	90,366	696.00	129.84
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		29,850,894	0	29,850,894		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,962,766	0	2,962,766		
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		2,930	0	2,930		
22.01	Physician Part A - Teaching		234,835	0	234,835		
23.00	Physician Part B		687,724	0	687,724		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		752,981	0	752,981		
25.50	Home office wage-related (core)		7,313,388	0	7,313,388		
25.51	Related organization wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0012

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/30/2023 1:56 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	
25.52	Home office: Physician Part A - Administrative - wage-related (core)	0	0	0			25.52
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	42,083	0	42,083	1,529.00	27.52	26.00
27.00	Administrative & General	14,215,402	-154,070	14,061,332	166,826.00	84.29	27.00
28.00	Administrative & General under contract (see inst.)	1,834,217	0	1,834,217	15,818.00	115.96	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,647,070	12	1,647,082	56,596.32	29.10	30.00
31.00	Laundry & Linen Service	180,902	41	180,943	9,274.08	19.51	31.00
32.00	Housekeeping	1,506,626	0	1,506,626	84,824.32	17.76	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,835,032	-6,286	1,828,746	91,841.39	19.91	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	128,343	6,286	134,629	8,349.93	16.12	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,364,613	6,018	3,370,631	94,249.51	35.76	38.00
39.00	Central Services and Supply	520,720	238	520,958	24,785.49	21.02	39.00
40.00	Pharmacy	4,625,623	-409,386	4,216,237	87,611.03	48.12	40.00
41.00	Medical Records & Medical Records Library	1,289,714	0	1,289,714	42,392.97	30.42	41.00
42.00	Social Service	2,102,252	0	2,102,252	57,305.93	36.68	42.00
43.00	Other General Service	1,301,928	86	1,302,014	50,834.26	25.61	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0012

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/30/2023 1:56 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	110,365,237	-71,289	110,293,948	2,921,072.77	37.76	1.00
2.00	Excluded area salaries (see instructions)	8,181,266	338,097	8,519,363	255,557.00	33.34	2.00
3.00	Subtotal salaries (line 1 minus line 2)	102,183,971	-409,386	101,774,585	2,665,515.77	38.18	3.00
4.00	Subtotal other wages & related costs (see inst.)	35,452,461	0	35,452,461	675,028.00	52.52	4.00
5.00	Subtotal wage-related costs (see inst.)	37,167,212	0	37,167,212	0.00	36.52	5.00
6.00	Total (sum of lines 3 thru 5)	174,803,644	-409,386	174,394,258	3,340,543.77	52.21	6.00
7.00	Total overhead cost (see instructions)	34,594,525	-557,061	34,037,464	792,238.23	42.96	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2023 1:56 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	4,883,725	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)	1,392,895	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	601,771	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	12,153,853	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	4,529,796	9.00
10.00	Dental, Hearing and Vision Plan	531,694	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	133,692	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)	1,059,311	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	783,408	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	8,270,118	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	1,871	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	149,995	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	34,492,129	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0012

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
11/30/2023 1:56 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	6,673,317	34,492,129	1.00
2.00	Hospital	6,673,317	34,492,129	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDI GENT CARE DATA	Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet S-10 Date/Time Prepared: 11/30/2023 1:56 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.266791	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		69,028,910	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		221,731,969	6.00	
7.00	Medicaid cost (line 1 times line 6)		59,156,094	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
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	10,427,517	1,823,556	12,251,073	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,781,968	1,823,556	4,605,524	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,781,968	1,823,556	4,605,524	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)		19,553,264		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		453,564		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		697,790		27.01
28.00	Non-Medicare bad debt expense (see instructions)		18,855,474		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		5,274,697		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,880,221		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,880,221		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0012

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

Worksheet A  
Date/Time Prepared:  
11/30/2023 1:56 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	23,999,225	23,999,225	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	6,498,556	6,498,556	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	42,083	963,302	1,005,385	1,005,385	4.00
5.01	00540	NONPATIENT TELEPHONES	163,289	48,200	211,489	-710	5.01
5.04	00570	ADMINISTRATIVE	1,182,324	770,562	1,952,886	-937	5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	12,869,789	131,181,932	144,051,721	-21,289,769	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,647,070	5,222,078	6,869,148	-507,616	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	180,902	1,098,366	1,279,268	-76,097	8.00
9.00	00900	HOUSEKEEPING	1,506,626	1,566,555	3,073,181	-67,303	9.00
10.00	01000	DIETARY	1,835,032	1,859,129	3,694,161	-83,436	10.00
11.00	01100	CAFETERIA	128,343	619,731	748,074	20,614	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,364,613	1,766,382	5,130,995	-807,183	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	520,720	-76,057	444,663	498,272	14.00
15.00	01500	PHARMACY	4,625,623	22,529,213	27,154,836	-23,079,709	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,289,714	495,783	1,785,497	0	16.00
17.00	01700	SOCIAL SERVICE	2,102,252	999,536	3,101,788	-11,182	17.00
18.00	01850	STERILE SUPPLY	1,301,928	3,072,185	4,374,113	-896,175	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,308,239	798,826	3,107,065	-187,933	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,080,676	865,941	3,946,617	13,715	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	80,928	42,449	123,377	-190	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	205,478	78,081	283,559	737,693	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	27,717,881	10,233,810	37,951,691	-1,981,048	30.00
31.00	03100	INTENSIVE CARE UNIT	5,028,665	2,072,504	7,101,169	-126,631	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,960,661	1,478,179	4,438,840	-407,423	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	1,729,188	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	10,294,051	34,076,834	44,370,885	-17,991,318	50.00
51.00	05100	RECOVERY ROOM	1,424,989	403,999	1,828,988	-8,820	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,661,894	1,229,316	3,891,210	-162,823	52.00
53.00	05300	ANESTHESIOLOGY	89,079	452,471	541,550	-15,465	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,686,258	3,953,632	7,639,890	-1,954,640	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	111,850	167,931	279,781	0	55.00
57.00	05700	CT SCAN	746,639	951,537	1,698,176	-120,844	57.00
58.00	05800	MRI	335,076	88,913	423,989	171,093	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,801,227	8,275,680	11,076,907	-3,187,819	59.00
60.00	06000	LABORATORY	2,246,591	6,620,598	8,867,189	-348,334	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,227,675	1,437,473	3,665,148	-175,282	65.00
65.01	03610	SLEEP LAB	469,801	471,620	941,421	-101,278	65.01
66.00	06600	PHYSICAL THERAPY	2,281,876	1,049,126	3,331,002	-324,021	66.00
67.00	06700	OCCUPATIONAL THERAPY	754,807	173,846	928,653	-390	67.00
68.00	06800	SPEECH PATHOLOGY	320,830	62,935	383,765	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,231,085	791,996	2,023,081	-290,817	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-357,576	-357,576	357,576	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,984,170	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	557,446	526,897	1,084,343	23,775,935	73.00
74.00	07400	RENAL DIALYSIS	123	1,677,979	1,678,102	-2,750	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	98,224	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09010	CLINIC	0	0	0	0	90.01
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	648,187	1,644,547	2,292,734	-663,858	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	822,477	298,725	1,121,202	-60,129	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	90.10
90.11	09011	PHARMACOTHERAPY CLINIC	498	213	711	-174	90.11
91.00	09100	EMERGENCY	5,728,047	2,830,805	8,558,852	312,251	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0012

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

Worksheet A  
Date/Time Prepared:  
11/30/2023 1:56 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	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
102.0	10200 OPIOID TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	102.0
118.0	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	113,583,342	254,516,184	368,099,526	1,264,408	369,363,934	118.0
190.0	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	96,525	96,525	0	96,525	190.0
192.0	19200 PHYSICIANS' PRIVATE OFFICES	4,373,233	2,890,010	7,263,243	-937,115	6,326,128	192.0
192.0	19201 MATERNAL FETAL MEDICINE/LABORIST	0	0	0	0	0	192.0
192.0	19202 NEONATOLOGISTS	0	0	0	0	0	192.0
192.0	19203 HOSPITALISTS/INTENSIVISTS	0	0	0	0	0	192.0
194.0	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.0
194.0	07951 OUTREACH SERVICES	2,989,462	1,302,218	4,291,680	-149,680	4,142,000	194.0
194.0	07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.0
194.0	07953 ADVANCED SPECIALTIES	0	1,111	1,111	0	1,111	194.0
194.0	07954 AMBULATORY PHARMACY SERVICES	532,165	149,207	681,372	-177,613	503,759	194.0
200.0	TOTAL (SUM OF LINES 118 through 199)	121,478,202	258,955,255	380,433,457	0	380,433,457	200.0



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0012

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

Worksheet A  
Date/Time Prepared:  
11/30/2023 1:56 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,880,661	30,879,886	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-7,030	6,491,526	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,055,026	-49,641	4.00
5.01	00540	NONPATIENT TELEPHONES	0	210,779	5.01
5.04	00570	ADMINISTRATIVE	0	1,951,949	5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-48,286,755	74,475,197	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-11,060	6,350,472	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,203,171	8.00
9.00	00900	HOUSEKEEPING	0	3,005,878	9.00
10.00	01000	DIETARY	0	3,610,725	10.00
11.00	01100	CAFETERIA	-1,375,514	-606,826	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	4,323,812	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,343	952,278	14.00
15.00	01500	PHARMACY	-24,041	4,051,086	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-8,248	1,777,249	16.00
17.00	01700	SOCIAL SERVICE	0	3,090,606	17.00
18.00	01850	STERILE SUPPLY	0	3,477,938	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,919,132	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-38,461	3,921,871	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	123,187	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	1,021,252	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-18,706	35,951,937	30.00
31.00	03100	INTENSIVE CARE UNIT	-30,424	6,944,114	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-90,084	3,941,333	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	1,729,188	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-69,744	26,309,823	50.00
51.00	05100	RECOVERY ROOM	-1,023	1,819,145	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,728,387	52.00
53.00	05300	ANESTHESIOLOGY	-24,351	501,734	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-6,197	5,679,053	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	279,781	55.00
57.00	05700	CT SCAN	0	1,577,332	57.00
58.00	05800	MRI	0	595,082	58.00
59.00	05900	CARDIAC CATHETERIZATION	-23,707	7,865,381	59.00
60.00	06000	LABORATORY	-3,145	8,515,710	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-18,682	3,471,184	65.00
65.01	03610	SLEEP LAB	0	840,143	65.01
66.00	06600	PHYSICAL THERAPY	0	3,006,981	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	928,263	67.00
68.00	06800	SPEECH PATHOLOGY	0	383,765	68.00
69.00	06900	ELECTROCARDIOLOGY	-101,065	1,631,199	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,984,170	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,860,278	73.00
74.00	07400	RENAL DIALYSIS	0	1,675,352	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	98,224	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	09010	CLINIC	0	0	90.01
90.02	09001	MOBILE MEDICAL UNIT	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	90.03
90.04	09003	WOUND HEALING CENTER	0	1,628,876	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0	1,061,073	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	90.10
90.11	09011	PHARMACOTHERAPY CLINIC	0	537	90.11
91.00	09100	EMERGENCY	-79,982	8,791,121	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0012

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

Worksheet A  
Date/Time Prepared:  
11/30/2023 1:56 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OTHER REIMBURSABLE COST CENTERS				
102.0	10200 OPIOID TREATMENT PROGRAM	0	0	102.0
SPECIAL PURPOSE COST CENTERS				
118.0	SUBTOTALS (SUM OF LINES 1 through 117)	-44,383,241	324,980,693	118.0
NONREIMBURSABLE COST CENTERS				
190.0	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	96,525	190.0
192.0	19200 PHYSICIANS' PRIVATE OFFICES	-8,140	6,317,988	192.0
192.0	19201 MATERNAL FETAL MEDICINE/LABORIST	0	0	192.0
192.0	19202 NEONATOLOGISTS	0	0	192.0
192.0	19203 HOSPITALISTS/INTENSIVISTS	0	0	192.0
194.0	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	194.0
194.0	07951 OUTREACH SERVICES	0	4,142,000	194.0
194.0	07952 KINDRED/OUR LADY OF PEACE	0	0	194.0
194.0	07953 ADVANCED SPECIALTIES	0	1,111	194.0
194.0	07954 AMBULATORY PHARMACY SERVICES	0	503,759	194.0
200.0	TOTAL (SUM OF LINES 118 through 199)	-44,391,381	336,042,076	200.0

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>B - Implantable Devices</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	17,984,170	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
TOTALS			0	17,984,170	
<b>C - Drugs Charged to Patients</b>					
1.00	MRI	58.00	0	33,202	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	23,781,018	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	23,814,220	
<b>E - Building Depreciation</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,927,558	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
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
TOTALS			0	9,927,558	
<b>F - Equipment Depreciation</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,498,556	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	618,801	2.00
3.00	MRI	58.00	0	144,991	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
<b>TOTALS</b>					
					7,262,348
<b>G - Cafeteria</b>					
1.00	CAFETERIA	11.00	6,286	46,075	1.00
					6,286
					46,075
<b>H - OB/NURSERY</b>					
1.00	NURSERY	43.00	1,154,527	574,661	1.00
					1,154,527
					574,661
<b>I - Nursery and Labor/Delivery</b>					
1.00			0	0	1.00
					0
					0
<b>K - Interest Expense</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	14,071,667	1.00
2.00		0.00	0	0	2.00
					0
<b>TOTALS</b>					14,071,667
<b>M - Negative Balances</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	536,976	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	357,576	2.00
					0
<b>TOTALS</b>					894,552
<b>N - Hyperbaric Oxygen</b>					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	53,930	44,294	1.00
					53,930
					44,294
<b>O - PHARMACY PRECEPTORS</b>					
1.00	PHARMACY RESIDENCY PROGRAM	23.02	567,716	170,315	1.00
2.00					2.00
3.00					3.00
					567,716
					170,315
<b>P - OTHER MEDICAL EDUCATION EXPENSES</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	261,364	1.00
					0
					261,364
<b>Q - CLINIC MEDICAL EDUCATION</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	71,289	21,387	1.00
					71,289
					21,387
<b>R - 2nd Year Pharmacy Expense</b>					
1.00	PHARMACY	15.00	0	338	1.00
					0
					338
<b>S - COVID-19 Depts</b>					
1.00	ADMITTING	5.04	968		1.00
2.00	OPERATION OF PLANT	7.00	12		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	41		3.00
4.00	NURSING ADMINISTRATION	13.00	6,018		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	238		5.00
6.00	STERILE SUPPLY	18.00	86		6.00
7.00	ADULTS & PEDIATRICS	30.00	56,605		7.00
8.00	INTENSIVE CARE UNIT	31.00	15,265		8.00

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	3,462		9.00
10.00	OPERATING ROOM	50.00	25,082		10.00
11.00	RECOVERY ROOM	51.00	3,042		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	6,662		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	1,736		13.00
14.00	CT SCAN	57.00	275		14.00
15.00	CARDIAC CATHETERIZATION	59.00	5,633		15.00
16.00	LABORATORY	60.00	1,423		16.00
17.00	RESPIRATORY THERAPY	65.00	3,318		17.00
18.00	DRUGS CHARGED TO PATIENTS	73.00	2,582		18.00
19.00	RENAL DIALYSIS	74.00	12		19.00
20.00	WOUND HEALING CENTER	90.04	6,435		20.00
21.00	OUTPATIENT TREATMENT & INFUSION	90.05	1,207		21.00
22.00	EMERGENCY	91.00	14,936		22.00
			155,038	0	
<b>T - Contract Labor Recl class</b>					
1.00	ADULTS & PEDIATRICS	30.00		19,114	1.00
2.00	INTENSIVE CARE UNIT	31.00		54,167	2.00
3.00	ANESTHESIOLOGY	53.00		60,675	3.00
4.00	EMERGENCY	91.00		517,328	4.00
			0	651,284	
500.0	Grand Total: Increases		2,008,786	75,724,233	500.0

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>B - Implantable Devices</b>							
1.00	STERILE SUPPLY	18.00	0	74,778	0		1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	989	0		2.00
3.00	OPERATING ROOM	50.00	0	14,714,723	0		3.00
4.00	MRI	58.00	0	15	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	2,756,706	0		5.00
6.00	SLEEP LAB	65.01	0	1,080	0		6.00
7.00	WOUND HEALING CENTER	90.04	0	435,001	0		7.00
8.00	EMERGENCY	91.00	0	878	0		8.00
	<b>TOTALS</b>		0	17,984,170			
<b>C - Drugs Charged to Patients</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	18,028	0		1.00
2.00	PHARMACY	15.00	0	22,405,975	0		2.00
3.00	SOCIAL SERVICE	17.00	0	11,182	0		3.00
4.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	190	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	175,863	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	60,759	0		6.00
7.00	OPERATING ROOM	50.00	0	173,231	0		7.00
8.00	RECOVERY ROOM	51.00	0	9,100	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	31,712	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	75,265	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	505,655	0		11.00
12.00	CT SCAN	57.00	0	106,405	0		12.00
13.00	LABORATORY	60.00	0	262	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	44	0		14.00
15.00	SLEEP LAB	65.01	0	29	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	2,059	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	1,917	0		17.00
18.00	WOUND HEALING CENTER	90.04	0	45,778	0		18.00
19.00	OUTPATIENT TREATMENT & INFUSION	90.05	0	47,354	0		19.00
20.00	PHARMACOTHERAPY CLINIC	90.11	0	174	0		20.00
21.00	EMERGENCY	91.00	0	143,238	0		21.00
	<b>TOTALS</b>		0	23,814,220			
<b>E - Building Depreciation</b>							
1.00		0.00	0	0	9		1.00
2.00	ADMINISTRATIVE	5.04	0	1,905	0		2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	6,140,515	0		3.00
4.00	OPERATION OF PLANT	7.00	0	146,532	0		4.00
5.00	DIETARY	10.00	0	3,579	0		5.00
6.00	CAFETERIA	11.00	0	17,210	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	346,858	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,657	0		8.00
9.00	PHARMACY	15.00	0	26,385	0		9.00
10.00	STERILE SUPPLY	18.00	0	202,824	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	220,052	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	10,176	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	39,788	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	3,453	0		14.00
15.00	OPERATING ROOM	50.00	0	288,812	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	484,511	0		16.00
17.00	MRI	58.00	0	7,085	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	303,687	0		18.00
19.00	LABORATORY	60.00	0	154,279	0		19.00
20.00	SLEEP LAB	65.01	0	96,692	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	304,800	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	114,718	0		22.00
23.00	WOUND HEALING CENTER	90.04	0	89,175	0		23.00
24.00	OUTPATIENT TREATMENT & INFUSION	90.05	0	7,310	0		24.00
25.00	EMERGENCY	91.00	0	20,131	0		25.00
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	806,942	0		26.00
27.00	OUTREACH SERVICES	194.01	0	78,482	0		27.00
	<b>TOTALS</b>		0	9,927,558			
<b>F - Equipment Depreciation</b>							
1.00		0.00	0	0	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	710	0		2.00
3.00	OPERATION OF PLANT	7.00	0	361,096	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	76,138	0		4.00
5.00	HOUSEKEEPING	9.00	0	67,303	0		5.00
6.00	DIETARY	10.00	0	27,496	0		6.00
7.00	CAFETERIA	11.00	0	14,537	0		7.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
8.00	NURSING ADMINISTRATION	13.00	0	461,857	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,257	0		9.00
10.00	PHARMACY	15.00	0	115,485	0		10.00
11.00	STERILE SUPPLY	18.00	0	618,659	0		11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	19,245	0		12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	27,597	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	141,540	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	95,516	0		15.00
16.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	406,443	0		16.00
17.00	OPERATING ROOM	50.00	0	2,839,634	0		17.00
18.00	RECOVERY ROOM	51.00	0	2,762	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	137,773	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	875	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	966,210	0		21.00
22.00	CT SCAN	57.00	0	14,714	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	133,059	0		23.00
24.00	LABORATORY	60.00	0	195,216	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	178,556	0		25.00
26.00	SLEEP LAB	65.01	0	3,477	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	17,162	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	390	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	174,182	0		29.00
30.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,665	0		30.00
31.00	RENAL DIALYSIS	74.00	0	2,762	0		31.00
32.00	WOUND HEALING CENTER	90.04	0	2,115	0		32.00
33.00	OUTPATIENT TREATMENT & INFUSION	90.05	0	6,672	0		33.00
34.00	EMERGENCY	91.00	0	55,766	0		34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	37,497	0		35.00
36.00	OUTREACH SERVICES	194.01	0	42,982	0		36.00
	TOTALS		0	7,262,348			
G - Cafeteria							
1.00	DIETARY	10.00	6,286	46,075			1.00
			6,286	46,075			
H - OB/NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,154,527	574,661			1.00
			1,154,527	574,661			
I - Nursery and Labor/Delivery							
1.00			0	0			1.00
			0	0			
K - Interest Expense							
1.00		0.00	0	0	11		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	14,071,667	0		2.00
	TOTALS		0	14,071,667			
M - Negative Balances							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	894,552	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	894,552			
N - Hyperbaric Oxygen							
1.00	WOUND HEALING CENTER	90.04	53,930	44,294			1.00
			53,930	44,294			
O - PHARMACY PRECEPTORS							
1.00	PHARMACY	15.00	409,386	122,816			1.00
2.00	OUTREACH SERVICES	194.01	21,705	6,511			2.00
3.00	AMBULATORY PHARMACY SERVICES	194.04	136,625	40,988			3.00
			567,716	170,315			
P - OTHER MEDICAL EDUCATION EXPENSES							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	261,364			1.00
			0	261,364			
Q - CLINIC MEDICAL EDUCATION							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	71,289	21,387			1.00
			71,289	21,387			
R - 2nd Year Pharmacy Expense							
1.00	PHARMACY RESIDENCY PROGRAM	23.02	0	338			1.00
			0	338			
S - COVID-19 Depts							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	155,038				1.00
2.00							2.00

Provider CCN: 15-0012

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

Worksheet A-6

Date/Time Prepared:  
11/30/2023 1:56 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00
21.00						21.00
22.00						22.00
			155,038	0		
T - Contract Labor Reclass						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06		646,798		1.00
2.00	NURSING ADMINISTRATION	13.00		4,486		2.00
3.00						3.00
4.00						4.00
			0	651,284		
500.0	Grand Total: Decreases		2,008,786	75,724,233		500.0



RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0012

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/30/2023 1:56 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	289,730	0	0	0	1.00
2.00	Land Improvements	4,468,834	237,383	0	237,383	2.00
3.00	Buildings and Fixtures	305,751,078	0	0	0	3.00
4.00	Building Improvements	62,472	8,145,401	0	8,145,401	4.00
5.00	Fixed Equipment	11,591	1,288,398	0	1,288,398	5.00
6.00	Movable Equipment	118,030,303	26,168,124	0	26,168,124	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	428,614,008	35,839,306	0	35,839,306	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	428,614,008	35,839,306	0	35,839,306	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	289,730	0			1.00
2.00	Land Improvements	3,684,007	1,154,124			2.00
3.00	Buildings and Fixtures	305,735,820	8,055,642			3.00
4.00	Building Improvements	8,207,873	0			4.00
5.00	Fixed Equipment	1,299,989	0			5.00
6.00	Movable Equipment	143,596,297	86,645,108			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	462,813,716	95,854,874			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	462,813,716	95,854,874			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0012

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/30/2023 1:56 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: 15-0012

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/30/2023 1:56 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	16,808,219	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,491,526	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,299,745	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	14,071,667	0	0	0	30,879,886	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,491,526	2.00
3.00	Total (sum of lines 1-2)	14,071,667	0	0	0	37,371,412	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B		0	OTHER ADMINISTRATIVE & GENERAL	5.06	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	-16,414,605				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,208,514				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,347,079	0	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	B		0	EMERGENCY	91.00	0	16.00
17.00 Sale of drugs to other than patients	B	-24,041	0	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	-28,435	0	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

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
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 Other Operating Rev - Adults and Peds	B	-18,706		ADULTS & PEDIATRICS	30.00	0	33.00
33.01 Other Operating Rev - MRI	B			OMRI	58.00	0	33.01
33.02 Other Operating Rev - Cardiac Cath	B	-630		CARDIAC CATHETERIZATION	59.00	0	33.02
33.03 Other Operating Rev - Resp Care	B	-2,006		RESPIRATORY THERAPY	65.00	0	33.03
33.04 Other Operating Rev - Radiation Oncology	B			RADIOLOGY-THERAPEUTIC	55.00	0	33.04
33.05 Other Operating Rev - Operating Room	B	-24,093		OPERATING ROOM	50.00	0	33.05
33.06 Other Operating Rev - Imaging	B	8,435		RADIOLOGY-DIAGNOSTIC	54.00	0	33.06
33.08 Other Operating Rev - Physical Therapy	B			PHYSICAL THERAPY	66.00	0	33.08
33.09 Other Operating Rev - Other Clinics	B	-8,140		PHYSICIANS' PRIVATE OFFICES	192.00	0	33.09
33.10 Other Operating Rev - Sports Med Fellowship	B			SPORTS MED FELLOWSHIP CLINIC	90.07	0	33.10
33.11 Other Operating Rev - Emergency Room	B	-1		EMERGENCY	91.00	0	33.11
33.12 Other Operating Rev - Information Resources	B	-8,248		MEDICAL RECORDS & LIBRARY	16.00	0	33.12
33.13 Other Operating Rev - Security	B	-11,060		OPERATION OF PLANT	7.00	0	33.13
33.14 Other Operating Rev - Administration	B	-60,719		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.14
33.15 Other Operating Rev - Dual Employee	B	-27,139		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.15
33.16 Other Operating Rev - Mobile Medical Unit	B			RADIOLOGY-DIAGNOSTIC	54.00	0	33.16
33.17 OTHER REVENUE	B			RADIOLOGY-THERAPEUTIC	55.00	0	33.17
33.18 Other Operating Rev - Med Ed Non-Labor	B	-38,461		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.18
33.19 Other Operating Rev - Forensic Nursing	B			NURSING ADMINISTRATION	13.00	0	33.19
33.20 Other Operating Rev - Faculty Practice	B			FACULTY PRACTICE CLINIC	90.09	0	33.20
33.21 Other Operating Rev - St Joe Foot & Ankle	B			PODIATRY RESIDENCY CLINIC	90.08	0	33.21
33.22 Other Operating Rev - Emergency Medical Svcs	B			PARAMED ED PRGM-(SPECIFY)	23.00	0	33.22
33.23 Other Operating Rev - Labor and Delivery	B			DELIVERY ROOM & LABOR ROOM	52.00	0	33.23
33.24 Other Operating Rev - Physical Therapy	B			PHYSICAL THERAPY	66.00	0	33.24
33.25 OTHER REVENUE	B			SPORTS MED FELLOWSHIP CLINIC	90.07	0	33.25
33.29 OTHER REVENUE	B			EMERGENCY	91.00	0	33.29
33.30 Gain Loss on Sale of Building	B			CAP REL COSTS-BLDG & FIXT	1.00	14	33.30
33.31 Gain Loss on Sale of Equipment	B	-7,030		CAP REL COSTS-MVBLE EQUIP	2.00	9	33.31
33.32 Other NG Revenue Peds Clinic	B			PEDIATRIC SPECIALTY CLINIC	90.06	0	33.32
33.33 OTHER REVENUE - CDU	B			OPERATING ROOM	50.00	0	33.33
33.34 Other NG Rev - Foot & Ankle	B			PODIATRY RESIDENCY CLINIC	90.08	0	33.34
33.35 Other NG Revenue - Fam Medicine	B			FAMILY MEDICINE CENTER	90.03	0	33.35
33.36 Other Revenue - Dual Employee	B			OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.36
33.40 Non-Operating Adjustment	B			OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.40
34.00 Medicaid Provider Bed Tax	A	-28,280,795		OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.00

Provider CCN: 15-0012      Period: From 07/01/2022 To 06/30/2023      Worksheet A-8  
 Date/Time Prepared: 11/30/2023 1:56 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
34.40 Donations Expense	A	-17,767	OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.40
34.50 Department Posting Error - Not in 150012	A	-102,570	OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.50
35.00 Discounts	A	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.00
35.01 Discounts	A	9,343	CENTRAL SERVICES & SUPPLY	14.00	0	35.01
35.10 Property Tax	A	-196,148	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.10
36.00 PROPERTY TAX	A	0	SUBPROVIDER - IRF	41.00	0	36.00
37.00 DISCOUNTS	A	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	37.00
37.01 DISCOUNTS	A	0	CENTRAL SERVICES & SUPPLY	14.00	0	37.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-44,391,381				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: 15-0012  
 Period: From 07/01/2022 To 06/30/2023  
 Worksheet A-8-1  
 Date/Time Prepared: 11/30/2023 1:56 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	50,967,625	55,360,234	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	632,850	597,786	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	1,745,146	2,816,399	3.00
3.01	5.06	OTHER ADMINISTRATIVE & GENERAL	200,623	-1,646,118	3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	696,255	3.02
3.03	1.00	CAP REL COSTS-BLDG & FIXTURE	6,880,661	0	3.03
3.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	393,835	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.		60,426,905	58,218,391	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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

6.00	G		100.00	TRI NITY HEALTH	100.00	6.00
7.00	G		100.00	SJRMC - INC	100.00	7.00
8.00	G	SJRMC - PLY	100.00		100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.0	G. Other (financial or non-financial) specify:	FINANCIAL				100.0

(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: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet A-8-1 Date/Time Prepared: 11/30/2023 1:56 pm
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-4,392,609	0		1.00
2.00	35,064	0		2.00
3.00	-1,071,253	0		3.00
3.01	1,846,741	0		3.01
3.02	-696,255	0		3.02
3.03	6,880,661	9		3.03
3.04	-393,835	0		3.04
4.00	0	0		4.00
5.00	2,208,514			5.00

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

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

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

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the 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
100.0			100.0

(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: 15-0012

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

Worksheet A-8-2

Date/Time Prepared:  
11/30/2023 1:56 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	0.00		0	0	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	1,655,344	1,655,344	0	179,000	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	37,050	21,738	15,312	179,000	77	4.00
5.00	50.00	OPERATING ROOM	67,092	30,892	36,200	246,400	181	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	25,090	7,600	17,490	271,900	80	6.00
7.00	35.00	NEONATAL INTENSIVE CARE UNIT	90,084	90,084	0	179,000	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	23,077	23,077	0	179,000	0	8.00
9.00	51.00	RECOVERY ROOM	1,023	1,023	0	179,000	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	60.00	LABORATORY	19,163	-1	19,163	260,300	128	11.00
12.00	91.00	EMERGENCY	171,805	1,132	170,673	179,000	1,067	12.00
14.00	69.00	ELECTROCARDIOLOGY	101,065	101,065	0	179,000	0	14.00
16.00	5.06	OTHER ADMINISTRATIVE & GENERAL	1,600,136	1,600,136	0	0	0	16.00
17.00	5.06	OTHER ADMINISTRATIVE & GENERAL	336,593	336,593	0	0	0	17.00
20.00	5.06	OTHER ADMINISTRATIVE & GENERAL	12,392,423	12,392,423	0	239,400	0	20.00
21.00	65.00	RESPIRATORY THERAPY	29,326	0	29,326	179,000	147	21.00
22.00	53.00	ANESTHESIOLOGY	24,351	24,351	0	0	0	22.00
200.0			16,573,622	16,285,457	288,164	0	1,680	200.0
	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	0.00		0	0	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	6,626	331	0	0	0	4.00
5.00	50.00	OPERATING ROOM	21,441	1,072	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	10,458	523	0	0	0	6.00
7.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	51.00	RECOVERY ROOM	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	60.00	LABORATORY	16,018	801	0	0	0	11.00
12.00	91.00	EMERGENCY	91,824	4,591	0	0	0	12.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
16.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	16.00
17.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	17.00
20.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	20.00
21.00	65.00	RESPIRATORY THERAPY	12,650	633	0	0	0	21.00
22.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	22.00
200.0			159,017	7,951	0	0	0	200.0
	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	0.00		0	0	0	0		2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	1,655,344		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	6,626	8,686	30,424		4.00
5.00	50.00	OPERATING ROOM	0	21,441	14,759	45,651		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	10,458	7,032	14,632		6.00
7.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	90,084		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	23,077		8.00
9.00	51.00	RECOVERY ROOM	0	0	0	1,023		9.00
10.00	0.00		0	0	0	0		10.00
11.00	60.00	LABORATORY	0	16,018	3,145	3,145		11.00
12.00	91.00	EMERGENCY	0	91,824	78,849	79,981		12.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	101,065		14.00
16.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	1,600,136		16.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0012

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

Worksheet A-8-2

Date/Time Prepared:  
11/30/2023 1:56 pm

	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		
17.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	336,593		17.00
20.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	12,392,423		20.00
21.00	65.00	RESPIRATORY THERAPY	0	12,650	16,676	16,676		21.00
22.00	53.00	ANESTHESIOLOGY	0	0	0	24,351		22.00
200.0			0	159,017	129,147	16,414,605		200.0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/30/2023 1:56 pm
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	30,879,886	30,879,886			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,491,526		6,491,526		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	-49,641	20,083	4,222	-25,336	4.00
5.01 00540	NONPATIENT TELEPHONES	210,779	31,014	6,520	0	248,313 5.01
5.04 00570	ADMINISTRATIVE	1,951,949	118,589	24,930	0	3,560 5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	74,475,197	3,887,703	817,267	0	32,956 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	6,350,472	7,957,737	1,672,865	0	7,760 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,203,171	0	0	0	456 8.00
9.00 00900	HOUSEKEEPING	3,005,878	383,731	80,667	0	1,552 9.00
10.00 01000	DIETARY	3,610,725	544,519	114,468	0	2,191 10.00
11.00 01100	CAFETERIA	-606,826	740,006	155,563	0	1,917 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	4,323,812	120,813	25,397	0	2,556 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	952,278	0	0	0	274 14.00
15.00 01500	PHARMACY	4,051,086	422,625	88,844	0	5,204 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,777,249	61,964	13,026	0	4,017 16.00
17.00 01700	SOCIAL SERVICE	3,090,606	37,687	7,922	0	3,286 17.00
18.00 01850	STERILE SUPPLY	3,477,938	489,482	102,898	0	1,004 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2,919,132	57,197	12,024	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,921,871	0	0	0	3,195 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	123,187	0	0	0	548 23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM	1,021,252	0	0	0	274 23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	35,951,937	7,231,967	1,520,294	0	50,030 30.00
31.00 03100	INTENSIVE CARE UNIT	6,944,114	909,310	191,154	0	4,108 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	3,941,333	321,703	67,628	0	1,917 35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00 04300	NURSERY	1,729,188	0	0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	26,309,823	3,036,225	638,271	0	22,823 50.00
51.00 05100	RECOVERY ROOM	1,819,145	201,208	42,298	0	3,378 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,728,387	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	501,734	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,679,053	857,642	180,292	0	12,872 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	279,781	0	0	0	0 55.00
57.00 05700	CT SCAN	1,577,332	108,421	22,792	0	822 57.00
58.00 05800	MRI	595,082	0	0	0	1,187 58.00
59.00 05900	CARDIAC CATHETERIZATION	7,865,381	932,126	195,950	0	7,121 59.00
60.00 06000	LABORATORY	8,515,710	125,071	26,292	0	3,560 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	3,471,184	228,217	47,976	0	3,560 65.00
65.01 03610	SLEEP LAB	840,143	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	3,006,981	206,800	43,473	0	5,021 66.00
67.00 06700	OCCUPATIONAL THERAPY	928,263	0	0	0	822 67.00
68.00 06800	SPEECH PATHOLOGY	383,765	0	0	0	365 68.00
69.00 06900	ELECTROCARDIOLOGY	1,631,199	170,956	35,938	0	2,921 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	17,984,170	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	24,860,278	29,743	6,252	0	548 73.00
74.00 07400	RENAL DIALYSIS	1,675,352	72,005	15,137	0	91 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	98,224	0	0	0	183 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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09010	CLINIC	0	0	0	0	0 90.01
90.02 09001	MOBILE MEDICAL UNIT	0	0	0	0	0 90.02
90.03 09002	FAMILY MEDICINE CENTER	0	0	0	0	0 90.03
90.04 09003	WOUND HEALING CENTER	1,628,876	0	0	0	1,369 90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	1,061,073	98,379	20,681	0	1,095 90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0 90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0 90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0 90.08
90.09 09008	FACULTY PRACTICE CLINIC	0	0	0	0	0 90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0 90.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0012

Period:  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
90.11 09011 PHARMACOTHERAPY CLINIC	537	0	0	0	0	90.11
91.00 09100 EMERGENCY	8,791,121	1,343,502	282,429	0	12,872	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
102.0 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.0
SPECIAL PURPOSE COST CENTERS						
118.0	SUBTOTALS (SUM OF LINES 1 through 117)	324,980,693	30,746,425	6,463,470	0	207,415
NONREIMBURSABLE COST CENTERS						
190.0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	96,525	119,670	25,157	0	456	190.0
192.0 19200 PHYSICIANS' PRIVATE OFFICES	6,317,988	7,372	1,550	0	33,139	192.0
192.0 19201 MATERNAL FETAL MEDICINE/LABORIST	0	6,419	1,349	0	0	192.0
192.0 19202 NEONATOLOGISTS	0	0	0	0	274	192.0
192.0 19203 HOSPITALISTS/INTENSIVISTS	0	0	0	0	1,095	192.0
194.0 07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.0
194.0 07951 OUTREACH SERVICES	4,142,000	0	0	0	4,199	194.0
194.0 07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	1,735	194.0
194.0 07953 ADVANCED SPECIALTIES	1,111	0	0	0	0	194.0
194.0 07954 AMBULATORY PHARMACY SERVICES	503,759	0	0	0	0	194.0
200.0	Cross Foot Adjustments					200.0
201.0	Negative Cost Centers			-25,336	0	201.0
202.0	TOTAL (sum lines 118 through 201)	336,042,076	30,879,886	6,491,526	-25,336	248,313

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/30/2023 1:56 pm
Cost Center Description	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	5.04	5A.04	5.06	6.00	7.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.04 00570	ADMITTING	2,099,028			5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	0	79,213,123	79,213,123	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	15,988,834	4,930,908	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,203,627	371,195	8.00
9.00 00900	HOUSEKEEPING	0	3,471,828	1,070,701	9.00
10.00 01000	DIETARY	0	4,271,903	1,317,442	10.00
11.00 01100	CAFETERIA	0	290,660	89,639	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	4,472,578	1,379,330	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	952,552	293,764	14.00
15.00 01500	PHARMACY	0	4,567,759	1,408,683	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	1,856,256	572,464	16.00
17.00 01700	SOCIAL SERVICE	0	3,139,501	968,213	17.00
18.00 01850	STERILE SUPPLY	0	4,071,322	1,255,583	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,988,353	921,599	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,925,066	1,210,479	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	123,735	38,160	23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM	0	1,021,526	315,036	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	283,743	45,037,971	13,889,604	30.00
31.00 03100	INTENSIVE CARE UNIT	43,897	8,092,583	2,495,728	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	25,088	4,357,669	1,343,892	35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00 04300	NURSERY	10,601	1,739,789	536,546	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	358,200	30,365,342	9,364,580	50.00
51.00 05100	RECOVERY ROOM	49,919	2,115,948	652,552	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	29,056	3,757,443	1,158,784	52.00
53.00 05300	ANESTHESIOLOGY	71,017	572,751	176,635	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	109,451	6,839,310	2,109,223	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	178	279,959	86,339	55.00
57.00 05700	CT SCAN	168,440	1,877,807	579,110	57.00
58.00 05800	MRI	21,338	617,607	190,468	58.00
59.00 05900	CARDIAC CATHETERIZATION	119,733	9,120,311	2,812,677	59.00
60.00 06000	LABORATORY	228,037	8,898,670	2,744,323	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	36,573	3,787,510	1,168,057	65.00
65.01 03610	SLEEP LAB	8,280	848,423	261,651	65.01
66.00 06600	PHYSICAL THERAPY	25,302	3,287,577	1,013,879	66.00
67.00 06700	OCCUPATIONAL THERAPY	8,937	938,022	289,283	67.00
68.00 06800	SPEECH PATHOLOGY	4,140	388,270	119,741	68.00
69.00 06900	ELECTROCARDIOLOGY	48,006	1,889,020	582,568	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	88,386	18,072,556	5,573,522	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	196,599	25,093,420	7,738,735	73.00
74.00 07400	RENAL DIALYSIS	4,472	1,767,057	544,955	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	2,574	100,981	31,142	76.98
76.99 07699	LITHOTRI PSY	0	0	0	76.99
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	0	0	90.00
90.01 09010	CLINIC	0	0	0	90.01
90.02 09001	MOBILE MEDICAL UNIT	0	0	0	90.02
90.03 09002	FAMILY MEDICINE CENTER	0	0	0	90.03
90.04 09003	WOUND HEALING CENTER	12,328	1,642,573	506,565	90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	3,024	1,184,252	365,220	90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	0	0	0	90.08
90.09 09008	FACULTY PRACTICE CLINIC	0	0	0	90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	0	0	0	90.10
90.11 09011	PHARMACOTHERAPY CLINIC	1	538	166	90.11
91.00 09100	EMERGENCY	109,368	10,539,292	3,250,286	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		ADMINISTRATIVE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.04	5A.04	5.06	6.00	7.00	
OTHER REIMBURSABLE COST CENTERS							
102.0	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.0
SPECIAL PURPOSE COST CENTERS							
118.0	SUBTOTALS (SUM OF LINES 1 through 117)	2,066,688	324,771,274	75,729,427	0	20,771,744	118.0
NONREIMBURSABLE COST CENTERS							
190.0	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	241,808	74,573	0	132,705	190.0
192.0	19200 PHYSICIANS' PRIVATE OFFICES	22,710	6,382,759	1,968,424	0	8,175	192.0
192.0	19201 MATERNAL FETAL MEDICINE/LABORIST	812	8,580	2,646	0	7,118	192.0
192.0	19202 NEONATOLOGISTS	1,972	2,246	693	0	0	192.0
192.0	19203 HOSPITALISTS/INTENSIVISTS	5,119	6,214	1,916	0	0	192.0
194.0	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.0
194.0	07951 OUTREACH SERVICES	1,727	4,147,926	1,279,208	0	0	194.0
194.0	07952 KINDRED/OUR LADY OF PEACE	0	1,735	535	0	0	194.0
194.0	07953 ADVANCED SPECIALTIES	0	1,111	343	0	0	194.0
194.0	07954 AMBULATORY PHARMACY SERVICES	0	503,759	155,358	0	0	194.0
200.0	Cross Foot Adjustments		0				200.0
201.0	Negative Cost Centers	0	-25,336	0	0	0	201.0
202.0	TOTAL (sum lines 118 through 201)	2,099,028	336,042,076	79,213,123	0	20,919,742	202.0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/30/2023 1:56 pm			
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.04	00570	ADMINISTRATIVE					5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,574,822				8.00
9.00	00900	HOUSEKEEPING	0	4,968,060			9.00
10.00	01000	DIETARY	0	146,377	6,339,556		10.00
11.00	01100	CAFETERIA	0	198,928	0	1,399,844	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	32,477	0	48,850	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	13,133	14.00
15.00	01500	PHARMACY	0	113,610	0	46,248	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	16,657	0	22,314	16.00
17.00	01700	SOCIAL SERVICE	0	10,131	0	29,322	17.00
18.00	01850	STERILE SUPPLY	0	131,582	0	27,027	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	15,376	0	38,663	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	14,459	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	1,485	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	11,280	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	212,807	1,944,095	5,839,063	367,030	30.00
31.00	03100	INTENSIVE CARE UNIT	32,922	244,440	168,732	62,904	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	18,816	86,480	60,359	37,067	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	7,950	0	0	16,852	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	269,203	816,196	182,992	125,943	50.00
51.00	05100	RECOVERY ROOM	37,439	54,088	7,931	18,951	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,792	0	0	36,969	52.00
53.00	05300	ANESTHESIOLOGY	53,263	0	0	2,123	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,088	230,551	0	55,245	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	133	0	0	1,583	55.00
57.00	05700	CT SCAN	126,330	29,146	0	9,586	57.00
58.00	05800	MRI	16,004	0	0	13,010	58.00
59.00	05900	CARDIAC CATHETERIZATION	89,800	250,574	0	33,336	59.00
60.00	06000	LABORATORY	171,028	33,622	0	37,755	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	27,430	61,349	0	29,445	65.00
65.01	03610	SLEEP LAB	6,210	0	0	7,929	65.01
66.00	06600	PHYSICAL THERAPY	18,977	55,592	0	31,655	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,703	0	0	8,899	67.00
68.00	06800	SPEECH PATHOLOGY	3,105	0	0	3,535	68.00
69.00	06900	ELECTROCARDIOLOGY	36,005	45,956	0	16,533	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,289	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	147,449	7,995	0	6,738	73.00
74.00	07400	RENAL DIALYSIS	3,354	19,356	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,930	0	0	835	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09010	CLINIC	0	0	0	0	90.01
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	9,246	0	0	9,181	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	2,268	26,446	3,360	10,801	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	90.10
90.11	09011	PHARMACOTHERAPY CLINIC	1	0	0	0	90.11
91.00	09100	EMERGENCY	82,026	361,159	77,119	81,646	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.0	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
SPECIAL PURPOSE COST CENTERS							
118.0	SUBTOTALS (SUM OF LINES 1 through 117)		1,550,568	4,932,183	6,339,556	1,278,332	0 118.0
NONREIMBURSABLE COST CENTERS							
190.0	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,169	0	0	0 190.0
192.0	19200	PHYSICIANS' PRIVATE OFFICES	17,032	1,982	0	55,957	0 192.0
192.0	19201	MATERNAL FETAL MEDICINE/LABORIST	609	1,726	0	0	0 192.0
192.0	19202	NEONATOLOGISTS	1,479	0	0	0	0 192.0
192.0	19203	HOSPITALISTS/INTENSIVISTS	3,839	0	0	0	0 192.0
194.0	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0 194.0
194.0	07951	OUTREACH SERVICES	1,295	0	0	60,744	0 194.0
194.0	07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	0 194.0
194.0	07953	ADVANCED SPECIALTIES	0	0	0	0	0 194.0
194.0	07954	AMBULATORY PHARMACY SERVICES	0	0	0	4,811	0 194.0
200.0		Cross Foot Adjustments					200.0
201.0		Negative Cost Centers	0	0	0	0	0 201.0
202.0		TOTAL (sum lines 118 through 201)	1,574,822	4,968,060	6,339,556	1,399,844	0 202.0



COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.04	00570						5.04
5.06	00590						5.06
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						11.00
12.00	01200						12.00
13.00	01300	6,067,209					13.00
14.00	01400	58,980	1,318,429				14.00
15.00	01500	207,697	0	6,812,659			15.00
16.00	01600	100,211	0	0	2,636,616		16.00
17.00	01700	131,685	0	0	0	4,320,644	17.00
18.00	01850	121,377	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	173,632	0	0	0	0	21.00
22.00	02200	64,933	0	0	0	0	22.00
23.00	02300	6,670	0	0	0	0	23.00
23.02	02302	50,657	0	227	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,648,293	178,298	0	356,436	3,840,573	30.00
31.00	03100	282,497	27,584	0	55,143	432,064	31.00
35.00	02060	166,467	15,765	121	31,515	48,007	35.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	75,682	6,661	0	13,316	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	565,600	224,529	0	449,802	0	50.00
51.00	05100	85,107	31,368	0	62,708	0	51.00
52.00	05200	166,026	18,258	0	36,500	0	52.00
53.00	05300	9,536	44,625	0	89,211	0	53.00
54.00	05400	248,101	68,777	0	137,491	0	54.00
55.00	05500	7,111	112	0	223	0	55.00
57.00	05700	43,050	105,844	0	211,593	0	57.00
58.00	05800	58,429	13,409	0	26,805	0	58.00
59.00	05900	149,710	75,238	12,368	150,408	0	59.00
60.00	06000	169,553	143,293	0	286,458	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	132,236	22,982	0	45,943	0	65.00
65.01	03610	35,608	5,203	0	10,401	0	65.01
66.00	06600	142,158	15,899	0	31,785	0	66.00
67.00	06700	39,963	5,616	0	11,227	0	67.00
68.00	06800	15,875	2,601	0	5,200	0	68.00
69.00	06900	74,248	30,166	0	60,305	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	55,540	0	111,030	0	72.00
73.00	07300	30,262	123,539	6,684,270	246,967	0	73.00
74.00	07400	0	2,810	7	5,618	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	3,748	1,617	0	3,233	0	76.98
76.99	07699	0	0	0	0	0	76.99
77.00	07700	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09010	0	0	0	0	0	90.01
90.02	09001	0	0	0	0	0	90.02
90.03	09002	0	0	0	0	0	90.03
90.04	09003	41,231	7,747	0	15,487	0	90.04
90.05	09004	48,507	1,900	0	3,798	0	90.05
90.06	09005	0	0	0	0	0	90.06
90.07	09006	0	0	0	0	0	90.07
90.08	09007	0	0	0	0	0	90.08
90.09	09008	0	0	0	0	0	90.09
90.10	09009	0	0	0	0	0	90.10
90.11	09011	0	1	0	1	0	90.11
91.00	09100	366,667	68,725	0	137,387	0	91.00
92.00	09200						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0012

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

Worksheet B  
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11/30/2023 1:56 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
OTHER REIMBURSABLE COST CENTERS							
102.0	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.0
SPECIAL PURPOSE COST CENTERS							
118.0	SUBTOTALS (SUM OF LINES 1 through 117)	5,521,507	1,298,107	6,696,993	2,595,991	4,320,644	118.0
NONREIMBURSABLE COST CENTERS							
190.0	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.0
192.0	19200 PHYSICIANS' PRIVATE OFFICES	251,298	14,270	103,119	28,528	0	192.0
192.0	19201 MATERNAL FETAL MEDICINE/LABORIST	0	511	0	1,021	0	192.0
192.0	19202 NEONATOLOGISTS	0	1,239	0	2,477	0	192.0
192.0	19203 HOSPITALISTS/INTENSIVISTS	0	3,217	0	6,430	0	192.0
194.0	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.0
194.0	07951 OUTREACH SERVICES	272,796	1,085	12,547	2,169	0	194.0
194.0	07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.0
194.0	07953 ADVANCED SPECIALTIES	0	0	0	0	0	194.0
194.0	07954 AMBULATORY PHARMACY SERVICES	21,608	0	0	0	0	194.0
200.0	Cross Foot Adjustments						200.0
201.0	Negative Cost Centers	0	0	0	0	0	201.0
202.0	TOTAL (sum lines 118 through 201)	6,067,209	1,318,429	6,812,659	2,636,616	4,320,644	202.0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0012

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

Worksheet B  
Part I  
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11/30/2023 1:56 pm

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM	
	STERILE SUPPLY		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	18.00		19.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.04 00570	ADMINISTRATIVE					5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
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
18.00 01850	STERILE SUPPLY	6,149,693				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0		4,201,051		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			5,214,937	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0				23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM	0				23.02
23.00 02300	PARAMED PRGM-(SPECIFY)	0			170,050	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	101,108	0	2,331,286	2,893,922	0 30.00
31.00 03100	INTENSIVE CARE UNIT	935	0	218,928	271,764	0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	5,261	0	59,170	73,450	0 35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00 04300	NURSERY	0	0	266,264	330,524	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	5,600,818	0	130,173	161,590	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	29,585	36,725	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,434	0	29,585	36,725	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
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	30,114	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	11,457	0	0	0	0 65.00
65.01 03610	SLEEP LAB	0	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	100,589	124,865	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
74.00 07400	RENAL DIALYSIS	0	0	17,751	22,035	0 74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09010	CLINIC	0	0	0	0	0 90.01
90.02 09001	MOBILE MEDICAL UNIT	0	0	0	0	0 90.02
90.03 09002	FAMILY MEDICINE CENTER	0	0	0	0	0 90.03
90.04 09003	WOUND HEALING CENTER	22,118	0	0	0	0 90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	0	0	0	0	0 90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0 90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0 90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0 90.08
90.09 09008	FACULTY PRACTICE CLINIC	0	0	0	0	0 90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0 90.10
90.11 09011	PHARMACOTHERAPY CLINIC	0	0	0	0	0 90.11
91.00 09100	EMERGENCY	5,434	0	254,430	315,834	170,050 91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0012

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

Worksheet B  
Part I  
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11/30/2023 1:56 pm

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM	
	STERILE SUPPLY		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	18.00		19.00	21.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
102.0 10200 OPIOID TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	102.0
118.0 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	5,782,679	0	3,437,761	4,267,434	170,050	118.0
190.0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.0
192.0 19200 PHYSICIANS' PRIVATE OFFICES	34,476	0	763,290	947,503	0	192.0
192.0 19201 MATERNAL FETAL MEDICINE/LABORIST	0	0	0	0	0	192.0
192.0 19202 NEONATOLOGISTS	0	0	0	0	0	192.0
192.0 19203 HOSPITALISTS/INTENSIVISTS	0	0	0	0	0	192.0
194.0 07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.0
194.0 07951 OUTREACH SERVICES	238,284	0	0	0	0	194.0
194.0 07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.0
194.0 07953 ADVANCED SPECIALTIES	94,254	0	0	0	0	194.0
194.0 07954 AMBULATORY PHARMACY SERVICES	0	0	0	0	0	194.0
200.0 Cross Foot Adjustments	0	0	0	0	0	200.0
201.0 Negative Cost Centers	0	0	0	0	0	201.0
202.0 TOTAL (sum lines 118 through 201)	6,149,693	0	4,201,051	5,214,937	170,050	202.0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0012

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

Worksheet B  
Part I  
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11/30/2023 1:56 pm

Cost Center Description			PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.04	00570	ADMINISTRATIVE					5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
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
18.00	01850	STERILE SUPPLY					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
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	PARAMEDICAL PRGM-(SPECIFY)					23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	1,398,726				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	86,660,250	-5,225,208	81,435,042	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,394,588	-490,692	12,903,896	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	6,660,786	-132,620	6,528,166	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	2,993,584	-596,788	2,396,796	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	51,623,736	-291,763	51,331,973	50.00
51.00	05100	RECOVERY ROOM	0	3,289,217	0	3,289,217	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,262,082	-66,310	5,195,772	52.00
53.00	05300	ANESTHESIOLOGY	0	948,144	0	948,144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,793,597	-66,310	10,727,287	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	375,460	0	375,460	55.00
57.00	05700	CT SCAN	0	3,102,697	0	3,102,697	57.00
58.00	05800	MRI	0	935,732	0	935,732	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,758,200	0	13,758,200	59.00
60.00	06000	LABORATORY	0	12,623,398	0	12,623,398	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	5,539,487	0	5,539,487	65.00
65.01	03610	SLEEP LAB	0	1,175,425	0	1,175,425	65.01
66.00	06600	PHYSICAL THERAPY	0	4,826,849	0	4,826,849	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,299,713	0	1,299,713	67.00
68.00	06800	SPEECH PATHOLOGY	0	538,327	0	538,327	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,149,834	-225,454	2,924,380	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,878,937	0	23,878,937	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,398,726	41,511,084	0	41,511,084	73.00
74.00	07400	RENAL DIALYSIS	0	2,462,792	-39,786	2,423,006	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	143,486	0	143,486	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09010	CLINIC	0	0	0	0	90.01
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	0	2,254,148	0	2,254,148	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0	1,755,648	0	1,755,648	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	90.10
90.11	09011	PHARMACOTHERAPY CLINIC	0	707	0	707	90.11
91.00	09100	EMERGENCY	0	17,199,907	-570,264	16,629,643	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0012

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2023 1:56 pm

Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	24.00	25.00	26.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS			0		92.00
102.0	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.0
	SPECIAL PURPOSE COST CENTERS					
118.0	SUBTOTALS (SUM OF LINES 1 through 117)	1,398,726	318,157,815	-7,705,195	310,452,620	118.0
	NONREIMBURSABLE COST CENTERS					
190.0	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	481,255	0	481,255	190.0
192.0	19200 PHYSICIANS' PRIVATE OFFICES	0	10,576,813	-1,710,793	8,866,020	192.0
192.0	19201 MATERNAL FETAL MEDICINE/LABORIST	0	22,211	0	22,211	192.0
192.0	19202 NEONATOLOGISTS	0	8,134	0	8,134	192.0
192.0	19203 HOSPITALISTS/INTENSIVISTS	0	21,616	0	21,616	192.0
194.0	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	194.0
194.0	07951 OUTREACH SERVICES	0	6,016,054	0	6,016,054	194.0
194.0	07952 KINDRED/OUR LADY OF PEACE	0	2,270	0	2,270	194.0
194.0	07953 ADVANCED SPECIALTIES	0	95,708	0	95,708	194.0
194.0	07954 AMBULATORY PHARMACY SERVICES	0	685,536	0	685,536	194.0
200.0	Cross Foot Adjustments	0	0	0	0	200.0
201.0	Negative Cost Centers	0	-25,336	0	-25,336	201.0
202.0	TOTAL (sum lines 118 through 201)	1,398,726	336,042,076	-9,415,988	326,626,088	202.0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/30/2023 1:56 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	2.00	2A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	20,083	4,222	24,305	24,305
5.01	00540	NONPATIENT TELEPHONES	0	31,014	6,520	37,534	0
5.04	00570	ADMINISTRATIVE	0	118,589	24,930	143,519	0
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	3,887,703	817,267	4,704,970	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	7,957,737	1,672,865	9,630,602	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	383,731	80,667	464,398	0
10.00	01000	DIETARY	0	544,519	114,468	658,987	0
11.00	01100	CAFETERIA	0	740,006	155,563	895,569	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	120,813	25,397	146,210	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	422,625	88,844	511,469	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	61,964	13,026	74,990	0
17.00	01700	SOCIAL SERVICE	0	37,687	7,922	45,609	0
18.00	01850	STERILE SUPPLY	0	489,482	102,898	592,380	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	57,197	12,024	69,221	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
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	7,231,967	1,520,294	8,752,261	0
31.00	03100	INTENSIVE CARE UNIT	0	909,310	191,154	1,100,464	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	321,703	67,628	389,331	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	3,036,225	638,271	3,674,496	0
51.00	05100	RECOVERY ROOM	0	201,208	42,298	243,506	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	857,642	180,292	1,037,934	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
57.00	05700	CT SCAN	0	108,421	22,792	131,213	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	932,126	195,950	1,128,076	0
60.00	06000	LABORATORY	0	125,071	26,292	151,363	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	228,217	47,976	276,193	0
65.01	03610	SLEEP LAB	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	206,800	43,473	250,273	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	170,956	35,938	206,894	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,743	6,252	35,995	0
74.00	07400	RENAL DIALYSIS	0	72,005	15,137	87,142	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09010	CLINIC	0	0	0	0	0
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	0
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	0
90.04	09003	WOUND HEALING CENTER	0	0	0	0	0
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0	98,379	20,681	119,060	0
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	0
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0
90.11	09011	PHARMACOTHERAPY CLINIC	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0012

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2023 1:56 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
91.00 09100 EMERGENCY	0	1,343,502	282,429	1,625,931	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0			0		92.00
102.0 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.0
SPECIAL PURPOSE COST CENTERS						
118.0	SUBTOTALS (SUM OF LINES 1 through 117)	0	30,746,425	6,463,470	37,209,895	0
NONREIMBURSABLE COST CENTERS						
190.0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	119,670	25,157	144,827	0	190.0
192.0 19200 PHYSICIANS' PRIVATE OFFICES	0	7,372	1,550	8,922	0	192.0
192.0 19201 MATERNAL FETAL MEDICINE/LABORIST	0	6,419	1,349	7,768	0	192.0
192.0 19202 NEONATOLOGISTS	0	0	0	0	0	192.0
192.0 19203 HOSPITALISTS/INTENSIVISTS	0	0	0	0	0	192.0
194.0 07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.0
194.0 07951 OUTREACH SERVICES	0	0	0	0	0	194.0
194.0 07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.0
194.0 07953 ADVANCED SPECIALTIES	0	0	0	0	0	194.0
194.0 07954 AMBULATORY PHARMACY SERVICES	0	0	0	0	0	194.0
200.0	Cross Foot Adjustments			0		200.0
201.0	Negative Cost Centers		0	0	24,305	201.0
202.0	TOTAL (sum lines 118 through 201)	0	30,879,886	6,491,526	37,371,412	24,305



ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/30/2023 1:56 pm		
Cost Center Description			NONPATIENT TELEPHONES	ADMINISTRATIVE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.01	5.04	5.06	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	37,534					5.01
5.04	00570	ADMINISTRATIVE	538	144,057				5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,982	0	4,709,952			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	1,173	0	293,187	0	9,924,962	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	69	0	22,071	0	0	8.00
9.00	00900	HOUSEKEEPING	235	0	63,663	0	201,885	9.00
10.00	01000	DIETARY	331	0	78,334	0	286,477	10.00
11.00	01100	CAFETERIA	290	0	5,330	0	389,326	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	386	0	82,014	0	63,561	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41	0	17,467	0	0	14.00
15.00	01500	PHARMACY	787	0	83,759	0	222,348	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	607	0	34,038	0	32,600	16.00
17.00	01700	SOCIAL SERVICE	497	0	57,569	0	19,827	17.00
18.00	01850	STERILE SUPPLY	152	0	74,656	0	257,522	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	54,797	0	30,092	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	483	0	71,974	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	83	0	2,269	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	41	0	18,732	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	7,560	19,491	825,873	0	3,804,818	30.00
31.00	03100	INTENSIVE CARE UNIT	621	3,015	148,394	0	478,398	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	290	1,723	79,907	0	169,252	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	728	31,903	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,450	24,473	556,809	0	1,597,392	50.00
51.00	05100	RECOVERY ROOM	511	3,429	38,800	0	105,858	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,996	68,900	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,878	10,503	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,946	7,519	125,412	0	451,215	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12	5,134	0	0	55.00
57.00	05700	CT SCAN	124	11,571	34,433	0	57,041	57.00
58.00	05800	MRI	179	1,466	11,325	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,076	8,225	167,239	0	490,402	59.00
60.00	06000	LABORATORY	538	15,665	163,175	0	65,802	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	538	2,512	69,452	0	120,068	65.00
65.01	03610	SLEEP LAB	0	569	15,558	0	0	65.01
66.00	06600	PHYSICAL THERAPY	759	1,738	60,284	0	108,800	66.00
67.00	06700	OCCUPATIONAL THERAPY	124	614	17,201	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	55	284	7,120	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	442	3,298	34,639	0	89,942	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	6,072	331,396	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83	13,505	460,138	0	15,648	73.00
74.00	07400	RENAL DIALYSIS	14	307	32,403	0	37,883	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	28	177	1,852	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09010	CLINIC	0	0	0	0	0	90.01
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	207	847	30,120	0	0	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	166	208	21,716	0	51,759	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0	90.10
90.11	09011	PHARMACOTHERAPY CLINIC	0	0	10	0	0	90.11
91.00	09100	EMERGENCY	1,946	7,513	193,259	0	706,831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0012

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

Worksheet B  
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11/30/2023 1:56 pm

Cost Center Description		NONPATIENT TELEPHONES	ADMINISTRATIVE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.01	5.04	5.06	6.00	7.00	
OTHER REIMBURSABLE COST CENTERS							
102.0	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.0
SPECIAL PURPOSE COST CENTERS							
118.0	SUBTOTALS (SUM OF LINES 1 through 117)	31,352	141,835	4,502,815	0	9,854,747	118.0
NONREIMBURSABLE COST CENTERS							
190.0	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	69	0	4,434	0	62,959	190.0
192.0	19200 PHYSICIANS' PRIVATE OFFICES	5,009	1,560	117,041	0	3,879	192.0
192.0	19201 MATERNAL FETAL MEDICINE/LABORIST	0	56	157	0	3,377	192.0
192.0	19202 NEONATOLOGISTS	41	135	41	0	0	192.0
192.0	19203 HOSPITALISTS/INTENSIVISTS	166	352	114	0	0	192.0
194.0	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.0
194.0	07951 OUTREACH SERVICES	635	119	76,061	0	0	194.0
194.0	07952 KINDRED/OUR LADY OF PEACE	262	0	32	0	0	194.0
194.0	07953 ADVANCED SPECIALTIES	0	0	20	0	0	194.0
194.0	07954 AMBULATORY PHARMACY SERVICES	0	0	9,237	0	0	194.0
200.0	Cross Foot Adjustments						200.0
201.0	Negative Cost Centers	0	0	0	0	0	201.0
202.0	TOTAL (sum lines 118 through 201)	37,534	144,057	4,709,952	0	9,924,962	202.0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/30/2023 1:56 pm				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL		
		8.00	9.00	10.00	11.00	12.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.04	00570	ADMITTING					5.04	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	22,140				8.00	
9.00	00900	HOUSEKEEPING	0	730,181			9.00	
10.00	01000	DIETARY	0	21,514	1,045,643		10.00	
11.00	01100	CAFETERIA	0	29,237	0	920,654	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	0	4,773	0	32,128	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	8,637	14.00	
15.00	01500	PHARMACY	0	16,698	0	30,417	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,448	0	14,676	16.00	
17.00	01700	SOCIAL SERVICE	0	1,489	0	19,285	17.00	
18.00	01850	STERILE SUPPLY	0	19,339	0	17,775	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,260	0	25,428	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	9,509	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	977	23.00	
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	7,419	23.02	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,036	285,734	963,091	241,385	0	30.00
31.00	03100	INTENSIVE CARE UNIT	470	35,927	27,831	41,371	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	268	12,710	9,956	24,379	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	113	0	0	11,083	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,514	119,960	30,183	82,831	0	50.00
51.00	05100	RECOVERY ROOM	534	7,950	1,308	12,464	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	311	0	0	24,314	0	52.00
53.00	05300	ANESTHESIOLOGY	760	0	0	1,397	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,171	33,885	0	36,334	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2	0	0	1,041	0	55.00
57.00	05700	CT SCAN	1,802	4,284	0	6,305	0	57.00
58.00	05800	MRI	228	0	0	8,557	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,281	36,828	0	21,925	0	59.00
60.00	06000	LABORATORY	2,440	4,942	0	24,831	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	391	9,017	0	19,366	0	65.00
65.01	03610	SLEEP LAB	89	0	0	5,215	0	65.01
66.00	06600	PHYSICAL THERAPY	271	8,171	0	20,819	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	96	0	0	5,852	0	67.00
68.00	06800	SPEECH PATHOLOGY	44	0	0	2,325	0	68.00
69.00	06900	ELECTROCARDIOLOGY	514	6,754	0	10,873	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	946	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,103	1,175	0	4,432	0	73.00
74.00	07400	RENAL DIALYSIS	48	2,845	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	28	0	0	549	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09010	CLINIC	0	0	0	0	0	90.01
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	132	0	0	6,038	0	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	32	3,887	554	7,104	0	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0	90.10
90.11	09011	PHARMACOTHERAPY CLINIC	0	0	0	0	0	90.11
91.00	09100	EMERGENCY	1,170	53,081	12,720	53,697	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.0	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0012

Period:  
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
SPECIAL PURPOSE COST CENTERS							
118.0	SUBTOTALS (SUM OF LINES 1 through 117)	21,794	724,908	1,045,643	840,738	0	118.0
NONREIMBURSABLE COST CENTERS							
190.0	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,728	0	0	0	190.0
192.0	19200 PHYSICIANS' PRIVATE OFFICES	243	291	0	36,802	0	192.0
192.0	19201 MATERNAL FETAL MEDICINE/LABORIST	9	254	0	0	0	192.0
192.0	19202 NEONATOLOGISTS	21	0	0	0	0	192.0
192.0	19203 HOSPITALISTS/INTENSIVISTS	55	0	0	0	0	192.0
194.0	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.0
194.0	07951 OUTREACH SERVICES	18	0	0	39,950	0	194.0
194.0	07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.0
194.0	07953 ADVANCED SPECIALTIES	0	0	0	0	0	194.0
194.0	07954 AMBULATORY PHARMACY SERVICES	0	0	0	3,164	0	194.0
200.0	Cross Foot Adjustments						200.0
201.0	Negative Cost Centers	0	0	0	399,098	0	201.0
202.0	TOTAL (sum lines 118 through 201)	22,140	730,181	1,045,643	1,319,752	0	202.0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/30/2023 1:56 pm		
Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		13.00	14.00	15.00	16.00	17.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.04	00570					5.04
5.06	00590					5.06
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					11.00
12.00	01200					12.00
13.00	01300	329,072				13.00
14.00	01400	3,199	29,344			14.00
15.00	01500	11,265	0	876,743		15.00
16.00	01600	5,435	0	0	164,794	16.00
17.00	01700	7,142	0	0	0	17.00
18.00	01850	6,583	0	0	0	18.00
19.00	01900	0	0	0	0	19.00
21.00	02100	9,417	0	0	0	21.00
22.00	02200	3,522	0	0	0	22.00
23.00	02300	362	0	0	0	23.00
23.02	02302	2,747	0	29	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	89,402	3,994	0	22,207	134,594
31.00	03100	15,322	618	0	3,436	15,142
35.00	02060	9,029	353	16	1,964	1,682
41.00	04100	0	0	0	0	0
43.00	04300	4,105	149	0	830	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	30,677	4,838	0	28,548	0
51.00	05100	4,616	703	0	3,907	0
52.00	05200	9,005	409	0	2,274	0
53.00	05300	517	1,000	0	5,558	0
54.00	05400	13,456	1,541	0	8,566	0
55.00	05500	386	3	0	14	0
57.00	05700	2,335	2,371	0	13,183	0
58.00	05800	3,169	300	0	1,670	0
59.00	05900	8,120	1,685	1,592	9,371	0
60.00	06000	9,196	3,210	0	17,847	0
62.30	06250	0	0	0	0	0
65.00	06500	7,172	515	0	2,862	0
65.01	03610	1,931	117	0	648	0
66.00	06600	7,710	356	0	1,980	0
67.00	06700	2,168	126	0	699	0
68.00	06800	861	58	0	324	0
69.00	06900	4,027	676	0	3,757	0
71.00	07100	0	0	0	0	0
72.00	07200	0	1,244	0	6,918	0
73.00	07300	1,641	2,767	860,219	15,387	0
74.00	07400	0	63	1	350	0
76.97	07697	0	0	0	0	0
76.98	07698	203	36	0	201	0
76.99	07699	0	0	0	0	0
77.00	07700	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	0	0	0	0	0
90.01	09010	0	0	0	0	0
90.02	09001	0	0	0	0	0
90.03	09002	0	0	0	0	0
90.04	09003	2,236	174	0	965	0
90.05	09004	2,631	43	0	237	0
90.06	09005	0	0	0	0	0
90.07	09006	0	0	0	0	0
90.08	09007	0	0	0	0	0
90.09	09008	0	0	0	0	0
90.10	09009	0	0	0	0	0
90.11	09011	0	0	0	0	0
91.00	09100	19,887	1,540	0	8,560	0
92.00	09200					

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0012

Period:  
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To 06/30/2023

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
OTHER REIMBURSABLE COST CENTERS							
102.0	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.0
SPECIAL PURPOSE COST CENTERS							
118.0	SUBTOTALS (SUM OF LINES 1 through 117)	299,474	28,889	861,857	162,263	151,418	118.0
NONREIMBURSABLE COST CENTERS							
190.0	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.0
192.0	19200 PHYSICIANS' PRIVATE OFFICES	13,630	320	13,271	1,777	0	192.0
192.0	19201 MATERNAL FETAL MEDICINE/LABORIST	0	11	0	64	0	192.0
192.0	19202 NEONATOLOGISTS	0	28	0	154	0	192.0
192.0	19203 HOSPITALISTS/INTENSIVISTS	0	72	0	401	0	192.0
194.0	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.0
194.0	07951 OUTREACH SERVICES	14,796	24	1,615	135	0	194.0
194.0	07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.0
194.0	07953 ADVANCED SPECIALTIES	0	0	0	0	0	194.0
194.0	07954 AMBULATORY PHARMACY SERVICES	1,172	0	0	0	0	194.0
200.0	Cross Foot Adjustments						200.0
201.0	Negative Cost Centers	0	0	0	0	0	201.0
202.0	TOTAL (sum lines 118 through 201)	329,072	29,344	876,743	164,794	151,418	202.0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0012

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM	
	STERILE SUPPLY		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	18.00		19.00	21.00		22.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.04 00570	ADMINITTING					5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
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
18.00 01850	STERILE SUPPLY	968,407				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0		191,215		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			85,488	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0				23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM	0				23.02
23.02 02302	PHARMACY RESIDENCY PROGRAM					3,691
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	15,922				30.00
31.00 03100	INTENSIVE CARE UNIT	147				31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	829				35.00
41.00 04100	SUBPROVIDER - IRF	0				41.00
43.00 04300	NURSERY	0				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	881,974				50.00
51.00 05100	RECOVERY ROOM	0				51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0				52.00
53.00 05300	ANESTHESIOLOGY	0				53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	856				54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0				55.00
57.00 05700	CT SCAN	0				57.00
58.00 05800	MRI	0				58.00
59.00 05900	CARDIAC CATHETERIZATION	4,742				59.00
60.00 06000	LABORATORY	0				60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0				62.30
65.00 06500	RESPIRATORY THERAPY	1,804				65.00
65.01 03610	SLEEP LAB	0				65.01
66.00 06600	PHYSICAL THERAPY	0				66.00
67.00 06700	OCCUPATIONAL THERAPY	0				67.00
68.00 06800	SPEECH PATHOLOGY	0				68.00
69.00 06900	ELECTROCARDIOLOGY	0				69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0				72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0				73.00
74.00 07400	RENAL DIALYSIS	0				74.00
76.97 07697	CARDIAC REHABILITATION	0				76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0				76.98
76.99 07699	LITHOTRIPSY	0				76.99
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0				77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0				90.00
90.01 09010	CLINIC	0				90.01
90.02 09001	MOBILE MEDICAL UNIT	0				90.02
90.03 09002	FAMILY MEDICINE CENTER	0				90.03
90.04 09003	WOUND HEALING CENTER	3,483				90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	0				90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0				90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	0				90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	0				90.08
90.09 09008	FACULTY PRACTICE CLINIC	0				90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	0				90.10
90.11 09011	PHARMACOTHERAPY CLINIC	0				90.11
91.00 09100	EMERGENCY	856				91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0012

Period:  
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM	
	STERILE SUPPLY		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	18.00		19.00	21.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
102.00 10200 OPIOID TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	0					102.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	910,613	0	0	0	0	118.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,429					192.00
192.00 19201 MATERNAL FETAL MEDICINE/LABORIST	0					192.00
192.00 19202 NEONATOLOGISTS	0					192.00
192.00 19203 HOSPITALISTS/INTENSIVISTS	0					192.00
194.00 07950 SPORTS MED-ATHLETIC TRAINERS	0					194.00
194.00 07951 OUTREACH SERVICES	37,523					194.00
194.00 07952 KINDRED/OUR LADY OF PEACE	0					194.00
194.00 07953 ADVANCED SPECIALTIES	14,842					194.00
194.00 07954 AMBULATORY PHARMACY SERVICES	0					194.00
200.00 Cross Foot Adjustments		0	191,215	85,488	3,691	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	968,407	0	191,215	85,488	3,691	202.00



ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/30/2023 1:56 pm
Cost Center Description			PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.02	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.04	00570	ADMINISTRATIVE				5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
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
18.00	01850	STERILE SUPPLY				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
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	PARAMEDICAL PRGM-(SPECIFY)				23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	28,968			23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS		15,169,368	0	15,169,368
31.00	03100	INTENSIVE CARE UNIT		1,871,156	0	1,871,156
35.00	02060	NEONATAL INTENSIVE CARE UNIT		701,689	0	701,689
41.00	04100	SUBPROVIDER - IRF		0	0	0
43.00	04300	NURSERY		48,911	0	48,911
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM		7,039,145	0	7,039,145
51.00	05100	RECOVERY ROOM		423,586	0	423,586
52.00	05200	DELIVERY ROOM & LABOR ROOM		107,209	0	107,209
53.00	05300	ANESTHESIOLOGY		24,613	0	24,613
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,719,835	0	1,719,835
55.00	05500	RADIOLOGY-THERAPEUTIC		6,592	0	6,592
57.00	05700	CT SCAN		264,662	0	264,662
58.00	05800	MRI		26,894	0	26,894
59.00	05900	CARDIAC CATHETERIZATION		1,880,562	0	1,880,562
60.00	06000	LABORATORY		459,009	0	459,009
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
65.00	06500	RESPIRATORY THERAPY		509,890	0	509,890
65.01	03610	SLEEP LAB		24,127	0	24,127
66.00	06600	PHYSICAL THERAPY		461,161	0	461,161
67.00	06700	OCCUPATIONAL THERAPY		26,880	0	26,880
68.00	06800	SPEECH PATHOLOGY		11,071	0	11,071
69.00	06900	ELECTROCARDIOLOGY		361,816	0	361,816
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		346,576	0	346,576
73.00	07300	DRUGS CHARGED TO PATIENTS		1,413,093	0	1,413,093
74.00	07400	RENAL DIALYSIS		161,056	0	161,056
76.97	07697	CARDIAC REHABILITATION		0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY		3,074	0	3,074
76.99	07699	LITHOTRIPSY		0	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC		0	0	0
90.01	09010	CLINIC		0	0	0
90.02	09001	MOBILE MEDICAL UNIT		0	0	0
90.03	09002	FAMILY MEDICINE CENTER		0	0	0
90.04	09003	WOUND HEALING CENTER		44,202	0	44,202
90.05	09004	OUTPATIENT TREATMENT & INFUSION		207,397	0	207,397
90.06	09005	PEDIATRIC SPECIALTY CLINIC		0	0	0
90.07	09006	SPORTS MED FELLOWSHIP CLINIC		0	0	0
90.08	09007	PODIATRY RESIDENCY CLINIC		0	0	0
90.09	09008	FACULTY PRACTICE CLINIC		0	0	0
90.10	09009	OUR LADY OF ROSARY CLINIC		0	0	0
90.11	09011	PHARMACOTHERAPY CLINIC		10	0	10
91.00	09100	EMERGENCY		2,686,991	0	2,686,991

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0012

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

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Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	24.00	25.00	26.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS			0		92.00
102.0	10200 OPIOID TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS		0	0	0	102.0
118.0	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	0	36,000,575	0	36,000,575	118.0
190.0	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		217,017	0	217,017	190.0
192.0	19200 PHYSICIANS' PRIVATE OFFICES		208,174	0	208,174	192.0
192.0	19201 MATERNAL FETAL MEDICINE/LABORIST		11,696	0	11,696	192.0
192.0	19202 NEONATOLOGISTS		420	0	420	192.0
192.0	19203 HOSPITALISTS/INTENSIVISTS		1,160	0	1,160	192.0
194.0	07950 SPORTS MED-ATHLETIC TRAINERS		0	0	0	194.0
194.0	07951 OUTREACH SERVICES		170,876	0	170,876	194.0
194.0	07952 KINDRED/OUR LADY OF PEACE		294	0	294	194.0
194.0	07953 ADVANCED SPECIALTIES		14,862	0	14,862	194.0
194.0	07954 AMBULATORY PHARMACY SERVICES		13,573	0	13,573	194.0
200.0	Cross Foot Adjustments	28,968	309,362	0	309,362	200.0
201.0	Negative Cost Centers	0	423,403	0	423,403	201.0
202.0	TOTAL (sum lines 118 through 201)	28,968	37,371,412	0	37,371,412	202.0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

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

Worksheet B-1

Date/Time Prepared:  
11/30/2023 1:56 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE EXTENSIONS)	ADMITTING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	485,895				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		485,895			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	316	316	121,436,119		4.00
5.01 00540	NONPATIENT TELEPHONES	488	488	163,289	2,720	5.01
5.04 00570	ADMITTING	1,866	1,866	1,183,292	39	1,181,865,737 5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	61,173	61,173	12,714,751	361	0 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	125,215	125,215	1,647,082	85	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	180,943	5	0 8.00
9.00 00900	HOUSEKEEPING	6,038	6,038	1,506,626	17	0 9.00
10.00 01000	DIETARY	8,568	8,568	1,828,746	24	0 10.00
11.00 01100	CAFETERIA	11,644	11,644	134,629	21	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	1,901	1,901	3,370,631	28	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	520,958	3	0 14.00
15.00 01500	PHARMACY	6,650	6,650	4,216,237	57	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	975	975	1,289,714	44	0 16.00
17.00 01700	SOCIAL SERVICE	593	593	2,102,252	36	0 17.00
18.00 01850	STERILE SUPPLY	7,702	7,702	1,302,014	11	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	900	900	2,379,528	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	3,080,676	35	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	80,928	6	0 23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM	0	0	773,194	3	0 23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	113,795	113,795	26,619,959	548	159,765,323 30.00
31.00 03100	INTENSIVE CARE UNIT	14,308	14,308	5,043,930	45	24,716,550 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	5,062	5,062	2,964,123	21	14,126,114 35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00 04300	NURSERY	0	0	1,154,527	0	5,968,818 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	47,775	47,775	10,319,133	250	201,670,316 50.00
51.00 05100	RECOVERY ROOM	3,166	3,166	1,428,031	37	28,107,460 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	2,668,556	0	16,360,584 52.00
53.00 05300	ANESTHESIOLOGY	0	0	89,079	0	39,986,983 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,495	13,495	3,687,994	141	61,627,744 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	111,850	0	100,038 55.00
57.00 05700	CT SCAN	1,706	1,706	746,914	9	94,842,096 57.00
58.00 05800	MRI	0	0	335,076	13	12,014,900 58.00
59.00 05900	CARDIAC CATHETERIZATION	14,667	14,667	2,806,860	78	67,417,467 59.00
60.00 06000	LABORATORY	1,968	1,968	2,248,014	39	128,399,085 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	3,591	3,591	2,230,993	39	20,592,993 65.00
65.01 03610	SLEEP LAB	0	0	469,801	0	4,661,932 65.01
66.00 06600	PHYSICAL THERAPY	3,254	3,254	2,281,876	55	14,246,805 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	754,807	9	5,032,058 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	320,830	4	2,330,801 68.00
69.00 06900	ELECTROCARDIOLOGY	2,690	2,690	1,231,085	32	27,030,548 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	49,766,729 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	468	468	560,028	6	110,697,808 73.00
74.00 07400	RENAL DIALYSIS	1,133	1,133	135	1	2,518,018 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	53,930	2	1,449,257 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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09010	CLINIC	0	0	0	0	0 90.01
90.02 09001	MOBILE MEDICAL UNIT	0	0	0	0	0 90.02
90.03 09002	FAMILY MEDICINE CENTER	0	0	0	0	0 90.03
90.04 09003	WOUND HEALING CENTER	0	0	600,692	15	6,941,600 90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	1,548	1,548	823,684	12	1,702,565 90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0 90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0 90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0 90.08
90.09 09008	FACULTY PRACTICE CLINIC	0	0	0	0	0 90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0 90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

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

Worksheet B-1

Date/Time Prepared:  
11/30/2023 1:56 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE EXTENSIONS)	ADMITTING (GROSS REVENUE)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
90.11	09011	PHARMACOTHERAPY CLINIC	0	0	498	0	565	90.11
91.00	09100	EMERGENCY	21,140	21,140	5,742,983	141	61,581,106	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.0	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.0
SPECIAL PURPOSE COST CENTERS								
118.0	SUBTOTALS (SUM OF LINES 1 through 117)		483,795	483,795	113,770,878	2,272	1,163,656,263	118.0
NONREIMBURSABLE COST CENTERS								
190.0	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,883	1,883	0	5	0	190.0
192.0	19200	PHYSICIANS' PRIVATE OFFICES	116	116	4,301,944	363	12,787,003	192.0
192.0	19201	MATERNAL FETAL MEDICINE/LABORIST	101	101	0	0	457,450	192.0
192.0	19202	NEONATOLOGISTS	0	0	0	3	1,110,459	192.0
192.0	19203	HOSPITALISTS/INTENSIVISTS	0	0	0	12	2,882,170	192.0
194.0	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.0
194.0	07951	OUTREACH SERVICES	0	0	2,967,757	46	972,392	194.0
194.0	07952	KINDRED/OUR LADY OF PEACE	0	0	0	19	0	194.0
194.0	07953	ADVANCED SPECIALTIES	0	0	0	0	0	194.0
194.0	07954	AMBULATORY PHARMACY SERVICES	0	0	395,540	0	0	194.0
200.0	Cross Foot Adjustments							200.0
201.0	Negative Cost Centers							201.0
202.0	Cost to be allocated (per Wkst. B, Part I)		30,879,886	6,491,526	-25,336	248,313	2,099,028	202.0
203.0	Unit cost multiplier (Wkst. B, Part I)		63.552591	13.359936	0.000000	91.291544	0.001776	203.0
204.0	Cost to be allocated (per Wkst. B, Part II)				24,305	37,534	144,057	204.0
205.0	Unit cost multiplier (Wkst. B, Part II)				0.000200	13.799265	0.000122	205.0
206.0	NAHE adjustment amount to be allocated (per Wkst. B-2)							206.0
207.0	NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

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

Worksheet B-1

Date/Time Prepared: 11/30/2023 1:56 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (GROSS REVENUE)		
		5A.06	5.06	6.00	7.00	8.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.04	00570	ADMINISTRATIVE					5.04	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-79,213,123	256,854,289			5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0		6.00	
7.00	00700	OPERATION OF PLANT	0	15,988,834	296,837		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,203,627	0	1,181,865,737	8.00	
9.00	00900	HOUSEKEEPING	0	3,471,828	0	6,038	9.00	
10.00	01000	DIETARY	0	4,271,903	0	8,568	10.00	
11.00	01100	CAFETERIA	0	290,660	0	11,644	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	0	4,472,578	0	1,901	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	952,552	0	0	14.00	
15.00	01500	PHARMACY	0	4,567,759	0	6,650	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,856,256	0	975	16.00	
17.00	01700	SOCIAL SERVICE	0	3,139,501	0	593	17.00	
18.00	01850	STERILE SUPPLY	0	4,071,322	0	7,702	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,988,353	0	900	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,925,066	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	123,735	0	0	23.00	
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	1,021,526	0	0	23.02	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	45,037,971	0	113,795	159,765,323	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,092,583	0	14,308	24,716,550	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	4,357,669	0	5,062	14,126,114	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	1,739,789	0	0	5,968,818	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	30,365,342	0	47,775	201,670,316	50.00
51.00	05100	RECOVERY ROOM	0	2,115,948	0	3,166	28,107,460	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,757,443	0	0	16,360,584	52.00
53.00	05300	ANESTHESIOLOGY	0	572,751	0	0	39,986,983	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,839,310	0	13,495	61,627,744	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	279,959	0	0	100,038	55.00
57.00	05700	CT SCAN	0	1,877,807	0	1,706	94,842,096	57.00
58.00	05800	MRI	0	617,607	0	0	12,014,900	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,120,311	0	14,667	67,417,467	59.00
60.00	06000	LABORATORY	0	8,898,670	0	1,968	128,399,085	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,787,510	0	3,591	20,592,993	65.00
65.01	03610	SLEEP LAB	0	848,423	0	0	4,661,932	65.01
66.00	06600	PHYSICAL THERAPY	0	3,287,577	0	3,254	14,246,805	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	938,022	0	0	5,032,058	67.00
68.00	06800	SPEECH PATHOLOGY	0	388,270	0	0	2,330,801	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,889,020	0	2,690	27,030,548	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	18,072,556	0	0	49,766,729	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,093,420	0	468	110,697,808	73.00
74.00	07400	RENAL DIALYSIS	0	1,767,057	0	1,133	2,518,018	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	100,981	0	0	1,449,257	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09010	CLINIC	0	0	0	0	0	90.01
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	0	1,642,573	0	0	6,941,600	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0	1,184,252	0	1,548	1,702,565	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0	90.10
90.11	09011	PHARMACOTHERAPY CLINIC	0	538	0	0	565	90.11
91.00	09100	EMERGENCY	0	10,539,292	0	21,140	61,581,106	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

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

Worksheet B-1

Date/Time Prepared:  
11/30/2023 1:56 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (GROSS REVENUE)	
		5A.06	5.06	6.00	7.00	8.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.0	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.0	SUBTOTALS (SUM OF LINES 1 through 117)	-79,213,123	245,558,151	0	294,737	1,163,656,263	118.0
<b>NONREIMBURSABLE COST CENTERS</b>							
190.0	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	241,808	0	1,883	0	190.0
192.0	19200 PHYSICIANS' PRIVATE OFFICES	0	6,382,759	0	116	12,787,003	192.0
192.0	19201 MATERNAL FETAL MEDICINE/LABORIST	0	8,580	0	101	457,450	192.0
192.0	19202 NEONATOLOGISTS	0	2,246	0	0	1,110,459	192.0
192.0	19203 HOSPITALISTS/INTENSIVISTS	0	6,214	0	0	2,882,170	192.0
194.0	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.0
194.0	07951 OUTREACH SERVICES	0	4,147,926	0	0	972,392	194.0
194.0	07952 KINDRED/OUR LADY OF PEACE	0	1,735	0	0	0	194.0
194.0	07953 ADVANCED SPECIALTIES	0	1,111	0	0	0	194.0
194.0	07954 AMBULATORY PHARMACY SERVICES	0	503,759	0	0	0	194.0
200.0	Cross Foot Adjustments						200.0
201.0	Negative Cost Centers						201.0
202.0	Cost to be allocated (per Wkst. B, Part I)		79,213,123	0	20,919,742	1,574,822	202.0
203.0	Unit cost multiplier (Wkst. B, Part I)		0.308397	0.000000	70.475520	0.001332	203.0
204.0	Cost to be allocated (per Wkst. B, Part II)		4,709,952	0	9,924,962	22,140	204.0
205.0	Unit cost multiplier (Wkst. B, Part II)		0.018337	0.000000	33.435731	0.000019	205.0
206.0	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.0
207.0	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.0

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0012		Period: From 07/01/2022 To 06/30/2023		Worksheet B-1	
Date/Time Prepared: 11/30/2023 1:56 pm							
Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIVE (FTES)	
		9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.04	00570						5.04
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	290,799					9.00
10.00	01000	8,568	162,272				10.00
11.00	01100	11,644	0	114,050			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	1,901	0	3,980	0	110,070	13.00
14.00	01400	0	0	1,070	0	1,070	14.00
15.00	01500	6,650	0	3,768	0	3,768	15.00
16.00	01600	975	0	1,818	0	1,818	16.00
17.00	01700	593	0	2,389	0	2,389	17.00
18.00	01850	7,702	0	2,202	0	2,202	18.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	900	0	3,150	0	3,150	21.00
22.00	02200	0	0	1,178	0	1,178	22.00
23.00	02300	0	0	121	0	121	23.00
23.02	02302	0	0	919	0	919	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	113,795	149,461	29,903	0	29,903	30.00
31.00	03100	14,308	4,319	5,125	0	5,125	31.00
35.00	02060	5,062	1,545	3,020	0	3,020	35.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	1,373	0	1,373	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	47,775	4,684	10,261	0	10,261	50.00
51.00	05100	3,166	203	1,544	0	1,544	51.00
52.00	05200	0	0	3,012	0	3,012	52.00
53.00	05300	0	0	173	0	173	53.00
54.00	05400	13,495	0	4,501	0	4,501	54.00
55.00	05500	0	0	129	0	129	55.00
57.00	05700	1,706	0	781	0	781	57.00
58.00	05800	0	0	1,060	0	1,060	58.00
59.00	05900	14,667	0	2,716	0	2,716	59.00
60.00	06000	1,968	0	3,076	0	3,076	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	3,591	0	2,399	0	2,399	65.00
65.01	03610	0	0	646	0	646	65.01
66.00	06600	3,254	0	2,579	0	2,579	66.00
67.00	06700	0	0	725	0	725	67.00
68.00	06800	0	0	288	0	288	68.00
69.00	06900	2,690	0	1,347	0	1,347	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	468	0	549	0	549	73.00
74.00	07400	1,133	0	0	0	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	68	0	68	76.98
76.99	07699	0	0	0	0	0	76.99
77.00	07700	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09010	0	0	0	0	0	90.01
90.02	09001	0	0	0	0	0	90.02
90.03	09002	0	0	0	0	0	90.03
90.04	09003	0	0	748	0	748	90.04
90.05	09004	1,548	86	880	0	880	90.05
90.06	09005	0	0	0	0	0	90.06
90.07	09006	0	0	0	0	0	90.07
90.08	09007	0	0	0	0	0	90.08
90.09	09008	0	0	0	0	0	90.09
90.10	09009	0	0	0	0	0	90.10
90.11	09011	0	0	0	0	0	90.11
91.00	09100	21,140	1,974	6,652	0	6,652	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

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

Worksheet B-1

Date/Time Prepared:  
11/30/2023 1:56 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIVE (FTES)	
		9.00	10.00	11.00	12.00	13.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.0	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.0	SUBTOTALS (SUM OF LINES 1 through 117)	288,699	162,272	104,150	0	100,170	118.0
<b>NONREIMBURSABLE COST CENTERS</b>							
190.0	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,883	0	0	0	0	190.0
192.0	19200 PHYSICIANS' PRIVATE OFFICES	116	0	4,559	0	4,559	192.0
192.0	19201 MATERNAL FETAL MEDICINE/LABORIST	101	0	0	0	0	192.0
192.0	19202 NEONATOLOGISTS	0	0	0	0	0	192.0
192.0	19203 HOSPITALISTS/INTENSIVISTS	0	0	0	0	0	192.0
194.0	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.0
194.0	07951 OUTREACH SERVICES	0	0	4,949	0	4,949	194.0
194.0	07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.0
194.0	07953 ADVANCED SPECIALTIES	0	0	0	0	0	194.0
194.0	07954 AMBULATORY PHARMACY SERVICES	0	0	392	0	392	194.0
200.0	Cross Foot Adjustments						200.0
201.0	Negative Cost Centers						201.0
202.0	Cost to be allocated (per Wkst. B, Part I)	4,968,060	6,339,556	1,399,844	0	6,067,209	202.0
203.0	Unit cost multiplier (Wkst. B, Part I)	17.084172	39.067467	12.273950	0.000000	55.121368	203.0
204.0	Cost to be allocated (per Wkst. B, Part II)	730,181	1,045,643	1,319,752	0	329,072	204.0
205.0	Unit cost multiplier (Wkst. B, Part II)	2.510947	6.443767	8.072372	0.000000	2.989661	205.0
206.0	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.0
207.0	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.0



COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet B-1 Date/Time Prepared: 11/30/2023 1:56 pm
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Cost Center Description	CENTRAL SERVICES & SUPPLY (GROSS REVENUE)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	STERILE SUPPLY (TIME SPENT)
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.04 00570 ADMITTING						5.04
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
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	1,181,865,737					14.00
15.00 01500 PHARMACY	0	23,272,525				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,181,865,737			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	90		17.00
18.00 01850 STERILE SUPPLY	0	0	0	0	177,664	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	775	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	159,765,323	0	159,765,323	80	2,921	30.00
31.00 03100 INTENSIVE CARE UNIT	24,716,550	0	24,716,550	9	27	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	14,126,114	413	14,126,114	1	152	35.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300 NURSERY	5,968,818	0	5,968,818	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	201,670,316	0	201,670,316	0	161,807	50.00
51.00 05100 RECOVERY ROOM	28,107,460	0	28,107,460	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	16,360,584	0	16,360,584	0	0	52.00
53.00 05300 ANESTHESIOLOGY	39,986,983	0	39,986,983	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	61,627,744	0	61,627,744	0	157	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	100,038	0	100,038	0	0	55.00
57.00 05700 CT SCAN	94,842,096	0	94,842,096	0	0	57.00
58.00 05800 MRI	12,014,900	0	12,014,900	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	67,417,467	42,250	67,417,467	0	870	59.00
60.00 06000 LABORATORY	128,399,085	0	128,399,085	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	20,592,993	0	20,592,993	0	331	65.00
65.01 03610 SLEEP LAB	4,661,932	0	4,661,932	0	0	65.01
66.00 06600 PHYSICAL THERAPY	14,246,805	0	14,246,805	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	5,032,058	0	5,032,058	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	2,330,801	0	2,330,801	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	27,030,548	0	27,030,548	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	49,766,729	0	49,766,729	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	110,697,808	22,833,941	110,697,808	0	0	73.00
74.00 07400 RENAL DIALYSIS	2,518,018	23	2,518,018	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	1,449,257	0	1,449,257	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09010 CLINIC	0	0	0	0	0	90.01
90.02 09001 MOBILE MEDICAL UNIT	0	0	0	0	0	90.02
90.03 09002 FAMILY MEDICINE CENTER	0	0	0	0	0	90.03
90.04 09003 WOUND HEALING CENTER	6,941,600	0	6,941,600	0	639	90.04
90.05 09004 OUTPATIENT TREATMENT & INFUSION	1,702,565	0	1,702,565	0	0	90.05
90.06 09005 PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	90.06
90.07 09006 SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	90.07
90.08 09007 PODIATRY RESIDENCY CLINIC	0	0	0	0	0	90.08
90.09 09008 FACULTY PRACTICE CLINIC	0	0	0	0	0	90.09
90.10 09009 OUR LADY OF ROSARY CLINIC	0	0	0	0	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

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

Worksheet B-1

Date/Time Prepared:  
11/30/2023 1:56 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (GROSS REVENUE)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SUPPLY (TIME SPENT)	
		14.00	15.00	16.00	17.00	18.00	
90.11	09011 PHARMACOTHERAPY CLINIC	565	0	565	0	0	90.11
91.00	09100 EMERGENCY	61,581,106	0	61,581,106	0	157	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
102.0	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.0
SPECIAL PURPOSE COST CENTERS							
118.0	SUBTOTALS (SUM OF LINES 1 through 117)	1,163,656,263	22,877,402	1,163,656,263	90	167,061	118.0
NONREIMBURSABLE COST CENTERS							
190.0	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.0
192.0	19200 PHYSICIANS' PRIVATE OFFICES	12,787,003	352,263	12,787,003	0	996	192.0
192.0	19201 MATERNAL FETAL MEDICINE/LABORIST	457,450	0	457,450	0	0	192.0
192.0	19202 NEONATOLOGISTS	1,110,459	0	1,110,459	0	0	192.0
192.0	19203 HOSPITALISTS/INTENSIVISTS	2,882,170	0	2,882,170	0	0	192.0
194.0	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.0
194.0	07951 OUTREACH SERVICES	972,392	42,860	972,392	0	6,884	194.0
194.0	07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.0
194.0	07953 ADVANCED SPECIALTIES	0	0	0	0	2,723	194.0
194.0	07954 AMBULATORY PHARMACY SERVICES	0	0	0	0	0	194.0
200.0	Cross Foot Adjustments						200.0
201.0	Negative Cost Centers						201.0
202.0	Cost to be allocated (per Wkst. B, Part I)	1,318,429	6,812,659	2,636,616	4,320,644	6,149,693	202.0
203.0	Unit cost multiplier (Wkst. B, Part I)	0.001116	0.292734	0.002231	48,007.155556	34.614176	203.0
204.0	Cost to be allocated (per Wkst. B, Part II)	29,344	876,743	164,794	151,418	968,407	204.0
205.0	Unit cost multiplier (Wkst. B, Part II)	0.000025	0.037673	0.000139	1,682.422222	5.450778	205.0
206.0	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.0
207.0	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

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

Worksheet B-1

Date/Time Prepared:  
11/30/2023 1:56 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (PATIENT DAYS)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		19.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.04 00570	ADMITTING					5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
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
18.00 01850	STERILE SUPPLY					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		710			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			710		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				100	23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM					100 23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	394	394	0	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	37	37	0	0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	10	10	0	0 35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00 04300	NURSERY	0	45	45	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	22	22	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	5	5	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	5	5	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
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
62.30 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 03610	SLEEP LAB	0	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	17	17	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	100 73.00
74.00 07400	RENAL DIALYSIS	0	3	3	0	0 74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09010	CLINIC	0	0	0	0	0 90.01
90.02 09001	MOBILE MEDICAL UNIT	0	0	0	0	0 90.02
90.03 09002	FAMILY MEDICINE CENTER	0	0	0	0	0 90.03
90.04 09003	WOUND HEALING CENTER	0	0	0	0	0 90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	0	0	0	0	0 90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0 90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0 90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0 90.08
90.09 09008	FACULTY PRACTICE CLINIC	0	0	0	0	0 90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0 90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

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

Worksheet B-1

Date/Time Prepared:  
11/30/2023 1:56 pm

Cost Center Description	INTERNS & RESIDENTS					PHARMACY RESIDENCY PROGRAM (PATIENT DAYS)					
	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)							
		19.00	21.00					22.00	23.00	23.02	
90.11 09011 PHARMACOTHERAPY CLINIC	0	0	0	0	0	0	90.11				
91.00 09100 EMERGENCY	0	43	43	100	0	0	91.00				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00				
OTHER REIMBURSABLE COST CENTERS											
102.0 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	0	102.0				
SPECIAL PURPOSE COST CENTERS											
118.0	SUBTOTALS (SUM OF LINES 1 through 117)					0	581	581	100	100	118.0
NONREIMBURSABLE COST CENTERS											
190.0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.0				
192.0 19200 PHYSICIANS' PRIVATE OFFICES	0	129	129	0	0	0	192.0				
192.0 19201 MATERNAL FETAL MEDICINE/LABORIST	0	0	0	0	0	0	192.0				
192.0 19202 NEONATOLOGISTS	0	0	0	0	0	0	192.0				
192.0 19203 HOSPITALISTS/INTENSIVISTS	0	0	0	0	0	0	192.0				
194.0 07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	0	194.0				
194.0 07951 OUTREACH SERVICES	0	0	0	0	0	0	194.0				
194.0 07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	0	0	194.0				
194.0 07953 ADVANCED SPECIALTIES	0	0	0	0	0	0	194.0				
194.0 07954 AMBULATORY PHARMACY SERVICES	0	0	0	0	0	0	194.0				
200.0	Cross Foot Adjustments							200.0			
201.0	Negative Cost Centers							201.0			
202.0	0	4,201,051	5,214,937	170,050	1,398,726		202.0				
203.0	Unit cost multiplier (Wkst. B, Part I)					0.000000	5,916.973239	7,344.981690	1,700.500000	13,987.260000	203.0
204.0	Cost to be allocated (per Wkst. B, Part II)					0	191,215	85,488	3,691	28,968	204.0
205.0	Unit cost multiplier (Wkst. B, Part II)					0.000000	269.316901	120.405634	36.910000	289.680000	205.0
206.0	NAHE adjustment amount to be allocated (per Wkst. B-2)								0	0	206.0
207.0	NAHE unit cost multiplier (Wkst. D, Parts III and IV)								0.000000	0.000000	207.0

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0012		Period: From 07/01/2022 To 06/30/2023		Worksheet C Part I Date/Time Prepared: 11/30/2023 1:56 pm		
		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	81,435,042		81,435,042	0	81,435,042	30.00
31.00	03100	INTENSIVE CARE UNIT	12,903,896		12,903,896	8,686	12,912,582	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,528,166		6,528,166	0	6,528,166	35.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	2,396,796		2,396,796	0	2,396,796	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	51,331,973		51,331,973	14,759	51,346,732	50.00
51.00	05100	RECOVERY ROOM	3,289,217		3,289,217	0	3,289,217	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,195,772		5,195,772	0	5,195,772	52.00
53.00	05300	ANESTHESIOLOGY	948,144		948,144	0	948,144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,727,287		10,727,287	7,032	10,734,319	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	375,460		375,460	0	375,460	55.00
57.00	05700	CT SCAN	3,102,697		3,102,697	0	3,102,697	57.00
58.00	05800	MRI	935,732		935,732	0	935,732	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,758,200		13,758,200	0	13,758,200	59.00
60.00	06000	LABORATORY	12,623,398		12,623,398	3,145	12,626,543	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,539,487	0	5,539,487	16,676	5,556,163	65.00
65.01	03610	SLEEP LAB	1,175,425	0	1,175,425	0	1,175,425	65.01
66.00	06600	PHYSICAL THERAPY	4,826,849	0	4,826,849	0	4,826,849	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,299,713	0	1,299,713	0	1,299,713	67.00
68.00	06800	SPEECH PATHOLOGY	538,327	0	538,327	0	538,327	68.00
69.00	06900	ELECTROCARDIOLOGY	2,924,380		2,924,380	0	2,924,380	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,878,937		23,878,937	0	23,878,937	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,511,084		41,511,084	0	41,511,084	73.00
74.00	07400	RENAL DIALYSIS	2,423,006		2,423,006	0	2,423,006	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	143,486		143,486	0	143,486	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09010	CLINIC	0		0	0	0	90.01
90.02	09001	MOBILE MEDICAL UNIT	0		0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0		0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	2,254,148		2,254,148	0	2,254,148	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	1,755,648		1,755,648	0	1,755,648	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0		0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0		0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0		0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0		0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0		0	0	0	90.10
90.11	09011	PHARMACOTHERAPY CLINIC	707		707	0	707	90.11
91.00	09100	EMERGENCY	16,629,643		16,629,643	78,849	16,708,492	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,017,172		10,017,172	0	10,017,172	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.0	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.0
200.0		Subtotal (see instructions)	320,469,792	0	320,469,792	129,147	320,598,939	200.0
201.0		Less Observation Beds	10,017,172		10,017,172	0	10,017,172	201.0
202.0		Total (see instructions)	310,452,620	0	310,452,620	129,147	310,581,767	202.0

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0012		Period: From 07/01/2022 To 06/30/2023		Worksheet C Part I Date/Time Prepared: 11/30/2023 1:56 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	143,050,891		143,050,891				30.00
31.00	03100	INTENSIVE CARE UNIT	24,716,550		24,716,550				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,126,114		14,126,114				35.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
43.00	04300	NURSERY	5,968,818		5,968,818				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	73,488,556	128,181,760	201,670,316	0.254534	0.000000		50.00
51.00	05100	RECOVERY ROOM	6,543,692	21,563,768	28,107,460	0.117023	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,003,334	1,357,250	16,360,584	0.317579	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	14,710,046	25,276,937	39,986,983	0.023711	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,082,810	47,544,934	61,627,744	0.174066	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,949	82,089	100,038	3.753174	0.000000		55.00
57.00	05700	CT SCAN	32,029,215	62,812,881	94,842,096	0.032714	0.000000		57.00
58.00	05800	MRI	7,884,584	4,130,316	12,014,900	0.077881	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	33,057,508	34,359,959	67,417,467	0.204075	0.000000		59.00
60.00	06000	LABORATORY	75,243,679	53,155,406	128,399,085	0.098314	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	17,510,613	3,082,380	20,592,993	0.268999	0.000000		65.00
65.01	03610	SLEEP LAB	5,034	4,656,898	4,661,932	0.252133	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	4,034,398	10,212,407	14,246,805	0.338802	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,397,817	1,634,241	5,032,058	0.258287	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,764,964	565,837	2,330,801	0.230962	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	10,982,815	16,047,733	27,030,548	0.108188	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,578,604	21,188,125	49,766,729	0.479817	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,062,207	71,635,601	110,697,808	0.374995	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,680,771	837,247	2,518,018	0.962267	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	3,244	1,446,013	1,449,257	0.099007	0.000000		76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000		76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0.000000	0.000000		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09010	CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0.000000	0.000000		90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0.000000	0.000000		90.03
90.04	09003	WOUND HEALING CENTER	20,951	6,920,649	6,941,600	0.324730	0.000000		90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	221,014	1,481,551	1,702,565	1.031178	0.000000		90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0.000000	0.000000		90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0.000000	0.000000		90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0.000000	0.000000		90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0.000000	0.000000		90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0.000000	0.000000		90.10
90.11	09011	PHARMACOTHERAPY CLINIC	0	565	565	1.251327	0.000000		90.11
91.00	09100	EMERGENCY	16,218,049	45,363,057	61,581,106	0.270045	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,453,594	9,260,839	16,714,433	0.599313	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
102.0	10200	OPIOID TREATMENT PROGRAM	0	0	0				102.0
200.0		Subtotal (see instructions)	590,857,821	572,798,443	1,163,656,264				200.0
201.0		Less Observation Beds							201.0
202.0		Total (see instructions)	590,857,821	572,798,443	1,163,656,264				202.0

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/30/2023 1:56 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.254607		50.00
51.00	05100 RECOVERY ROOM	0.117023		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.317579		52.00
53.00	05300 ANESTHESIOLOGY	0.023711		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.174180		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3.753174		55.00
57.00	05700 CT SCAN	0.032714		57.00
58.00	05800 MRI	0.077881		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.204075		59.00
60.00	06000 LABORATORY	0.098338		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.269808		65.00
65.01	03610 SLEEP LAB	0.252133		65.01
66.00	06600 PHYSICAL THERAPY	0.338802		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.258287		67.00
68.00	06800 SPEECH PATHOLOGY	0.230962		68.00
69.00	06900 ELECTROCARDIOLOGY	0.108188		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.479817		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.374995		73.00
74.00	07400 RENAL DIALYSIS	0.962267		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.099007		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.01	09010 CLINIC	0.000000		90.01
90.02	09001 MOBILE MEDICAL UNIT	0.000000		90.02
90.03	09002 FAMILY MEDICINE CENTER	0.000000		90.03
90.04	09003 WOUND HEALING CENTER	0.324730		90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	1.031178		90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0.000000		90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0.000000		90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0.000000		90.08
90.09	09008 FACULTY PRACTICE CLINIC	0.000000		90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0.000000		90.10
90.11	09011 PHARMACOTHERAPY CLINIC	1.251327		90.11
91.00	09100 EMERGENCY	0.271325		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.599313		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
102.0	10200 OPIOID TREATMENT PROGRAM			102.0
200.0	Subtotal (see instructions)			200.0
201.0	Less Observation Beds			201.0
202.0	Total (see instructions)			202.0

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/30/2023 1:56 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		81,435,042	0	81,435,042	30.00
31.00	03100 INTENSIVE CARE UNIT		12,903,896	8,686	12,912,582	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		6,528,166	0	6,528,166	35.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
43.00	04300 NURSERY		2,396,796	0	2,396,796	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		51,331,973	14,759	51,346,732	50.00
51.00	05100 RECOVERY ROOM		3,289,217	0	3,289,217	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,195,772	0	5,195,772	52.00
53.00	05300 ANESTHESIOLOGY		948,144	0	948,144	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		10,727,287	7,032	10,734,319	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		375,460	0	375,460	55.00
57.00	05700 CT SCAN		3,102,697	0	3,102,697	57.00
58.00	05800 MRI		935,732	0	935,732	58.00
59.00	05900 CARDIAC CATHETERIZATION		13,758,200	0	13,758,200	59.00
60.00	06000 LABORATORY		12,623,398	3,145	12,626,543	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	5,539,487	16,676	5,556,163	65.00
65.01	03610 SLEEP LAB	0	1,175,425	0	1,175,425	65.01
66.00	06600 PHYSICAL THERAPY	0	4,826,849	0	4,826,849	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,299,713	0	1,299,713	67.00
68.00	06800 SPEECH PATHOLOGY	0	538,327	0	538,327	68.00
69.00	06900 ELECTROCARDIOLOGY		2,924,380	0	2,924,380	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		23,878,937	0	23,878,937	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		41,511,084	0	41,511,084	73.00
74.00	07400 RENAL DIALYSIS		2,423,006	0	2,423,006	74.00
76.97	07697 CARDIAC REHABILITATION		0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		143,486	0	143,486	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION		0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		0	0	0	90.00
90.01	09010 CLINIC		0	0	0	90.01
90.02	09001 MOBILE MEDICAL UNIT		0	0	0	90.02
90.03	09002 FAMILY MEDICINE CENTER		0	0	0	90.03
90.04	09003 WOUND HEALING CENTER		2,254,148	0	2,254,148	90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION		1,755,648	0	1,755,648	90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC		0	0	0	90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC		0	0	0	90.07
90.08	09007 PODIATRY RESIDENCY CLINIC		0	0	0	90.08
90.09	09008 FACULTY PRACTICE CLINIC		0	0	0	90.09
90.10	09009 OUR LADY OF ROSARY CLINIC		0	0	0	90.10
90.11	09011 PHARMACOTHERAPY CLINIC		707	0	707	90.11
91.00	09100 EMERGENCY		16,629,643	78,849	16,708,492	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		10,017,172	0	10,017,172	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
102.0	10200 OPIOID TREATMENT PROGRAM		0	0	0	102.0
200.0	Subtotal (see instructions)		320,469,792	129,147	320,598,939	200.0
201.0	Less Observation Beds		10,017,172	0	10,017,172	201.0
202.0	Total (see instructions)		310,452,620	129,147	310,581,767	202.0



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0012		Period: From 07/01/2022 To 06/30/2023		Worksheet C Part I Date/Time Prepared: 11/30/2023 1:56 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	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	143,050,891		143,050,891				30.00
31.00	03100	INTENSIVE CARE UNIT	24,716,550		24,716,550				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,126,114		14,126,114				35.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
43.00	04300	NURSERY	5,968,818		5,968,818				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	73,488,556	128,181,760	201,670,316	0.254534	0.000000		50.00
51.00	05100	RECOVERY ROOM	6,543,692	21,563,768	28,107,460	0.117023	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,003,334	1,357,250	16,360,584	0.317579	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	14,710,046	25,276,937	39,986,983	0.023711	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,082,810	47,544,934	61,627,744	0.174066	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,949	82,089	100,038	3.753174	0.000000		55.00
57.00	05700	CT SCAN	32,029,215	62,812,881	94,842,096	0.032714	0.000000		57.00
58.00	05800	MRI	7,884,584	4,130,316	12,014,900	0.077881	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	33,057,508	34,359,959	67,417,467	0.204075	0.000000		59.00
60.00	06000	LABORATORY	75,243,679	53,155,406	128,399,085	0.098314	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	17,510,613	3,082,380	20,592,993	0.268999	0.000000		65.00
65.01	03610	SLEEP LAB	5,034	4,656,898	4,661,932	0.252133	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	4,034,398	10,212,407	14,246,805	0.338802	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,397,817	1,634,241	5,032,058	0.258287	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,764,964	565,837	2,330,801	0.230962	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	10,982,815	16,047,733	27,030,548	0.108188	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,578,604	21,188,125	49,766,729	0.479817	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,062,207	71,635,601	110,697,808	0.374995	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,680,771	837,247	2,518,018	0.962267	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	3,244	1,446,013	1,449,257	0.099007	0.000000		76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000		76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0.000000	0.000000		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09010	CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0.000000	0.000000		90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0.000000	0.000000		90.03
90.04	09003	WOUND HEALING CENTER	20,951	6,920,649	6,941,600	0.324730	0.000000		90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	221,014	1,481,551	1,702,565	1.031178	0.000000		90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0.000000	0.000000		90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0.000000	0.000000		90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0.000000	0.000000		90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0.000000	0.000000		90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0.000000	0.000000		90.10
90.11	09011	PHARMACOTHERAPY CLINIC	0	565	565	1.251327	0.000000		90.11
91.00	09100	EMERGENCY	16,218,049	45,363,057	61,581,106	0.270045	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,453,594	9,260,839	16,714,433	0.599313	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
102.0	10200	OPIOID TREATMENT PROGRAM	0	0	0				102.0
200.0		Subtotal (see instructions)	590,857,821	572,798,443	1,163,656,264				200.0
201.0		Less Observation Beds							201.0
202.0		Total (see instructions)	590,857,821	572,798,443	1,163,656,264				202.0

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/30/2023 1:56 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.254607		50.00
51.00	05100 RECOVERY ROOM	0.117023		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.317579		52.00
53.00	05300 ANESTHESIOLOGY	0.023711		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.174180		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3.753174		55.00
57.00	05700 CT SCAN	0.032714		57.00
58.00	05800 MRI	0.077881		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.204075		59.00
60.00	06000 LABORATORY	0.098338		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.269808		65.00
65.01	03610 SLEEP LAB	0.252133		65.01
66.00	06600 PHYSICAL THERAPY	0.338802		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.258287		67.00
68.00	06800 SPEECH PATHOLOGY	0.230962		68.00
69.00	06900 ELECTROCARDIOLOGY	0.108188		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.479817		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.374995		73.00
74.00	07400 RENAL DIALYSIS	0.962267		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.099007		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.01	09010 CLINIC	0.000000		90.01
90.02	09001 MOBILE MEDICAL UNIT	0.000000		90.02
90.03	09002 FAMILY MEDICINE CENTER	0.000000		90.03
90.04	09003 WOUND HEALING CENTER	0.324730		90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	1.031178		90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0.000000		90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0.000000		90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0.000000		90.08
90.09	09008 FACULTY PRACTICE CLINIC	0.000000		90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0.000000		90.10
90.11	09011 PHARMACOTHERAPY CLINIC	1.251327		90.11
91.00	09100 EMERGENCY	0.271325		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.599313		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
102.0	10200 OPIOID TREATMENT PROGRAM			102.0
200.0	Subtotal (see instructions)			200.0
201.0	Less Observation Beds			201.0
202.0	Total (see instructions)			202.0

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

Provider CCN: 15-0012

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

Worksheet C Part II Date/Time Prepared: 11/30/2023 1:56 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	51,331,973	7,039,145	44,292,828	0	0	50.00
51.00	05100	RECOVERY ROOM	3,289,217	423,586	2,865,631	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,195,772	107,209	5,088,563	0	0	52.00
53.00	05300	ANESTHESIOLOGY	948,144	24,613	923,531	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,727,287	1,719,835	9,007,452	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	375,460	6,592	368,868	0	0	55.00
57.00	05700	CT SCAN	3,102,697	264,662	2,838,035	0	0	57.00
58.00	05800	MRI	935,732	26,894	908,838	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,758,200	1,880,562	11,877,638	0	0	59.00
60.00	06000	LABORATORY	12,623,398	459,009	12,164,389	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,539,487	509,890	5,029,597	0	0	65.00
65.01	03610	SLEEP LAB	1,175,425	24,127	1,151,298	0	0	65.01
66.00	06600	PHYSICAL THERAPY	4,826,849	461,161	4,365,688	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,299,713	26,880	1,272,833	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	538,327	11,071	527,256	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,924,380	361,816	2,562,564	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	23,878,937	346,576	23,532,361	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,511,084	1,413,093	40,097,991	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,423,006	161,056	2,261,950	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	143,486	3,074	140,412	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09010	CLINIC	0	0	0	0	0	90.01
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	2,254,148	44,202	2,209,946	0	0	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	1,755,648	207,397	1,548,251	0	0	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0	90.10
90.11	09011	PHARMACOTHERAPY CLINIC	707	10	697	0	0	90.11
91.00	09100	EMERGENCY	16,629,643	2,686,991	13,942,652	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,017,172	1,865,959	8,151,213	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.0	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.0
200.0		Subtotal (sum of lines 50 thru 199)	217,205,892	20,075,410	197,130,482	0	0	200.0
201.0		Less Observation Beds	10,017,172	1,865,959	8,151,213	0	0	201.0
202.0		Total (line 200 minus line 201)	207,188,720	18,209,451	188,979,269	0	0	202.0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part II Date/Time Prepared: 11/30/2023 1:56 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		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	51,331,973	201,670,316	0.254534		50.00
51.00	05100 RECOVERY ROOM	3,289,217	28,107,460	0.117023		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,195,772	16,360,584	0.317579		52.00
53.00	05300 ANESTHESIOLOGY	948,144	39,986,983	0.023711		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,727,287	61,627,744	0.174066		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	375,460	100,038	3.753174		55.00
57.00	05700 CT SCAN	3,102,697	94,842,096	0.032714		57.00
58.00	05800 MRI	935,732	12,014,900	0.077881		58.00
59.00	05900 CARDIAC CATHETERIZATION	13,758,200	67,417,467	0.204075		59.00
60.00	06000 LABORATORY	12,623,398	128,399,085	0.098314		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	5,539,487	20,592,993	0.268999		65.00
65.01	03610 SLEEP LAB	1,175,425	4,661,932	0.252133		65.01
66.00	06600 PHYSICAL THERAPY	4,826,849	14,246,805	0.338802		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,299,713	5,032,058	0.258287		67.00
68.00	06800 SPEECH PATHOLOGY	538,327	2,330,801	0.230962		68.00
69.00	06900 ELECTROCARDIOLOGY	2,924,380	27,030,548	0.108188		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	23,878,937	49,766,729	0.479817		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,511,084	110,697,808	0.374995		73.00
74.00	07400 RENAL DIALYSIS	2,423,006	2,518,018	0.962267		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	143,486	1,449,257	0.099007		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09010 CLINIC	0	0	0.000000		90.01
90.02	09001 MOBILE MEDICAL UNIT	0	0	0.000000		90.02
90.03	09002 FAMILY MEDICINE CENTER	0	0	0.000000		90.03
90.04	09003 WOUND HEALING CENTER	2,254,148	6,941,600	0.324730		90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	1,755,648	1,702,565	1.031178		90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0	0	0.000000		90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0	0	0.000000		90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0	0	0.000000		90.08
90.09	09008 FACULTY PRACTICE CLINIC	0	0	0.000000		90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0	0	0.000000		90.10
90.11	09011 PHARMACOTHERAPY CLINIC	707	565	1.251327		90.11
91.00	09100 EMERGENCY	16,629,643	61,581,106	0.270045		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	10,017,172	16,714,433	0.599313		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
102.0	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000		102.0
200.0	Subtotal (sum of lines 50 thru 199)	217,205,892	975,793,891			200.0
201.0	Less Observation Beds	10,017,172	0			201.0
202.0	Total (line 200 minus line 201)	207,188,720	975,793,891			202.0

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part I Date/Time Prepared: 11/30/2023 1:56 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)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	15,169,368	0	15,169,368	52,159	290.83	30.00
31.00	INTENSIVE CARE UNIT	1,871,156		1,871,156	3,536	529.17	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	701,689		701,689	487	1,440.84	35.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	48,911		48,911	6,549	7.47	43.00
200.0	Total (lines 30 through 199)	17,791,124		17,791,124	62,731		200.0
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	13,837	4,024,215				
31.00	INTENSIVE CARE UNIT	1,308	692,154				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	0	0				
43.00	NURSERY	0	0				
200.0	Total (lines 30 through 199)	15,145	4,716,369				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part II Date/Time Prepared: 11/30/2023 1:56 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	7,039,145	201,670,316	0.034904	22,225,403	775,755	50.00
51.00	05100 RECOVERY ROOM	423,586	28,107,460	0.015070	1,906,930	28,737	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	107,209	16,360,584	0.006553	32,961	216	52.00
53.00	05300 ANESTHESIOLOGY	24,613	39,986,983	0.000616	4,019,676	2,476	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,719,835	61,627,744	0.027907	4,129,610	115,245	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,592	100,038	0.065895	57	4	55.00
57.00	05700 CT SCAN	264,662	94,842,096	0.002791	10,290,296	28,720	57.00
58.00	05800 MRI	26,894	12,014,900	0.002238	2,121,658	4,748	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,880,562	67,417,467	0.027894	9,545,504	266,262	59.00
60.00	06000 LABORATORY	459,009	128,399,085	0.003575	21,743,367	77,733	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	509,890	20,592,993	0.024760	4,544,817	112,530	65.00
65.01	03610 SLEEP LAB	24,127	4,661,932	0.005175	2,907	15	65.01
66.00	06600 PHYSICAL THERAPY	461,161	14,246,805	0.032369	1,415,776	45,827	66.00
67.00	06700 OCCUPATIONAL THERAPY	26,880	5,032,058	0.005342	1,237,588	6,611	67.00
68.00	06800 SPEECH PATHOLOGY	11,071	2,330,801	0.004750	653,762	3,105	68.00
69.00	06900 ELECTROCARDIOLOGY	361,816	27,030,548	0.013385	3,447,562	46,146	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	346,576	49,766,729	0.006964	9,970,070	69,432	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,413,093	110,697,808	0.012765	10,714,638	136,772	73.00
74.00	07400 RENAL DIALYSIS	161,056	2,518,018	0.063961	558,939	35,750	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	3,074	1,449,257	0.002121	3,244	7	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09010 CLINIC	0	0	0.000000	0	0	90.01
90.02	09001 MOBILE MEDICAL UNIT	0	0	0.000000	0	0	90.02
90.03	09002 FAMILY MEDICINE CENTER	0	0	0.000000	0	0	90.03
90.04	09003 WOUND HEALING CENTER	44,202	6,941,600	0.006368	5,235	33	90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	207,397	1,702,565	0.121814	74,193	9,038	90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0	0	0.000000	0	0	90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0	0	0.000000	0	0	90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0	0	0.000000	0	0	90.08
90.09	09008 FACULTY PRACTICE CLINIC	0	0	0.000000	0	0	90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0	0	0.000000	0	0	90.10
90.11	09011 PHARMACOTHERAPY CLINIC	10	565	0.017699	0	0	90.11
91.00	09100 EMERGENCY	2,686,991	61,581,106	0.043633	5,308,747	231,637	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,865,959	16,714,433	0.111638	1,646,704	183,835	92.00
200.0	Total (lines 50 through 199)	20,075,410	975,793,891		115,599,644	2,180,634	200.0

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Prepared: 11/30/2023 1:56 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	PPS	
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.0		Total (lines 30 through 199)	0	0	0	0	0	200.0	
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	52,159	0.00	13,837	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,536	0.00	1,308	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	487	0.00	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
43.00	04300	NURSERY	0	0	6,549	0.00	0	43.00	
200.0		Total (lines 30 through 199)	0	0	62,731	0.00	15,145	200.0	
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
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.0		Total (lines 30 through 199)	0						200.0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0012

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/30/2023 1:56 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	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	03610	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,398,726	74.00
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09010	CLINIC	0	0	0	0	0	90.01
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	0	0	0	0	0	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0	0	0	0	0	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0	90.10
90.11	09011	PHARMACOTHERAPY CLINIC	0	0	0	0	0	90.11
91.00	09100	EMERGENCY	0	0	0	0	170,050	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.0		Total (lines 50 through 199)	0	0	0	0	1,568,776	200.0



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/30/2023 1:56 pm
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Cost Center Description			Title XVIII				Hospital	
			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)	PPS
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	201,670,316	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	28,107,460	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	16,360,584	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	39,986,983	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	61,627,744	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	100,038	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	94,842,096	0.000000	57.00
58.00	05800	MRI	0	0	0	12,014,900	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	67,417,467	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	128,399,085	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	20,592,993	0.000000	65.00
65.01	03610	SLEEP LAB	0	0	0	4,661,932	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	14,246,805	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,032,058	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,330,801	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,030,548	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	49,766,729	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,398,726	1,398,726	110,697,808	0.012636	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,518,018	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,449,257	0.000000	76.98
76.99	07699	LITHOTRIPSY	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								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09010	CLINIC	0	0	0	0	0.000000	90.01
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	0.000000	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	0.000000	90.03
90.04	09003	WOUND HEALING CENTER	0	0	0	6,941,600	0.000000	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0	0	0	1,702,565	0.000000	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0.000000	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0.000000	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0.000000	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	0.000000	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0.000000	90.10
90.11	09011	PHARMACOTHERAPY CLINIC	0	0	0	565	0.000000	90.11
91.00	09100	EMERGENCY	0	170,050	170,050	61,581,106	0.002761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,714,433	0.000000	92.00
200.0		Total (lines 50 through 199)	0	1,568,776	1,568,776	975,793,891		200.0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS  
 Provider CCN: 15-0012  
 Period: From 07/01/2022 To 06/30/2023  
 Worksheet D Part IV Date/Time Prepared: 11/30/2023 1:56 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 before Geographical Reclassification	Outpatient Program Charges on/after Geographical Reclassification	
			9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	22,225,403	0	19,504,828	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,906,930	0	3,649,256	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	32,961	0	2,057	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	4,019,676	0	4,003,106	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,129,610	0	6,962,780	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	57	0	11,235	0	55.00
57.00	05700	CT SCAN	0.000000	10,290,296	0	11,572,126	0	57.00
58.00	05800	MRI	0.000000	2,121,658	0	719,369	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	9,545,504	0	10,172,631	0	59.00
60.00	06000	LABORATORY	0.000000	21,743,367	0	6,862,901	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	4,544,817	0	584,915	0	65.00
65.01	03610	SLEEP LAB	0.000000	2,907	0	746,981	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	1,415,776	0	48,053	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,237,588	0	19,623	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	653,762	0	19,573	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,447,562	0	3,558,683	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	9,970,070	0	4,945,820	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.012636	10,714,638	135,390	19,506,786	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	558,939	0	224,100	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	3,244	0	609,061	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								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09010	CLINIC	0.000000	0	0	0	0	90.01
90.02	09001	MOBILE MEDICAL UNIT	0.000000	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0.000000	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	0.000000	5,235	0	1,926,785	0	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0.000000	74,193	0	569,249	0	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0.000000	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0.000000	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0.000000	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0.000000	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	PHARMACOTHERAPY CLINIC	0.000000	0	0	0	0	90.11
91.00	09100	EMERGENCY	0.002761	5,308,747	14,657	6,202,957	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,646,704	0	1,238,578	0	92.00
200.0		Total (lines 50 through 199)		115,599,644	150,047	103,661,453	0	200.0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/30/2023 1:56 pm
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Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geographical Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geographical Reclassification	Hospital	PPS
		13.00	13.01		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MRI	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
65.01	03610 SLEEP LAB	0	0		65.01
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
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	246,488	0		73.00
74.00	07400 RENAL DIALYSIS	0	0		74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0		90.00
90.01	09010 CLINIC	0	0		90.01
90.02	09001 MOBILE MEDICAL UNIT	0	0		90.02
90.03	09002 FAMILY MEDICINE CENTER	0	0		90.03
90.04	09003 WOUND HEALING CENTER	0	0		90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	0	0		90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0	0		90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0	0		90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0	0		90.08
90.09	09008 FACULTY PRACTICE CLINIC	0	0		90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0	0		90.10
90.11	09011 PHARMACOTHERAPY CLINIC	0	0		90.11
91.00	09100 EMERGENCY	17,126	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.0	Total (lines 50 through 199)	263,614	0		200.0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/30/2023 1:56 pm
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.254534	19,504,828	0	0	4,964,642	50.00
51.00 05100 RECOVERY ROOM	0.117023	3,649,256	0	0	427,047	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.317579	2,057	0	0	653	52.00
53.00 05300 ANESTHESIOLOGY	0.023711	4,003,106	0	0	94,918	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.174066	6,962,780	0	0	1,211,983	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	3.753174	11,235	0	0	42,167	55.00
57.00 05700 CT SCAN	0.032714	11,572,126	0	0	378,571	57.00
58.00 05800 MRI	0.077881	719,369	0	0	56,025	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.204075	10,172,631	0	0	2,075,980	59.00
60.00 06000 LABORATORY	0.098314	6,862,901	786	0	674,719	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.268999	584,915	1	0	157,342	65.00
65.01 03610 SLEEP LAB	0.252133	746,981	0	0	188,339	65.01
66.00 06600 PHYSICAL THERAPY	0.338802	48,053	0	0	16,280	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.258287	19,623	0	0	5,068	67.00
68.00 06800 SPEECH PATHOLOGY	0.230962	19,573	0	0	4,521	68.00
69.00 06900 ELECTROCARDIOLOGY	0.108188	3,558,683	263	0	385,007	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	0.479817	4,945,820	9,875	0	2,373,089	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.374995	19,506,786	0	214,394	7,314,947	73.00
74.00 07400 RENAL DIALYSIS	0.962267	224,100	0	0	215,644	74.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.099007	609,061	0	0	60,301	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09010 CLINIC	0.000000	0	0	0	0	90.01
90.02 09001 MOBILE MEDICAL UNIT	0.000000	0	0	0	0	90.02
90.03 09002 FAMILY MEDICINE CENTER	0.000000	0	0	0	0	90.03
90.04 09003 WOUND HEALING CENTER	0.324730	1,926,785	0	0	625,685	90.04
90.05 09004 OUTPATIENT TREATMENT & INFUSION	1.031178	569,249	0	0	586,997	90.05
90.06 09005 PEDIATRIC SPECIALTY CLINIC	0.000000	0	0	0	0	90.06
90.07 09006 SPORTS MED FELLOWSHIP CLINIC	0.000000	0	0	0	0	90.07
90.08 09007 PODIATRY RESIDENCY CLINIC	0.000000	0	0	0	0	90.08
90.09 09008 FACULTY PRACTICE CLINIC	0.000000	0	0	0	0	90.09
90.10 09009 OUR LADY OF ROSARY CLINIC	0.000000	0	0	0	0	90.10
90.11 09011 PHARMACOTHERAPY CLINIC	1.251327	0	0	0	0	90.11
91.00 09100 EMERGENCY	0.270045	6,202,957	0	0	1,675,078	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.599313	1,238,578	0	0	742,296	92.00
200.0	Subtotal (see instructions)	103,661,453	10,925	214,394	24,277,299	200.0
201.0	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.0
202.0	Net Charges (Line 200 - Line 201)	103,661,453	10,925	214,394	24,277,299	202.0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/30/2023 1:56 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	77	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 03610 SLEEP LAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	28	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4,738	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	80,397		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09010 CLINIC	0	0		90.01
90.02 09001 MOBILE MEDICAL UNIT	0	0		90.02
90.03 09002 FAMILY MEDICINE CENTER	0	0		90.03
90.04 09003 WOUND HEALING CENTER	0	0		90.04
90.05 09004 OUTPATIENT TREATMENT & INFUSION	0	0		90.05
90.06 09005 PEDIATRIC SPECIALTY CLINIC	0	0		90.06
90.07 09006 SPORTS MED FELLOWSHIP CLINIC	0	0		90.07
90.08 09007 PODIATRY RESIDENCY CLINIC	0	0		90.08
90.09 09008 FACULTY PRACTICE CLINIC	0	0		90.09
90.10 09009 OUR LADY OF ROSARY CLINIC	0	0		90.10
90.11 09011 PHARMACOTHERAPY CLINIC	0	0		90.11
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.0 Subtotal (see instructions)	4,843	80,397		200.0
201.0 Less PBP Clinic Lab. Services-Program Only Charges	0			201.0
202.0 Net Charges (line 200 - line 201)	4,843	80,397		202.0

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part I Date/Time Prepared: 11/30/2023 1:56 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)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	15,169,368	0	15,169,368	52,159	290.83	30.00
31.00	INTENSIVE CARE UNIT	1,871,156		1,871,156	3,536	529.17	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	701,689		701,689	487	1,440.84	35.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	48,911		48,911	6,549	7.47	43.00
200.0	Total (lines 30 through 199)	17,791,124		17,791,124	62,731		200.0
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,465	1,007,726				
31.00	INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	262	377,500				
41.00	SUBPROVIDER - IRF	0	0				
43.00	NURSERY	384	2,868				
200.0	Total (lines 30 through 199)	4,111	1,388,094				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0012

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

Worksheet D  
Part II  
Date/Time Prepared:  
11/30/2023 1:56 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	7,039,145	201,670,316	0.034904	10,370,583	361,975	50.00
51.00	05100 RECOVERY ROOM	423,586	28,107,460	0.015070	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	107,209	16,360,584	0.006553	6,534,650	42,822	52.00
53.00	05300 ANESTHESIOLOGY	24,613	39,986,983	0.000616	2,421,965	1,492	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,719,835	61,627,744	0.027907	2,607,668	72,772	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,592	100,038	0.065895	12,477	822	55.00
57.00	05700 CT SCAN	264,662	94,842,096	0.002791	5,083,782	14,189	57.00
58.00	05800 MRI	26,894	12,014,900	0.002238	1,403,113	3,140	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,880,562	67,417,467	0.027894	4,227,276	117,916	59.00
60.00	06000 LABORATORY	459,009	128,399,085	0.003575	13,673,453	48,883	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	509,890	20,592,993	0.024760	3,900,944	96,587	65.00
65.01	03610 SLEEP LAB	24,127	4,661,932	0.005175	0	0	65.01
66.00	06600 PHYSICAL THERAPY	461,161	14,246,805	0.032369	468,755	15,173	66.00
67.00	06700 OCCUPATIONAL THERAPY	26,880	5,032,058	0.005342	309,496	1,653	67.00
68.00	06800 SPEECH PATHOLOGY	11,071	2,330,801	0.004750	179,171	851	68.00
69.00	06900 ELECTROCARDIOLOGY	361,816	27,030,548	0.013385	1,604,911	21,482	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	346,576	49,766,729	0.006964	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,413,093	110,697,808	0.012765	5,993,877	76,512	73.00
74.00	07400 RENAL DIALYSIS	161,056	2,518,018	0.063961	276,702	17,698	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	3,074	1,449,257	0.002121	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09010 CLINIC	0	0	0.000000	0	0	90.01
90.02	09001 MOBILE MEDICAL UNIT	0	0	0.000000	0	0	90.02
90.03	09002 FAMILY MEDICINE CENTER	0	0	0.000000	0	0	90.03
90.04	09003 WOUND HEALING CENTER	44,202	6,941,600	0.006368	0	0	90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	207,397	1,702,565	0.121814	1,190	145	90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0	0	0.000000	0	0	90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0	0	0.000000	0	0	90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0	0	0.000000	0	0	90.08
90.09	09008 FACULTY PRACTICE CLINIC	0	0	0.000000	0	0	90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0	0	0.000000	0	0	90.10
90.11	09011 PHARMACOTHERAPY CLINIC	10	565	0.017699	0	0	90.11
91.00	09100 EMERGENCY	2,686,991	61,581,106	0.043633	4,197,837	183,164	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,865,959	16,714,433	0.111638	0	0	92.00
200.0	Total (lines 50 through 199)	20,075,410	975,793,891		63,267,850	1,077,276	200.0

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Prepared: 11/30/2023 1:56 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	PPS	
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.0		Total (lines 30 through 199)	0	0	0	0	0	200.0	
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	52,159	0.00	3,465	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,536	0.00	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	487	0.00	262	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
43.00	04300	NURSERY	0	0	6,549	0.00	384	43.00	
200.0		Total (lines 30 through 199)	0	0	62,731	0.00	4,111	200.0	
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
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.0		Total (lines 30 through 199)	0						200.0



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0012

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/30/2023 1:56 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	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	03610	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,398,726	74.00
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09010	CLINIC	0	0	0	0	0	90.01
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	0	0	0	0	0	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0	0	0	0	0	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0	90.10
90.11	09011	PHARMACOTHERAPY CLINIC	0	0	0	0	0	90.11
91.00	09100	EMERGENCY	0	0	0	0	170,050	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.0		Total (lines 50 through 199)	0	0	0	0	1,568,776	200.0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/30/2023 1:56 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	201,670,316	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	28,107,460	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	16,360,584	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	39,986,983	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	61,627,744	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	100,038	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	94,842,096	0.000000	57.00
58.00	05800	MRI	0	0	0	12,014,900	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	67,417,467	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	128,399,085	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	20,592,993	0.000000	65.00
65.01	03610	SLEEP LAB	0	0	0	4,661,932	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	14,246,805	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,032,058	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,330,801	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,030,548	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	49,766,729	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,398,726	1,398,726	110,697,808	0.012636	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,518,018	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,449,257	0.000000	76.98
76.99	07699	LITHOTRIPSY	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								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09010	CLINIC	0	0	0	0	0.000000	90.01
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	0.000000	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	0.000000	90.03
90.04	09003	WOUND HEALING CENTER	0	0	0	6,941,600	0.000000	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0	0	0	1,702,565	0.000000	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0.000000	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0.000000	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0.000000	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	0.000000	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0.000000	90.10
90.11	09011	PHARMACOTHERAPY CLINIC	0	0	0	565	0.000000	90.11
91.00	09100	EMERGENCY	0	170,050	170,050	61,581,106	0.002761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,714,433	0.000000	92.00
200.0		Total (lines 50 through 199)	0	1,568,776	1,568,776	975,793,891		200.0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/30/2023 1:56 pm
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Cost Center Description		Title XIX					
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges before Geographical Reclassification	Outpatient Program Charges on/after Geographical Reclassification	
		9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	10,370,583	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	6,534,650	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,421,965	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,607,668	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	12,477	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	5,083,782	0	0	0	57.00
58.00	05800 MRI	0.000000	1,403,113	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	4,227,276	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	13,673,453	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	3,900,944	0	0	0	65.00
65.01	03610 SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	468,755	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	309,496	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	179,171	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,604,911	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	0.012636	5,993,877	75,739	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	276,702	0	0	0	74.00
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							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09010 CLINIC	0.000000	0	0	0	0	90.01
90.02	09001 MOBILE MEDICAL UNIT	0.000000	0	0	0	0	90.02
90.03	09002 FAMILY MEDICINE CENTER	0.000000	0	0	0	0	90.03
90.04	09003 WOUND HEALING CENTER	0.000000	0	0	0	0	90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	0.000000	1,190	0	0	0	90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0.000000	0	0	0	0	90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0.000000	0	0	0	0	90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0.000000	0	0	0	0	90.08
90.09	09008 FACULTY PRACTICE CLINIC	0.000000	0	0	0	0	90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011 PHARMACOTHERAPY CLINIC	0.000000	0	0	0	0	90.11
91.00	09100 EMERGENCY	0.002761	4,197,837	11,590	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.0	Total (lines 50 through 199)		63,267,850	87,329	0	0	200.0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/30/2023 1:56 pm
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Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geographical Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geographical Reclassification	Title XIX	Hospital	PPS
		13.00	13.01			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0			62.30
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
65.01	03610 SLEEP LAB	0	0			65.01
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
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
74.00	07400 RENAL DIALYSIS	0	0			74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0			90.00
90.01	09010 CLINIC	0	0			90.01
90.02	09001 MOBILE MEDICAL UNIT	0	0			90.02
90.03	09002 FAMILY MEDICINE CENTER	0	0			90.03
90.04	09003 WOUND HEALING CENTER	0	0			90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	0	0			90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0	0			90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0	0			90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0	0			90.08
90.09	09008 FACULTY PRACTICE CLINIC	0	0			90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0	0			90.10
90.11	09011 PHARMACOTHERAPY CLINIC	0	0			90.11
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
200.0	Total (lines 50 through 199)	0	0			200.0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/30/2023 1:56 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		52,159	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		52,159	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)		45,743	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)		13,837	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		81,435,042	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)		81,435,042	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		81,435,042	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,561.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,603,431	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)		21,603,431	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/30/2023 1:56 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	12,912,582	3,536	3,651.75	1,308	4,776,489	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 NEONATAL INTENSIVE CARE UNIT	6,528,166	487	13,404.86	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,690,927	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)					52,070,847	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)					4,716,369	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,330,681	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					7,047,050	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,023,797	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)					6,416	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,561.28	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0012		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/30/2023 1:56 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00 10,017,172 89.00	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00 Capital-related cost	15,169,368	81,435,042	0.186276	10,017,172	1,865,959	90.00	
91.00 Nursing Program cost	0	81,435,042	0.000000	10,017,172	0	91.00	
92.00 Allied health cost	0	81,435,042	0.000000	10,017,172	0	92.00	
93.00 All other Medical Education	0	81,435,042	0.000000	10,017,172	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/30/2023 1:56 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		52,159	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		52,159	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)		45,743	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,465	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)		6,549	15.00
16.00	Nursery days (title V or XIX only)		384	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		81,435,042	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)		81,435,042	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		81,435,042	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,561.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,409,835	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,409,835	41.00



COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/30/2023 1:56 pm	
Title XIX			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	2,396,796	6,549	365.98	384	140,536	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	12,912,582	3,536	3,651.75	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 NEONATAL INTENSIVE CARE UNIT	6,528,166	487	13,404.86	262	3,512,073	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					12,917,452	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)					21,979,896	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,388,094	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,164,605	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,552,699	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					19,427,197	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)					6,416	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,561.28	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0012		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/30/2023 1:56 pm	
Cost Center Description		Title XIX		Hospital		PPS	
Cost Center Description		Cost		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,017,172	89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	15,169,368	81,435,042	0.186276		10,017,172	1,865,959 90.00
91.00	Nursing Program cost	0	81,435,042	0.000000		10,017,172	0 91.00
92.00	Allied health cost	0	81,435,042	0.000000		10,017,172	0 92.00
93.00	All other Medical Education	0	81,435,042	0.000000		10,017,172	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/30/2023 1:56 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		42,621,165	30.00
31.00	03100	INTENSIVE CARE UNIT		6,474,302	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.254607	22,225,403	5,658,743 50.00
51.00	05100	RECOVERY ROOM	0.117023	1,906,930	223,155 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.317579	32,961	10,468 52.00
53.00	05300	ANESTHESIOLOGY	0.023711	4,019,676	95,311 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174180	4,129,610	719,295 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3.753174	57	214 55.00
57.00	05700	CT SCAN	0.032714	10,290,296	336,637 57.00
58.00	05800	MRI	0.077881	2,121,658	165,237 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.204075	9,545,504	1,947,999 59.00
60.00	06000	LABORATORY	0.098338	21,743,367	2,138,199 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.269808	4,544,817	1,226,228 65.00
65.01	03610	SLEEP LAB	0.252133	2,907	733 65.01
66.00	06600	PHYSICAL THERAPY	0.338802	1,415,776	479,668 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258287	1,237,588	319,653 67.00
68.00	06800	SPEECH PATHOLOGY	0.230962	653,762	150,994 68.00
69.00	06900	ELECTROCARDIOLOGY	0.108188	3,447,562	372,985 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.479817	9,970,070	4,783,809 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.374995	10,714,638	4,017,936 73.00
74.00	07400	RENAL DIALYSIS	0.962267	558,939	537,849 74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.099007	3,244	321 76.98
76.99	07699	LITHOTRIpsy	0.000000	0	0 76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09010	CLINIC	0.000000	0	0 90.01
90.02	09001	MOBILE MEDICAL UNIT	0.000000	0	0 90.02
90.03	09002	FAMILY MEDICINE CENTER	0.000000	0	0 90.03
90.04	09003	WOUND HEALING CENTER	0.324730	5,235	1,700 90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	1.031178	74,193	76,506 90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0.000000	0	0 90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0.000000	0	0 90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0.000000	0	0 90.08
90.09	09008	FACULTY PRACTICE CLINIC	0.000000	0	0 90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0.000000	0	0 90.10
90.11	09011	PHARMACOTHERAPY CLINIC	1.251327	0	0 90.11
91.00	09100	EMERGENCY	0.271325	5,308,747	1,440,396 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.599313	1,646,704	986,891 92.00
200.0		Total (sum of lines 50 through 94 and 96 through 98)		115,599,644	25,690,927 200.0
201.0		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.0
202.0		Net charges (line 200 minus line 201)		115,599,644	202.0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/30/2023 1:56 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		26,170,332	30.00
31.00	03100	INTENSIVE CARE UNIT		4,407,041	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		9,398,633	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.254607	10,370,583	2,640,423 50.00
51.00	05100	RECOVERY ROOM	0.117023	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.317579	6,534,650	2,075,268 52.00
53.00	05300	ANESTHESIOLOGY	0.023711	2,421,965	57,427 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174180	2,607,668	454,204 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3.753174	12,477	46,828 55.00
57.00	05700	CT SCAN	0.032714	5,083,782	166,311 57.00
58.00	05800	MRI	0.077881	1,403,113	109,276 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.204075	4,227,276	862,681 59.00
60.00	06000	LABORATORY	0.098338	13,673,453	1,344,620 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.269808	3,900,944	1,052,506 65.00
65.01	03610	SLEEP LAB	0.252133	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.338802	468,755	158,815 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258287	309,496	79,939 67.00
68.00	06800	SPEECH PATHOLOGY	0.230962	179,171	41,382 68.00
69.00	06900	ELECTROCARDIOLOGY	0.108188	1,604,911	173,632 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.479817	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.374995	5,993,877	2,247,674 73.00
74.00	07400	RENAL DIALYSIS	0.962267	276,702	266,261 74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.099007	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09010	CLINIC	0.000000	0	0 90.01
90.02	09001	MOBILE MEDICAL UNIT	0.000000	0	0 90.02
90.03	09002	FAMILY MEDICINE CENTER	0.000000	0	0 90.03
90.04	09003	WOUND HEALING CENTER	0.324730	0	0 90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	1.031178	1,190	1,227 90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0.000000	0	0 90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0.000000	0	0 90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0.000000	0	0 90.08
90.09	09008	FACULTY PRACTICE CLINIC	0.000000	0	0 90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0.000000	0	0 90.10
90.11	09011	PHARMACOTHERAPY CLINIC	1.251327	0	0 90.11
91.00	09100	EMERGENCY	0.271325	4,197,837	1,138,978 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.599313	0	0 92.00
200.0		Total (sum of lines 50 through 94 and 96 through 98)		63,267,850	12,917,452 200.0
201.0		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.0
202.0		Net charges (line 200 minus line 201)		63,267,850	202.0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/30/2023 1:56 pm
		Title XVIII	Hospital	PPS
		Before GEO Recl ass	On/After GEO Recl ass	
		1.00	1.01	
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	34,295,998	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	0	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	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	0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount	0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	367,203	0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	0	0	2.04
3.00	Managed Care Simulated Payments	31,063,087	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	239.38		4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)	21.11		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)	1.02		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)	5.87		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)	25.96		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	26.61		10.00
11.00	FTE count for residents in dental and podiatric programs.	5.84		11.00
12.00	Current year allowable FTE (see instructions)	31.80		12.00
13.00	Total allowable FTE count for the prior year.	28.21		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.	28.46		14.00
15.00	Sum of lines 12 through 14 divided by 3.	29.49		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	29.49		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.123193		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.117395		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.117395		21.00
22.00	IME payment adjustment (see instructions)	2,128,890	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	1,928,210	0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.65		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	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	0	28.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/30/2023 1:56 pm	
		Title XVIII	Hospital	PPS	
			Before GEO Recl ass	On/After GEO Recl ass	
29.00	Total IME payment ( sum of lines 22 and 28)		2, 128, 890	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1, 928, 210	0	29.01
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3. 29		30.00
31.00	Percentage of Medicaid patient days (see instructions)		24. 58		31.00
32.00	Sum of lines 30 and 31		27. 87		32.00
33.00	Allowable disproportionate share percentage (see instructions)		12. 21	12. 21	33.00
34.00	Disproportionate share adjustment (see instructions)		1, 046, 885	0	34.00
			Prior to 10/1	On/After 10/1	
			1. 00	2. 00	
<b>Uncompensated Care Payment Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0. 000000000	0. 000000000	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		3, 103, 434	3, 246, 622	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		782, 236	2, 428, 295	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		3, 210, 531		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before GEO Recl ass	On/After GEO Recl ass	
			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)		38, 920, 880	2, 128, 627	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	0	48.00
				<b>Amount</b>	
				1. 00	
49.00	Total payment for inpatient operating costs (see instructions)			42, 977, 717	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2, 823, 039	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).			1, 924, 724	52.00
53.00	Nursing and Allied Health Managed Care payment			19, 525	53.00
54.00	Special add-on payments for new technologies			250, 494	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)			150, 047	58.00
59.00	Total (sum of amounts on lines 49 through 58)			48, 145, 546	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			48, 145, 546	61.00
62.00	Deductibles billed to program beneficiaries			3, 487, 148	62.00
63.00	Coinurance billed to program beneficiaries			41, 520	63.00
64.00	Allowable bad debts (see instructions)			235, 130	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			152, 835	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			74, 395	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			44, 769, 713	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)			-94, 440	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/30/2023 1:56 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3	0		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)		44,675,273		71.00
71.01	Sequestration adjustment (see instructions)		893,505		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments		42,774,094		72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)		0		73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,007,674		74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		18,135,159		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.0	HSP bonus amount (see instructions)		0	0	100.0
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.0	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.0
102.0	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.0
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.0	HRR adjustment factor (see instructions)		0.0000	0.0000	103.0
104.0	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.0
<b>Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment</b>					
200.0	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.				200.0
<b>Cost Reimbursement</b>					
201.0	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.0
202.0	Medicare discharges (see instructions)				202.0
203.0	Case-mix adjustment factor (see instructions)				203.0
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
204.0	Medicare target amount				204.0
205.0	Case-mix adjusted target amount (line 203 times line 204)				205.0
206.0	Medicare inpatient routine cost cap (line 202 times line 205)				206.0
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
207.0	Program reimbursement under the \$410A Demonstration (see instructions)				207.0
208.0	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.0
209.0	Adjustment to Medicare IPPS payments (see instructions)				209.0
210.0	Reserved for future use				210.0
211.0	Total adjustment to Medicare IPPS payments (see instructions)				211.0
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.0	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.0
213.0	Low-volume adjustment (see instructions)				213.0
218.0	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0012

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/30/2023 1:56 pm

		Title XVIII				Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	On/After 10/01 Urban	Rural		
		0	1.00	2.00	3.00	4.00	4.01		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	34,295,998	0	34,295,998				1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	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	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	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	367,203	0	367,203				2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	31,063,087	0	31,063,087	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.117395	0.117395	0.117395	0.117395	0.117395	0.117395	5.00
6.00	IME payment adjustment (see instructions)	22.00	2,128,890	0	2,128,890	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,928,210	0	1,928,210	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>									
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	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	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,128,890	0	2,128,890	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,928,210	0	1,928,210	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1221	0.1221	0.1221	0.1221	0.1221	0.1221	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,046,885	0	1,046,885	0	0	0	11.00
11.01	Uncompensated care payments	36.00	3,210,531	0	782,236	275,755	2,152,668		11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	41,049,507	0	38,621,084	275,755	2,152,668		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	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,977,717	0	40,549,294	275,755	2,152,668		15.00



LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0012

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/30/2023 1:56 pm

		Title XVIII				Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	On/After 10/01 Urban	Rural		
		0	1.00	2.00	3.00	4.00	4.01		
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,823,039	0	2,823,039	0		0	16.00
17.00	Special add-on payments for new technologies	54.00	250,494	0	250,494	0		0	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	43,622,827	275,755		2,152,668	19.00
		W/S L, line	(Amounts from L)			Urban	Rural		
		0	1.00	2.00	3.00	4.00	4.01		
20.00	Capital DRG other than outlier	1.00	2,576,630	0	2,576,630	0		0	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	88,204	0	88,204	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	0.0614	0.0614	0.0614	0.0614		0.0614	22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	158,205	0	158,205	0		0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	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	2,823,039	0	2,823,039	0		0	26.00
		W/S E, Part A line	(Amounts to E, Part A)			Urban	Rural		
		0	1.00	2.00	3.00	4.00	4.01		
27.00	Low volume adjustment factor				0.000000	0.000000		0.000000	27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0			0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97						0	29.00
100.0	Transfer low volume adjustments to Wkst. E, Pt. A.		Y						100.0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0012

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/30/2023 1:56 pm

		Total (Col 2 through 4) 5.00	Title XVIII	Hospital	PPS
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	34,295,998			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	0			1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	0			1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	0			1.04
2.00	Outlier payments for discharges (see instructions)	0			2.00
2.01	Outlier payments for discharges for Model 4 BPCI	0			2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	367,203			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	0			2.03
3.00	Operating outlier reconciliation	0			3.00
4.00	Managed care simulated payments	31,063,087			4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)				5.00
6.00	IME payment adjustment (see instructions)	2,128,890			6.00
6.01	IME payment adjustment for managed care (see instructions)	1,928,210			6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
7.00	IME payment adjustment factor (see instructions)				7.00
8.00	IME adjustment (see instructions)	0			8.00
8.01	IME payment adjustment add on for managed care (see instructions)	0			8.01
9.00	Total IME payment (sum of lines 6 and 8)	2,128,890			9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	1,928,210			9.01
<b>Disproportionate Share Adjustment</b>					
10.00	Allowable disproportionate share percentage (see instructions)				10.00
11.00	Disproportionate share adjustment (see instructions)	1,046,885			11.00
11.01	Uncompensated care payments	3,210,659			11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
12.00	Total ESRD additional payment (see instructions)	0			12.00
13.00	Subtotal (see instructions)	41,049,507			13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	0			14.00
15.00	Total payment for inpatient operating costs (see instructions)	42,977,717			15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0012

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/30/2023 1:56 pm

		Total (Col 2 through 4)	Title XVIII	Hospital	PPS
		5.00			
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	2,823,039			16.00
17.00	Special add-on payments for new technologies	250,494			17.00
17.01	Net organ acquisition cost				17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	0			17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0			18.00
19.00	SUBTOTAL	46,051,250			19.00
		5.00			
20.00	Capital DRG other than outlier	2,576,630			20.00
20.01	Model 4 BPCI Capital DRG other than outlier	0			20.01
21.00	Capital DRG outlier payments	88,204			21.00
21.01	Model 4 BPCI Capital DRG outlier payments	0			21.01
22.00	Indirect medical education percentage (see instructions)				22.00
23.00	Indirect medical education adjustment (see instructions)	158,205			23.00
24.00	Allowable disproportionate share percentage (see instructions)				24.00
25.00	Disproportionate share adjustment (see instructions)	0			25.00
26.00	Total prospective capital payments (see instructions)	2,823,039			26.00
		5.00			
27.00	Low volume adjustment factor				27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	0			28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	0			29.00
100.0	Transfer low volume adjustments to Wkst. E, Pt. A.				100.0

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0012

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/30/2023 1:56 pm

		Title XVIII			Hospital		PPS
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	On/After 10/01		
					Urban	Rural	
		0	1.00	2.00	3.00	3.01	
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	34,295,998	34,295,998		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	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	367,203	367,203			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	31,063,087	31,063,087	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.117395	0.117395	0.117395	0.117395	5.00
6.00	IME payment adjustment (see instructions)	22.00	2,128,890	2,128,890	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,928,210	1,928,210	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,128,890	2,128,890	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,928,210	1,928,210	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1221	0.1221	0.1221	0.1221	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,046,885	1,046,885	0	0	11.00
11.01	Uncompensated care payments	36.00	3,210,531	782,236	275,755	2,152,668	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	41,049,507	38,621,084	275,755	2,152,668	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	42,977,717	40,549,294	275,755	2,152,668	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,823,039	2,823,039	0	0	16.00
17.00	Special add-on payments for new technologies	54.00	250,494	250,494	0	0	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			43,622,827	275,755	2,152,668	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0012

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/30/2023 1:56 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)		Urban	Rural	
		0	1.00	2.00	3.00	3.01	
20.00	Capital DRG other than outlier	1.00	2,576,630	2,576,630	0	0	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	88,204	88,204	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	0.0614	0.0614	0.0614	0.0614	22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	158,205	158,205	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	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,823,039	2,823,039	0	0	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)		Urban	Rural	
		0	1.00	2.00	3.00	3.01	
27.00		70.96	0	0			27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0	0	0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-94,440	-94,440	0	0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
		0	1.00	2.00	Urban	Rural	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.0	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.0

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2023 1:56 pm
Title XVIII		Hospital	PPS

		Total (cols. 2 and 3)	
		4.00	
1.00	DRG amounts other than outlier payments		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	34,295,998	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	0	1.04
2.00	Outlier payments for discharges (see instructions)		2.00
2.01	Outlier payments for discharges for Model 4 BPCI	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	367,203	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	0	2.03
3.00	Operating outlier reconciliation	0	3.00
4.00	Managed care simulated payments	31,063,087	4.00
<b>Indirect Medical Education Adjustment</b>			
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)		5.00
6.00	IME payment adjustment (see instructions)	2,128,890	6.00
6.01	IME payment adjustment for managed care (see instructions)	1,928,210	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>			
7.00	IME payment adjustment factor (see instructions)		7.00
8.00	IME adjustment (see instructions)	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	2,128,890	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	1,928,210	9.01
<b>Disproportionate Share Adjustment</b>			
10.00	Allowable disproportionate share percentage (see instructions)		10.00
11.00	Disproportionate share adjustment (see instructions)	1,046,885	11.00
11.01	Uncompensated care payments	3,210,659	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>			
12.00	Total ESRD additional payment (see instructions)	0	12.00
13.00	Subtotal (see instructions)	41,049,507	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	42,977,717	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	2,823,039	16.00
17.00	Special add-on payments for new technologies	250,494	17.00
17.01	Net organ acquisition cost		17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0	18.00
19.00	SUBTOTAL	46,051,250	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2023 1:56 pm
		Title XVIII	Hospital	PPS
		4.00		
20.00	Capital DRG other than outlier	2,576,630		20.00
20.01	Model 4 BPCI Capital DRG other than outlier	0		20.01
21.00	Capital DRG outlier payments	88,204		21.00
21.01	Model 4 BPCI Capital DRG outlier payments	0		21.01
22.00	Indirect medical education percentage (see instructions)			22.00
23.00	Indirect medical education adjustment (see instructions)	158,205		23.00
24.00	Allowable disproportionate share percentage (see instructions)			24.00
25.00	Disproportionate share adjustment (see instructions)	0		25.00
26.00	Total prospective capital payments (see instructions)	2,823,039		26.00
		4.00		
27.00				27.00
28.00	Low volume adjustment prior to October 1	0		28.00
29.00	Low volume adjustment on or after October 1	0		29.00
30.00	HVBP payment adjustment (see instructions)	0		30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	0		30.01
31.00	HRR adjustment (see instructions)	-94,440		31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	0		31.01
		(Amt. to Wkst. E, Pt. A)		
		4.00		
32.00	HAC Reduction Program adjustment (see instructions)	0		32.00
100.0	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.			100.0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/30/2023 1:56 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		85,240	1.00
2.00	Medical and other services reimbursed under OPPOS (see instructions)		24,013,685	2.00
3.00	OPPOS or REH payments		19,980,367	3.00
4.00	Outlier payment (see instructions)		119,949	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		263,614	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		85,240	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		225,319	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)		225,319	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		225,319	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		140,079	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)		85,240	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)		20,363,930	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,975	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,230,308	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)		17,216,887	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		900,339	28.00
28.50	REH facility payment amount			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)		18,117,226	30.00
31.00	Primary payer payments		5,083	31.00
32.00	Subtotal (line 30 minus line 31)		18,112,143	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		462,660	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		300,729	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		196,276	36.00
37.00	Subtotal (see instructions)		18,412,872	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-114	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		18,412,986	40.00
40.01	Sequestration adjustment (see instructions)		368,260	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		18,133,411	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-88,685	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/30/2023 1:56 pm
		Title XVIII	Hospital	PPS
				1.00
200.0	MEDICARE PART B ANCILLARY COSTS			0
	Part B Combined Billed Days			200.0

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0012

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/30/2023 1:56 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		42,275,194		18,133,411	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	04/28/2023	498,900		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)		498,900		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)		42,774,094		18,133,411	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		1,007,674		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		88,685	6.02	
7.00	Total Medicare program liability (see instructions)		43,781,768		18,044,726	7.00	
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 15-0012

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
11/30/2023 1:56 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet E-4 Date/Time Prepared: 11/30/2023 1:56 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			22.87	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)			0.00	2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.14	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			0.00	3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			7.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)			0.00	4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27			27.73	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			26.61	6.00
7.00	Enter the lesser of line 5 or line 6			26.61	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	25.61	0.50	26.11	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	25.61	0.50	26.11	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		5.84		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	25.61	6.34		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	25.93	0.50		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	26.39	7.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	25.98	4.61		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	25.98	4.61		17.00
18.00	Per resident amount	156,375.94	148,536.75		18.00
18.01	Per resident amount under §131 of the CAA 2021	0.00	0.00		18.01
19.00	Approved amount for resident costs	4,062,647	684,754	4,747,401	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,747,401	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet E-4 Date/Time Prepared: 11/30/2023 1:56 pm
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		Title XVIII		Hospital	PPS	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total	
		1.00	2.00	2.01	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>						
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	15,145	7,431	7,886		26.00
27.00	Total Inpatient Days (see instructions)	50,351	50,351	50,351		27.00
28.00	Ratio of inpatient days to total inpatient days	0.300788	0.147584	0.156621		28.00
29.00	Program direct GME amount	1,427,961	700,640	743,543	2,872,144	29.00
29.01	Percent reduction for MA DGME		3.26	3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		22,841	24,240	47,081	30.00
31.00	Net Program direct GME amount				2,825,063	31.00
					1.00	
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)</b>						
32.00	Renal dialysis direct medical education costs (From Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				2,518,018	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)				0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>						
<b>Part A Reasonable Cost</b>						
37.00	Reasonable cost (see instructions)				52,070,847	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)				0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)				0	39.00
40.00	Primary payer payments (see instructions)				0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				52,070,847	41.00
<b>Part B Reasonable Cost</b>						
42.00	Reasonable cost (see instructions)				24,362,539	42.00
43.00	Primary payer payments (see instructions)				5,083	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)				24,357,456	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)				76,428,303	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				0.681303	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				0.318697	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>						
48.00	Total program GME payment (line 31)				2,825,063	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)				1,924,724	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)				900,339	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet E-5 Date/Time Prepared: 11/30/2023 1:56 pm
Title XVIII			PPS	
			1.00	
<b>TO BE COMPLETED BY CONTRACTOR</b>				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0012

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

Worksheet G  
Date/Time Prepared:  
11/30/2023 1:56 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	9,066	0	0	0	1.00
2.00	Temporary investments	19,135,639	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	52,268,844	0	0	0	4.00
5.00	Other receivable	773,157,610	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,750,512	0	0	0	6.00
7.00	Inventory	8,607,358	0	0	0	7.00
8.00	Prepaid expenses	620,230	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	<b>Total current assets (sum of lines 1-10)</b>	<b>847,048,235</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11.00</b>
<b>FIXED ASSETS</b>						
12.00	Land	1,205,495	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	8,207,874	0	0	0	15.00
16.00	Accumulated depreciation	-1,623,318	0	0	0	16.00
17.00	Leasehold improvements	308,504,061	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	800,825	0	0	0	19.00
20.00	Accumulated depreciation	-72,528	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	144,095,460	0	0	0	23.00
24.00	Accumulated depreciation	-215,085,983	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	<b>Total fixed assets (sum of lines 12-29)</b>	<b>246,031,886</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>30.00</b>
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	9,424,553	0	0	0	34.00
35.00	<b>Total other assets (sum of lines 31-34)</b>	<b>9,424,553</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35.00</b>
36.00	<b>Total assets (sum of lines 11, 30, and 35)</b>	<b>1,102,504,674</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36.00</b>
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	655,130,822	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,230,843	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	11,431,831	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	-34	0	0	0	44.00
45.00	<b>Total current liabilities (sum of lines 37 thru 44)</b>	<b>677,793,462</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>45.00</b>
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	355,553,700	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,029,255	0	0	0	49.00
50.00	<b>Total long term liabilities (sum of lines 46 thru 49)</b>	<b>362,582,955</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50.00</b>
51.00	<b>Total liabilities (sum of lines 45 and 50)</b>	<b>1,040,376,417</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51.00</b>
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	62,128,257	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	<b>Total fund balances (sum of lines 52 thru 58)</b>	<b>62,128,257</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>59.00</b>
60.00	<b>Total liabilities and fund balances (sum of lines 51 and 59)</b>	<b>1,102,504,674</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60.00</b>

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0012

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

Worksheet G-1

Date/Time Prepared:  
11/30/2023 1:56 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		71,743,335			0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-18,359,077				2.00
3.00	Total (sum of line 1 and line 2)		53,384,258			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	Intraco equity transfers	8,744,000		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		8,744,000			0	10.00
11.00	Subtotal (line 3 plus line 10)		62,128,258			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		62,128,258			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: 15-0012

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/30/2023 1:56 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	149,019,709		149,019,709	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	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)	149,019,709		149,019,709	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	24,716,550		24,716,550	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	14,126,114		14,126,114	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	38,842,664		38,842,664	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	187,862,373		187,862,373	17.00
18.00	Ancillary services	379,081,839	509,771,784	888,853,623	18.00
19.00	Outpatient services	23,913,608	63,026,661	86,940,269	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	PHYSICIANS' PRIVATE OFFICES	1,360,921	11,425,077	12,785,998	27.00
27.01	MATERNAL FETAL MEDICINE/LABORIST	240,872	1,188,970	1,429,842	27.01
27.02	NEONATOLOGISTS	1,109,395	1,064	1,110,459	27.02
27.03	HOSPITALISTS/INTENSIVISTS	2,836,920	45,250	2,882,170	27.03
27.04	ANESTHESIOLOGIST	17,140,605	0	17,140,605	27.04
27.99	REVENUE ADJUSTMENTS	5,428,013	18,692,145	24,120,158	27.99
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	618,974,546	604,150,951	1,223,125,497	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		380,433,457		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)		380,433,457		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet G-3 Date/Time Prepared: 11/30/2023 1:56 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,223,125,497	1.00
2.00	Less contractual allowances and discounts on patients' accounts	868,025,587	2.00
3.00	Net patient revenues (line 1 minus line 2)	355,099,910	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	380,433,457	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-25,333,547	5.00
<b>OTHER INCOME</b>			
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	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	303,582	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	6,670,888	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	6,974,470	25.00
26.00	Total (line 5 plus line 25)	-18,359,077	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)	-18,359,077	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0012	Period: From 07/01/2022 To 06/30/2023	Worksheet L Parts I-III Date/Time Prepared: 11/30/2023 1:56 pm	
		Title XVIII	Hospital	PPS	
			Urban	Rural	
			1.00	1.01	
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
<b>CAPITAL FEDERAL AMOUNT</b>					
1.00	Capital DRG other than outlier		2,576,629	1	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	0	1.01
2.00	Capital DRG outlier payments		88,204		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)		139.64		3.00
4.00	Number of interns & residents (see instructions)		29.49		4.00
5.00	Indirect medical education percentage (see instructions)		6.14		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)		158,205		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)		2,823,039		12.00
				1.00	
<b>PART II - PAYMENT UNDER REASONABLE COST</b>					
1.00	Program inpatient routine capital cost (see instructions)			0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)			0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)			0	3.00
4.00	Capital cost payment factor (see instructions)			0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)			0	5.00
				1.00	
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1.00	Program inpatient capital costs (see instructions)			0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)			0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)			0	3.00
4.00	Applicable exception percentage (see instructions)			0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)			0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)			0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)			0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)			0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)			0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)			0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)			0	14.00
15.00	Current year allowable operating and capital payment (see instructions)			0	15.00
16.00	Current year operating and capital costs (see instructions)			0	16.00
17.00	Current year exception offset amount (see instructions)			0	17.00