

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

FORM APPROVED  
OMB NO. 0938-0050  
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet S Parts I-III Date/Time Prepared: 11/22/2022 9:20 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 11/22/2022 Time: 9:20 am	
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="0"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="F"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="1"/> 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="N"/> Initial Report for this Provider CCN 9. <input type="N"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="0"/> 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 COMMUNITY HOSPITAL ( 15-0125 ) for the cost reporting period beginning 07/01/2021 and ending 06/30/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	<b>Daniel R. Obrien</b>	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Daniel R. Obrien		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronic)		4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	1,028,724	173,864	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	7,833	0	0	0	3.00
5.00 Swing Bed - SNF	0	0	0	0	0	5.00
6.00 Swing Bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	1,036,557	173,864	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0125		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:20 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 901 MACARTHUR BOULEVARD			PO Box:							1.00
2.00	City: MUNSTER			State: IN		Zip Code: 46321		County: LAKE			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00	9.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		COMMUNITY HOSPITAL	150125	23844	1	10/03/1973	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		THE REHAB CENTER AT COMMUNITY	15T125	23844	5	06/30/1996	N	P	P	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		COMMUNITY HOME HEALTH SERVICES	157487	23844		01/07/1997	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2021	06/30/2022		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0125			Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:20 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,582	414	1,710	514	10,638	291	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	88		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.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:		Ending:	
						1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N		Y/N	
						1.00		2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
		1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00		
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	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	61.00	
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 FTE Count	IME	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00	5.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00		0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00		0.00	61.20	
							1.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						N	63.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:20 am	
			1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	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
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			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
			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.	N		N	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.	N		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.06
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0125		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:20 am	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1		0		118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0125		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:20 am	
		1.00	2.00				
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	Removed and reserved						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H054				140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: COMMUNITY FOUNDATION OF NW IN, INC.	Contractor's Name: WPS		Contractor's Number: 08001			141.00
142.00	Street: 10010 DONALD S POWERS DRIVE STE 201	PO Box:					142.00
143.00	City: MUNSTER	State: IN	Zip Code: 46321				143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y				144.00
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y					145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		155.00
156.00	Subprovider - IPF	N	N	N	N		156.00
157.00	Subprovider - IRF	N	N	N	N		157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N		159.00
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00
161.00	CMHC		N	N	N		161.00
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:20 am
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0125		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part II Date/Time Prepared: 11/22/2022 9:20 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/27/2022	Y	09/27/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part II Date/Time Prepared: 11/22/2022 9:20 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<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	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CATHERINE		WOERNER	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY FOUNDATION OF NW IN, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	12197031267		CATHERINE.R.WOERNER@COMHS.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part II Date/Time Prepared: 11/22/2022 9:20 am
		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.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0125

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/22/2022 9:20 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi si ts / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	324	115,684	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)		324	115,684	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	43	15,695	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE	31.01	32	11,680	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		399	143,059	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	2,576		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		399				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0125

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/22/2022 9:20 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
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)	27,436	670	67,531			1.00
2.00 HMO and other (see instructions)	21,949	13,276				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	378	88				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	27,436	670	67,531			7.00
8.00 INTENSIVE CARE UNIT	3,500	681	11,221			8.00
8.01 NEONATAL INTENSIVE CARE	0	112	3,494			8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		119	2,863			13.00
14.00 Total (see instructions)	30,936	1,582	85,109	0.00	2,472.40	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,552	0	2,187	0.00	15.50	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	24,286	0	49,601	0.00	48.45	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	2,536.35	27.00
28.00 Observation Bed Days		0	16,809			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	291	681			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0125

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/22/2022 9:20 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,676	229	15,599	1.00
2.00 HMO and other (see instructions)			3,186	2,474		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				7		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
8.01 NEONATAL INTENSIVE CARE						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,676	229	15,599	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	129	0	178	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0125

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/22/2022 9:20 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	204,152,724	0	204,152,724	5,275,616.37	38.70
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		4,879,925	0	4,879,925	44,748.93	109.05
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		10,399,866	0	10,399,866	78,215.45	132.96
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		8,607,652	479,301	9,086,953	249,888.25	36.36
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		3,992,859	0	3,992,859	40,196.04	99.33
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		652,703	0	652,703	3,776.76	172.82
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		22,893,582	0	22,893,582	616,564.00	37.13
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		45,777,675	0	45,777,675		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,329,296	0	2,329,296		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		584,546	0	584,546		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,117,986	0	1,117,986		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		5,861,170	0	5,861,170		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0125

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/22/2022 9:20 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	988,831	0	988,831	31,534.00	31.36	26.00
27.00	Administrative & General	18,320,187	0	18,320,187	554,498.00	33.04	27.00
28.00	Administrative & General under contract (see inst.)	2,833,277	0	2,833,277	28,442.32	99.61	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	4,000,192	0	4,000,192	113,212.00	35.33	30.00
31.00	Laundry & Linen Service	147,971	0	147,971	8,225.00	17.99	31.00
32.00	Housekeeping	4,226,402	0	4,226,402	221,545.00	19.08	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	4,049,676	-1,267,790	2,781,886	127,021.00	21.90	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,267,790	1,267,790	57,887.00	21.90	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	7,081,830	-319,111	6,762,719	163,543.00	41.35	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	981,939	0	981,939	31,531.00	31.14	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0125

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/22/2022 9:20 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	191,706,210	0	191,706,210	5,181,094.31	37.00	1.00
2.00	Excluded area salaries (see instructions)	8,607,652	479,301	9,086,953	249,888.25	36.36	2.00
3.00	Subtotal salaries (line 1 minus line 2)	183,098,558	-479,301	182,619,257	4,931,206.06	37.03	3.00
4.00	Subtotal other wages & related costs (see inst.)	27,539,144	0	27,539,144	660,536.80	41.69	4.00
5.00	Subtotal wage-related costs (see inst.)	51,638,845	0	51,638,845	0.00	28.28	5.00
6.00	Total (sum of lines 3 thru 5)	262,276,547	-479,301	261,797,246	5,591,742.86	46.82	6.00
7.00	Total overhead cost (see instructions)	42,630,305	-319,111	42,311,194	1,337,438.32	31.64	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part IV Date/Time Prepared: 11/22/2022 9:20 am
				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			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		6,508,240	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	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)		26,092,535	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,418,652	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		133,047	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)		99,731	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,182,159	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		11,789,921	17.00
18.00	Medicare Taxes - Employers Portion Only		2,858,762	18.00
19.00	Unemployment Insurance		-273,543	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		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		49,809,504	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: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part V Date/Time Prepared: 11/22/2022 9:20 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	3,992,859	49,809,504	1.00
2.00	Hospital	3,992,859	49,809,504	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0125 Component CCN: 15-7487	Period: From 07/01/2021 To 06/30/2022	Worksheet S-4 Date/Time Prepared: 11/22/2022 9:20 am PPS
		Home Health Agency I		

					1.00		
					LAKE		0.00

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

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,201	3	707	1,911	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,151.00	0.00	1,544.00	2,695.00	2.00
		Enter the number of hours in your normal work week		Number of Employees (Full Time Equivalent)			
				Staff	Contract	Total	
		0		1.00	2.00	3.00	

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.99	0.00	0.99	4.00
5.00	Other Administrative Personnel			18.99	0.00	18.99	5.00
6.00	Direct Nursing Service			14.34	0.00	14.34	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			8.18	0.00	8.18	8.00
9.00	Physical Therapy Supervisor			1.43	0.00	1.43	9.00
10.00	Occupational Therapy Service			2.66	0.00	2.66	10.00
11.00	Occupational Therapy Supervisor			0.40	0.00	0.40	11.00
12.00	Speech Pathology Service			0.02	0.00	0.02	12.00
13.00	Speech Pathology Supervisor			0.65	0.00	0.65	13.00
14.00	Medical Social Service			0.01	0.00	0.01	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.11	0.00	1.11	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00

							CBSA Data
							1.00

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

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col.s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	9,613	2,811	219	120	12,763	21.00
22.00	Skilled Nursing Visit Charges	2,011,075	588,805	44,370	25,310	2,669,560	22.00
23.00	Physical Therapy Visits	4,991	1,858	85	81	7,015	23.00
24.00	Physical Therapy Visit Charges	1,222,656	457,128	19,248	20,076	1,719,108	24.00
25.00	Occupational Therapy Visits	1,563	1,364	17	32	2,976	25.00
26.00	Occupational Therapy Visit Charges	382,728	335,376	3,924	7,932	729,960	26.00
27.00	Speech Pathology Visits	124	173	2	5	304	27.00
28.00	Speech Pathology Visit Charges	30,000	42,324	492	1,236	74,052	28.00
29.00	Medical Social Service Visits	3	0	0	0	3	29.00
30.00	Medical Social Service Visit Charges	839	0	0	0	839	30.00
31.00	Home Health Aide Visits	770	448	3	4	1,225	31.00
32.00	Home Health Aide Visit Charges	122,129	71,499	481	652	194,761	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	17,064	6,654	326	242	24,286	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,769,427	1,495,132	68,515	55,206	5,388,280	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,663		180	24	1,867	36.00
37.00	Total Number of Outlier Episodes		300		6	306	37.00
38.00	Total Non-Routine Medical Supply Charges	279,998	115,224	3,194	1,967	400,383	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet S-10 Date/Time Prepared: 11/22/2022 9:20 am
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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)		0.215530	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		33,613,087	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		284,802,189	6.00	
7.00	Medicaid cost (line 1 times line 6)		61,383,416	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)		27,770,329	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		625	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		4,287	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		924	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)		299	16.00	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		27,770,628	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)	15,264,061	608,657	15,872,718	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,289,863	608,657	3,898,520	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)	3,289,863	608,657	3,898,520	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)		15,718,661	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,084,380	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,668,278	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		14,050,383	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,612,177	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,510,697	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		35,281,325	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0125

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

Worksheet A  
Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		13,996,923	13,996,923	315,640	14,312,563	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		13,985,222	13,985,222	21,916	14,007,138	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	988,831	25,060,865	26,049,696	0	26,049,696	4.00
5.01	00505	PURCHASING & RECEIVING STORES	752,263	-145,037	607,226	0	607,226	5.01
5.02	00506	ADMINISTRATIVE	4,254,650	546,423	4,801,073	0	4,801,073	5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	0	-207	-207	0	-207	5.03
5.04	00508	OTHER ADMIN & GENERAL	13,313,274	92,272,325	105,585,599	-624,901	104,960,698	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,000,192	11,561,896	15,562,088	0	15,562,088	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	147,971	1,511,186	1,659,157	0	1,659,157	8.00
9.00	00900	HOUSEKEEPING	4,226,402	1,904,819	6,131,221	0	6,131,221	9.00
10.00	01000	DIETARY	4,049,676	2,930,366	6,980,042	-2,185,169	4,794,873	10.00
11.00	01100	CAFETERIA	0	0	0	2,185,169	2,185,169	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,081,830	1,629,504	8,711,334	-377,713	8,333,621	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	981,939	103,889	1,085,828	0	1,085,828	17.00
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-(PHARMACY)	173,888	22,599	196,487	160,190	356,677	23.00
23.01	02301	PARAMED ED PRGM-(LAB MLS)	196,398	56,723	253,121	0	253,121	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	42,092,431	8,090,390	50,182,821	-1,635,468	48,547,353	30.00
31.00	03100	INTENSIVE CARE UNIT	14,257,540	3,084,056	17,341,596	0	17,341,596	31.00
31.01	02060	NEONATAL INTENSIVE CARE	3,478,345	820,924	4,299,269	0	4,299,269	31.01
41.00	04100	SUBPROVIDER - I RF	1,036,587	570,202	1,606,789	0	1,606,789	41.00
43.00	04300	NURSERY	0	0	0	1,922,813	1,922,813	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	17,174,105	17,060,999	34,235,104	-323,295	33,911,809	50.00
51.00	05100	RECOVERY ROOM	6,373,923	1,300,196	7,674,119	0	7,674,119	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,041,144	641,346	3,682,490	0	3,682,490	52.00
53.00	05300	ANESTHESIOLOGY	14,002,136	2,725,506	16,727,642	0	16,727,642	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,541,101	2,713,348	7,254,449	0	7,254,449	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,413,770	1,811,021	3,224,791	0	3,224,791	55.00
56.00	05600	RADIOISOTOPE	867,062	1,480,804	2,347,866	0	2,347,866	56.00
57.00	05700	CT SCAN	1,645,608	1,349,943	2,995,551	0	2,995,551	57.00
58.00	05800	MRI	1,062,341	1,134,258	2,196,599	0	2,196,599	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,395,687	2,553,423	5,949,110	590,872	6,539,982	59.00
60.00	06000	LABORATORY	7,087,214	12,249,340	19,336,554	0	19,336,554	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	416,082	2,575,563	2,991,645	0	2,991,645	63.00
64.00	06400	INTRAVENOUS THERAPY	355,987	150,083	506,070	0	506,070	64.00
65.00	06500	RESPIRATORY THERAPY	4,435,870	1,787,605	6,223,475	0	6,223,475	65.00
66.00	06600	PHYSICAL THERAPY	6,042,259	1,949,376	7,991,635	0	7,991,635	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,737,846	472,562	2,210,408	0	2,210,408	67.00
68.00	06800	SPEECH PATHOLOGY	1,460,963	342,398	1,803,361	0	1,803,361	68.00
69.00	06900	ELECTROCARDIOLOGY	3,282,978	1,426,012	4,708,990	0	4,708,990	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	833,967	523,353	1,357,320	0	1,357,320	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	31,334,746	31,334,746	-167,448	31,167,298	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	39,395,945	39,395,945	-100,129	39,295,816	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,619,201	19,810,500	24,429,701	-160,190	24,269,511	73.00
74.00	07400	RENAL DIALYSIS	124,254	1,973,660	2,097,914	0	2,097,914	74.00
76.97	07697	CARDIAC REHABILITATION	832,186	136,702	968,888	0	968,888	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,782,892	987,363	3,770,255	0	3,770,255	90.00
91.00	09100	EMERGENCY	8,391,152	2,934,550	11,325,702	0	11,325,702	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	4,523,483	873,164	5,396,647	0	5,396,647	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	201,475,428	329,696,834	531,172,262	-377,713	530,794,549	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	232,943	92,814	325,757	377,713	703,470	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	73,158	295,956	369,114	0	369,114	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	765,444	765,444	0	765,444	194.00
194.01	07951	ADVERTISING	0	506,267	506,267	0	506,267	194.01
194.02	07952	RETAIL PHARMACY	616,013	8,807,411	9,423,424	0	9,423,424	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0125		Period: From 07/01/2021 To 06/30/2022		Worksheet A Date/Time Prepared: 11/22/2022 9:20 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.03	07953	FITNESS POINTE	1,002,309	664,134	1,666,443	0	1,666,443	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	243,209	109,694	352,903	0	352,903	194.04
194.05	07955	EINSTEIN BAGELS	153,542	244,486	398,028	0	398,028	194.05
194.06	07956	NONRTHWESTERN IMAGING	356,122	500,050	856,172	0	856,172	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	204,152,724	341,683,090	545,835,814	0	545,835,814	200.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0125

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

Worksheet A  
Date/Time Prepared:  
11/22/2022 9:20 am

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	-144,940	14,167,623	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,309,767	16,316,905	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,967,191	29,016,887	4.00
5.01	00505	PURCHASING & RECEIVING STORES	0	607,226	5.01
5.02	00506	ADMITTING	19,961	4,821,034	5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	5,936,204	5,935,997	5.03
5.04	00508	OTHER ADMIN & GENERAL	-48,751,758	56,208,940	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-90,853	15,471,235	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,659,157	8.00
9.00	00900	HOUSEKEEPING	0	6,131,221	9.00
10.00	01000	DIETARY	-5,422	4,789,451	10.00
11.00	01100	CAFETERIA	-1,700,600	484,569	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	194,476	8,528,097	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,610,917	4,610,917	16.00
17.00	01700	SOCIAL SERVICE	0	1,085,828	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	356,677	23.00
23.01	02301	PARAMED ED PRGM-(LAB MLS)	-20,673	232,448	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-3,361	48,543,992	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,513,925	15,827,671	31.00
31.01	02060	NEONATAL INTENSIVE CARE	-340,078	3,959,191	31.01
41.00	04100	SUBPROVIDER - I RF	0	1,606,789	41.00
43.00	04300	NURSERY	0	1,922,813	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	33,911,809	50.00
51.00	05100	RECOVERY ROOM	0	7,674,119	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,682,490	52.00
53.00	05300	ANESTHESIOLOGY	-14,831,695	1,895,947	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,727	7,248,722	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,224,791	55.00
56.00	05600	RADIOISOTOPE	0	2,347,866	56.00
57.00	05700	CT SCAN	-7,735	2,987,816	57.00
58.00	05800	MRI	-5,255	2,191,344	58.00
59.00	05900	CARDIAC CATHETERIZATION	-3,433	6,536,549	59.00
60.00	06000	LABORATORY	-180,613	19,155,941	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-271	2,991,374	63.00
64.00	06400	INTRAVENOUS THERAPY	0	506,070	64.00
65.00	06500	RESPIRATORY THERAPY	0	6,223,475	65.00
66.00	06600	PHYSICAL THERAPY	0	7,991,635	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,210,408	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,803,361	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,708,990	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,357,320	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	31,167,298	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	39,295,816	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-1,796,550	22,472,961	73.00
74.00	07400	RENAL DIALYSIS	0	2,097,914	74.00
76.97	07697	CARDIAC REHABILITATION	0	968,888	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-333,092	3,437,163	90.00
91.00	09100	EMERGENCY	-16	11,325,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	266,911	5,663,558	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-53,430,570	477,363,979	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	703,470	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	390	369,504	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	765,444	194.00
194.01	07951	ADVERTISING	0	506,267	194.01
194.02	07952	RETAIL PHARMACY	0	9,423,424	194.02
194.03	07953	FITNESS POINTE	0	1,666,443	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	352,903	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet A Date/Time Prepared: 11/22/2022 9:20 am
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
194.05	07955	EINSTEIN BAGELS	6.00	7.00	
194.06	07956	NONRTHWESTERN IMAGING	0	398,028	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-53,430,180	492,405,634	194.06 200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - BUILDING INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	315,640	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	21,916	2.00
	O		0	337,556	
<b>B - CAFETERIA EXPENSE</b>					
1.00	CAFETERIA	11.00	1,267,790	917,379	1.00
	O		1,267,790	917,379	
<b>C - RECLASS NURSERY</b>					
1.00	NURSERY	43.00	1,545,839	376,974	1.00
	O		1,545,839	376,974	
<b>D - RECLASS PRECEPTOR TIME</b>					
1.00	PARAMED ED PRGM-(PHARMACY)	23.00	160,190	0	1.00
	O		160,190	0	
<b>E - COVID COSTS</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	287,345	1.00
	O		0	287,345	
<b>F - INTEREST EXPENSE</b>					
1.00		0.00	0	0	1.00
	O		0	0	
<b>G - NEUROSCIENCE RESEARCH</b>					
1.00	RESEARCH	191.00	319,111	58,602	1.00
	O		319,111	58,602	
<b>H - INVENTORY ADJ EXPENSE</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	125,134	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	198,161	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	590,872	3.00
	O		0	914,167	
500.00	Grand Total: Increases		3,292,930	2,892,023	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	<b>A - BUILDING INSURANCE</b>						
1.00	OTHER ADMIN & GENERAL	5.04	0	337,556	12		1.00
2.00		0.00	0	0	12		2.00
			0	337,556			
	<b>B - CAFETERIA EXPENSE</b>						
1.00	DIETARY	10.00	1,267,790	917,379	0		1.00
			1,267,790	917,379			
	<b>C - RECLASS NURSERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,545,839	376,974	0		1.00
			1,545,839	376,974			
	<b>D - RECLASS PRECEPTOR TIME</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	160,190	0	0		1.00
			160,190	0			
	<b>E - COVID COSTS</b>						
1.00	OTHER ADMIN & GENERAL	5.04	0	287,345	0		1.00
			0	287,345			
	<b>F - INTEREST EXPENSE</b>						
1.00		0.00	0	0	0		1.00
			0	0			
	<b>G - NEUROSCIENCE RESEARCH</b>						
1.00	NURSING ADMINISTRATION	13.00	319,111	58,602	0		1.00
			319,111	58,602			
	<b>H - INVENTORY ADJ EXPENSE</b>						
1.00	OPERATING ROOM	50.00	0	323,295	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	292,582	0		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	298,290	0		3.00
			0	914,167			
500.00	Grand Total: Decreases		3,292,930	2,892,023			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0125

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/22/2022 9:20 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	13,617,879	98,267	0	98,267	1,198	1.00
2.00	Land Improvements	1,565,718	0	0	0	0	2.00
3.00	Buildings and Fixtures	397,273,956	9,733,990	0	9,733,990	1,712,815	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	161,321,239	10,879,920	0	10,879,920	7,572,550	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	573,778,792	20,712,177	0	20,712,177	9,286,563	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	573,778,792	20,712,177	0	20,712,177	9,286,563	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	13,714,948	0				1.00
2.00	Land Improvements	1,565,718	0				2.00
3.00	Buildings and Fixtures	405,295,131	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	164,628,609	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	585,204,406	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	585,204,406	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0125

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	13,025,138	971,785	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	12,077,839	1,907,383	0	0	0	2.00
3.00	Total (sum of lines 1-2)	25,102,977	2,879,168	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	13,996,923				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,985,222				2.00
3.00	Total (sum of lines 1-2)	0	27,982,145				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0125

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	420,575,797	0	420,575,797	0.718682	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	164,628,609	0	164,628,609	0.281318	0	2.00
3.00	Total (sum of lines 1-2)	585,204,406	0	585,204,406	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 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	13,327,329	524,654	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,387,606	1,907,383	2.00
3.00	Total (sum of lines 1-2)	0	0	0	27,714,935	2,432,037	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	315,640	0	0	14,167,623	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	21,916	0	0	16,316,905	2.00
3.00	Total (sum of lines 1-2)	0	337,556	0	0	30,484,528	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0125

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

Worksheet A-8

Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			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	-17,042,782				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	-31,352,222				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0125

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

Worksheet A-8

Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 ANESTHESIA - NON-SALARIES, NON-BENEF	A	-847,183	ANESTHESIOLOGY	53.00	0 33.00
33.01 COVID DRUG DONATIONS	B	-1,795,550	DRUGS CHARGED TO PATIENTS	73.00	0 33.01
33.02 NON-PATIENT CARE COST	A	-10,466	OTHER ADMIN & GENERAL	5.04	0 33.02
33.03 OTHER REVENUE	B	-792	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.03
33.04 OTHER REVENUE	B	-104,451	OTHER ADMIN & GENERAL	5.04	0 33.04
33.05 OTHER REVENUE	B	-55,266	OPERATION OF PLANT	7.00	0 33.05
33.06 OTHER REVENUE	B	-5,422	DIETARY	10.00	0 33.06
33.07 OTHER REVENUE	B	-1,700,600	CAFETERIA	11.00	0 33.07
33.08 OTHER REVENUE	B	-38,508	NURSING ADMINISTRATION	13.00	0 33.08
33.09 OTHER REVENUE	B	-30,000	PARAMED ED PRGM-(LAB MLS)	23.01	0 33.09
33.10 OTHER REVENUE	B	-3,361	ADULTS & PEDIATRICS	30.00	0 33.10
33.11 OTHER REVENUE	B	-32	INTENSIVE CARE UNIT	31.00	0 33.11
33.12 OTHER REVENUE	B	-1,897	RADIOLOGY-DIAGNOSTIC	54.00	0 33.12
33.13 OTHER REVENUE	B	-3,433	CARDIAC CATHETERIZATION	59.00	0 33.13
33.14 OTHER REVENUE	B	-11,018	LABORATORY	60.00	0 33.14
33.15 OTHER REVENUE	B	-1,000	DRUGS CHARGED TO PATIENTS	73.00	0 33.15
33.16 OTHER REVENUE	B	-16	EMERGENCY	91.00	0 33.16
33.17 PARENT ASSET DEPRECIATION ADJUSTMENT	A	-2,672	CAP REL COSTS-BLDG & FIXT	1.00	9 33.17
33.18 TAXABLE LABS	A	-169,595	LABORATORY	60.00	0 33.18
33.19 TAXABLE LABS	A	-271	BLOOD STORING, PROCESSING & TRANS.	63.00	0 33.19
33.20 PATIENT TELEPHONE SERVICE	A	-204,252	OTHER ADMIN & GENERAL	5.04	0 33.20
33.21 PATIENT TELEPHONE PURCHASES	A	-4,116	OTHER ADMIN & GENERAL	5.04	0 33.21
33.22 PATIENT TV DEPRECIATION	A	-9,688	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.22
33.23 PATIENT TV PURCHASES	A	-35,587	OPERATION OF PLANT	7.00	0 33.23
33.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.24
33.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.25
33.26 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.26
33.27 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.27
33.28 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.28
33.29 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.29
33.30 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.30
33.31 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.31
33.32 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.32
33.33 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.33
33.34 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.34
33.35 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.35
33.36 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.36
33.37 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.37
33.38 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.38
33.39 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.39
33.40 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.40
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-53,430,180			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: 15-0125  
 Period: From 07/01/2021 To 06/30/2022  
 Worksheet A-8-1  
 Date/Time Prepared: 11/22/2022 9:20 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.04	OTHER ADMIN & GENERAL	PHYSICIAN ALLOCATION PER GL	0	21,178,181 1.00
2.00	5.04	OTHER ADMIN & GENERAL	HOME OFFICE ALLOCATION PER G	0	60,543,644 2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOC-BLDG	220,758	0 3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOC-EQUIP	2,319,455	0 3.01
3.02	5.04	OTHER ADMIN & GENERAL	HOME OFFICE ALLOC-SALARIES	16,884,819	0 3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOC-BENEFITS	3,635,004	0 3.03
3.04	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE ALLOC-MEDICAL RE	4,610,917	0 3.04
3.05	5.03	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE ALLOC-PATIENT AC	5,936,204	0 3.05
3.06	5.04	OTHER ADMIN & GENERAL	HOME OFFICE ALLOC-OTHER NON	17,266,922	0 3.06
3.07	5.04	OTHER ADMIN & GENERAL	CANCER CARE ALLOCATION PER G	0	1,129,789 3.07
3.08	5.04	OTHER ADMIN & GENERAL	CANCER CARE ALLOC-ADMIN	108,361	0 3.08
3.09	13.00	NURSING ADMINISTRATION	CANCER CARE ALLOC-REGISTRY	232,984	0 3.09
3.10	5.04	OTHER ADMIN & GENERAL	CANCER CARE ALLOC-NAVIGATORS	264,834	0 3.10
4.00	1.00	CAP REL COSTS-BLDG & FIXT	CDC LEASE EXPENSE PER GL	0	261,720 4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	CDC LEASE-DEPRECIATION	56,994	0 4.01
4.02	54.00	RADIOLOGY-DIAGNOSTIC	CDC LEASE-OTHER EXPENSES	3,370	0 4.02
4.03	192.00	PHYSICIANS' PRIVATE OFFICES	CDC LEASE-OTHER EXPENSES	390	0 4.03
4.04	1.00	CAP REL COSTS-BLDG & FIXT	800 MAC LEASE EXPENSE PER GL	0	88,700 4.04
4.05	1.00	CAP REL COSTS-BLDG & FIXT	800 MAC LEASE-DEPRECIATION	27,111	0 4.05
4.06	5.02	ADMINISTRATION	800 MAC LEASE-OTHER EXPENSES	19,961	0 4.06
4.07	5.04	OTHER ADMIN & GENERAL	800 MAC LEASE-OTHER EXPENSES	48,205	0 4.07
4.08	23.01	PARAMEDICAL PRGM-(LAB MLS)	800 MAC LEASE-OTHER EXPENSES	9,327	0 4.08
4.09	90.00	CLINIC	800 MAC LEASE-OTHER EXPENSES	33,996	0 4.09
4.10	1.00	CAP REL COSTS-BLDG & FIXT	901 RIDGE RD LEASE EXPENSE P	0	96,711 4.10
4.11	101.00	HOME HEALTH AGENCY	901 RIDGE RD LEASE-OTHER EXP	266,911	0 4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			51,946,523	83,298,745 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	B		0.00	CFNI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0125

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

Worksheet A-8-1

Date/Time Prepared:  
11/22/2022 9:20 am

	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	-21,178,181	0		1.00
2.00	-60,543,644	0		2.00
3.00	220,758	9		3.00
3.01	2,319,455	9		3.01
3.02	16,884,819	0		3.02
3.03	3,635,004	0		3.03
3.04	4,610,917	0		3.04
3.05	5,936,204	0		3.05
3.06	17,266,922	0		3.06
3.07	-1,129,789	0		3.07
3.08	108,361	0		3.08
3.09	232,984	0		3.09
3.10	264,834	0		3.10
4.00	-261,720	10		4.00
4.01	56,994	9		4.01
4.02	3,370	0		4.02
4.03	390	0		4.03
4.04	-88,700	10		4.04
4.05	27,111	9		4.05
4.06	19,961	0		4.06
4.07	48,205	0		4.07
4.08	9,327	0		4.08
4.09	33,996	0		4.09
4.10	-96,711	10		4.10
4.11	266,911	0		4.11
5.00	-31,352,222			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0125

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

Worksheet A-8-2

Date/Time Prepared:  
11/22/2022 9:20 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	31.00	INTENSIVE CARE UNIT	1,430,056	1,430,056	0	0	0	1.00
2.00	31.01	NEONATAL INTENSIVE CARE	292,906	292,906	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	13,210,069	13,210,069	0	0	0	3.00
4.00	90.00	CLINIC	346,759	346,759	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	83,837	83,837	0	0	0	5.00
6.00	31.01	NEONATAL INTENSIVE CARE	17,172	17,172	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	774,443	774,443	0	0	0	7.00
8.00	90.00	CLINIC	20,329	20,329	0	0	0	8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	667,021	667,021	0	0	0	9.00
10.00	5.04	OTHER ADMIN & GENERAL	150,000	150,000	0	0	0	10.00
11.00	31.01	NEONATAL INTENSIVE CARE	30,000	30,000	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	7,200	7,200	0	0	0	12.00
13.00	57.00	CT SCAN	7,735	7,735	0	0	0	13.00
14.00	58.00	MRI	5,255	5,255	0	0	0	14.00
200.00			17,042,782	17,042,782	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	31.01	NEONATAL INTENSIVE CARE	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	90.00	CLINIC	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	31.01	NEONATAL INTENSIVE CARE	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	90.00	CLINIC	0	0	0	0	0	8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	9.00
10.00	5.04	OTHER ADMIN & GENERAL	0	0	0	0	0	10.00
11.00	31.01	NEONATAL INTENSIVE CARE	0	0	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	12.00
13.00	57.00	CT SCAN	0	0	0	0	0	13.00
14.00	58.00	MRI	0	0	0	0	0	14.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,430,056		1.00
2.00	31.01	NEONATAL INTENSIVE CARE	0	0	0	292,906		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	13,210,069		3.00
4.00	90.00	CLINIC	0	0	0	346,759		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	83,837		5.00
6.00	31.01	NEONATAL INTENSIVE CARE	0	0	0	17,172		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	774,443		7.00
8.00	90.00	CLINIC	0	0	0	20,329		8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	667,021		9.00
10.00	5.04	OTHER ADMIN & GENERAL	0	0	0	150,000		10.00
11.00	31.01	NEONATAL INTENSIVE CARE	0	0	0	30,000		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	7,200		12.00
13.00	57.00	CT SCAN	0	0	0	7,735		13.00
14.00	58.00	MRI	0	0	0	5,255		14.00
200.00			0	0	0	17,042,782		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

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

Worksheet B  
Part I  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING & RECEIVING STORES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	14,167,623	14,167,623			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	16,316,905		16,316,905		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	29,016,887	30,073	14,971	29,061,931	4.00
5.01 00505	PURCHASING & RECEIVING STORES	607,226	125,734	388	107,609	840,957
5.02 00506	ADMITTING	4,821,034	118,825	12,794	608,615	775
5.03 00507	CASHIERING/ACCOUNTS RECEIVABLE	5,935,997	162,278	0	0	0
5.04 00508	OTHER ADMIN & GENERAL	56,208,940	843,959	631,468	1,904,424	13,072
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	15,471,235	2,151,620	385,060	572,215	194
8.00 00800	LAUNDRY & LINEN SERVICE	1,659,157	23,677	0	21,167	0
9.00 00900	HOUSEKEEPING	6,131,221	60,070	37,712	604,574	2,711
10.00 01000	DIETARY	4,789,451	172,620	85,649	397,940	6,972
11.00 01100	CAFETERIA	484,569	179,333	36,707	181,354	3,002
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	8,528,097	67,101	445,405	967,387	10,748
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00 01500	PHARMACY	0	0	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	4,610,917	21,077	289	0	0
17.00 01700	SOCIAL SERVICE	1,085,828	15,513	0	140,463	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(PHARMACY)	356,677	3,447	0	47,789	0
23.01 02301	PARAMED ED PRGM-(LAB MLS)	232,448	15,452	2,293	28,094	290
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	48,543,992	2,763,796	525,971	5,800,012	89,470
31.00 03100	INTENSIVE CARE UNIT	15,827,671	548,009	686,312	2,039,498	36,408
31.01 02060	NEONATAL INTENSIVE CARE	3,959,191	167,993	113,245	497,567	9,102
41.00 04100	SUBPROVIDER - IRF	1,606,789	103,418	0	148,281	1,549
43.00 04300	NURSERY	1,922,813	29,438	33,055	221,128	3,583
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	33,911,809	1,194,748	3,379,212	2,456,704	176,228
51.00 05100	RECOVERY ROOM	7,674,119	589,028	162,277	911,771	11,135
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,682,490	234,036	35,241	435,027	3,776
53.00 05300	ANESTHESIOLOGY	1,895,947	18,310	193,587	2,002,964	20,528
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,248,722	307,471	1,306,706	649,591	14,331
55.00 05500	RADIOLOGY-THERAPEUTIC	3,224,791	216,558	1,598,790	202,236	1,065
56.00 05600	RADIOISOTOPE	2,347,866	60,841	410,542	124,031	775
57.00 05700	CT SCAN	2,987,816	88,903	780,933	235,399	10,167
58.00 05800	MRI	2,191,344	60,826	458,425	151,965	3,292
59.00 05900	CARDIAC CATHETERIZATION	6,536,549	171,668	1,962,110	485,743	48,027
60.00 06000	LABORATORY	19,155,941	395,528	771,680	1,013,805	252,429
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,991,374	24,569	20,326	59,519	6,875
64.00 06400	INTRAVENOUS THERAPY	506,070	62,580	47,360	50,923	2,518
65.00 06500	RESPIRATORY THERAPY	6,223,475	64,606	480,114	634,538	12,685
66.00 06600	PHYSICAL THERAPY	7,991,635	448,537	114,456	864,327	8,134
67.00 06700	OCCUPATIONAL THERAPY	2,210,408	46,130	18,578	248,594	1,162
68.00 06800	SPEECH PATHOLOGY	1,803,361	26,051	41,613	208,986	968
69.00 06900	ELECTROCARDIOLOGY	4,708,990	243,909	528,171	469,620	11,813
70.00 07000	ELECTROENCEPHALOGRAPHY	1,357,320	40,657	53,812	119,296	5,132
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,167,298	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	39,295,816	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	22,472,961	79,075	243,306	637,848	5,907
74.00 07400	RENAL DIALYSIS	2,097,914	20,033	0	17,774	581
76.97 07697	CARDIAC REHABILITATION	968,888	68,280	35,016	119,042	290
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	3,437,163	122,983	4,322	398,084	9,392
91.00 09100	EMERGENCY	11,325,686	377,566	215,321	1,200,329	51,997
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	5,663,558	0	0	647,071	97
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	477,363,979	12,566,326	15,873,217	28,633,304	837,180
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,264	0	0	0
191.00 19100	RESEARCH	703,470	4,989	0	78,970	97
192.00 19200	PHYSICIANS' PRIVATE OFFICES	369,504	675,179	0	10,465	0
194.00 07950	OTHER NONREIMBURSEABLE	765,444	106,789	106,774	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
From 07/01/2021  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING & RECEIVING STORES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.01 07951 ADVERTISING	506,267	0	0	0	0	194.01
194.02 07952 RETAIL PHARMACY	9,423,424	25,129	541	88,119	484	194.02
194.03 07953 FITNESS POINTE	1,666,443	699,356	108,715	143,377	0	194.03
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	352,903	22,407	6,696	34,790	2,324	194.04
194.05 07955 EINSTEIN BAGELS	398,028	9,147	5,752	21,964	678	194.05
194.06 07956 NONRTHWESTERN IMAGING	856,172	40,037	215,210	50,942	194	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	492,405,634	14,167,623	16,316,905	29,061,931	840,957	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
<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	00505	PURCHASING & RECEIVING STORES						5.01
5.02	00506	ADMINING	5,562,043					5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	0	6,098,275				5.03
5.04	00508	OTHER ADMIN & GENERAL	0	0	59,601,863	59,601,863		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	18,580,324	2,558,715		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,704,001	234,660	0	8.00
9.00	00900	HOUSEKEEPING	0	0	6,836,288	941,432	0	9.00
10.00	01000	DIETARY	0	0	5,452,632	750,887	0	10.00
11.00	01100	CAFETERIA	0	0	884,965	121,869	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	10,018,738	1,379,690	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,632,283	637,916	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,241,804	171,010	0	17.00
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-(PHARMACY)	0	0	407,913	56,174	0	23.00
23.01	02301	PARAMED ED PRGM-(LAB MLS)	0	0	278,577	38,363	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	451,395	494,931	58,669,567	8,079,471	0	30.00
31.00	03100	INTENSIVE CARE UNIT	91,098	99,884	19,328,880	2,661,799	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE	55,793	61,174	4,864,065	669,835	0	31.01
41.00	04100	SUBPROVIDER - I RF	8,288	9,087	1,877,412	258,540	0	41.00
43.00	04300	NURSERY	15,428	16,916	2,242,361	308,798	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	815,911	894,398	42,829,010	5,898,026	0	50.00
51.00	05100	RECOVERY ROOM	90,893	99,660	9,538,883	1,313,609	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,982	28,488	4,445,040	612,131	0	52.00
53.00	05300	ANESTHESIOLOGY	136,017	149,136	4,416,489	608,199	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	233,721	256,263	10,016,805	1,379,424	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	126,809	139,039	5,509,288	758,690	0	55.00
56.00	05600	RADIOISOTOPE	94,191	103,275	3,141,521	432,622	0	56.00
57.00	05700	CT SCAN	339,699	372,461	4,815,378	663,131	0	57.00
58.00	05800	MRI	169,633	185,993	3,221,478	443,633	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	417,254	457,497	10,078,848	1,387,968	0	59.00
60.00	06000	LABORATORY	635,907	697,238	22,922,528	3,156,684	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	31,720	34,779	3,169,162	436,428	0	63.00
64.00	06400	INTRAVENOUS THERAPY	12,014	13,172	694,637	95,659	0	64.00
65.00	06500	RESPIRATORY THERAPY	62,406	68,425	7,546,249	1,039,201	0	65.00
66.00	06600	PHYSICAL THERAPY	89,191	97,793	9,614,073	1,323,964	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,884	34,959	2,591,715	356,908	0	67.00
68.00	06800	SPEECH PATHOLOGY	15,831	17,358	2,114,168	291,144	0	68.00
69.00	06900	ELECTROCARDIOLOGY	225,097	246,806	6,434,406	886,088	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50,474	55,342	1,682,033	231,634	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	172,360	188,983	31,528,641	4,341,841	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	238,070	261,031	39,794,917	5,480,198	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	387,687	425,078	24,251,862	3,339,748	0	73.00
74.00	07400	RENAL DIALYSIS	24,634	27,009	2,187,945	301,304	0	74.00
76.97	07697	CARDIAC REHABILITATION	10,611	11,634	1,213,761	167,148	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	39,052	42,819	4,053,815	558,255	0	90.00
91.00	09100	EMERGENCY	438,894	481,224	14,091,017	1,940,488	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	24,099	26,423	6,361,248	876,014	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,562,043	6,098,275	474,886,590	57,189,298	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	18,264	2,515	0	190.00
191.00	19100	RESEARCH	0	0	787,526	108,451	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,055,148	145,305	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	979,007	134,820	0	194.00
194.01	07951	ADVERTISING	0	0	506,267	69,719	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	9,537,697	1,313,446	0	194.02
194.03	07953	FITNESS POINTE	0	0	2,617,891	360,512	0	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	419,120	57,717	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description		ADM ITTING	CASHI ERING/ACC OUNTS RECEI VABLE	Subtotal	OTHER ADMI N & GENERAL	MAINTENANCE & REPAI RS	
		5.02	5.03	5A.03	5.04	6.00	
194.05	07955 EINSTEIN BAGELS	0	0	435,569	59,983	0	194.05
194.06	07956 NONRTHWESTERN IMAGING	0	0	1,162,555	160,097	0	194.06
200.00	Cross Foot Adjustments			0			200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,562,043	6,098,275	492,405,634	59,601,863	0	202.00



COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
<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	00505	PURCHASING & RECEIVING STORES					5.01	
5.02	00506	ADMITTING					5.02	
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE					5.03	
5.04	00508	OTHER ADMIN & GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	21,139,039				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	46,624	1,985,285			8.00	
9.00	00900	HOUSEKEEPING	118,287	0	7,896,007		9.00	
10.00	01000	DIETARY	339,914	0	127,965	6,671,398	10.00	
11.00	01100	CAFETERIA	353,133	0	132,942	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	132,131	0	49,743	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00	
15.00	01500	PHARMACY	0	0	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	41,503	0	15,624	0	16.00	
17.00	01700	SOCIAL SERVICE	30,547	0	11,500	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(PHARMACY)	6,788	0	2,555	0	23.00	
23.01	02301	PARAMED ED PRGM-(LAB MLS)	30,428	0	11,455	0	23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,442,315	1,535,789	2,048,835	5,223,668	377,689	30.00
31.00	03100	INTENSIVE CARE UNIT	1,079,109	255,188	406,246	453,595	107,800	31.00
31.01	02060	NEONATAL INTENSIVE CARE	330,804	79,461	124,536	0	27,919	31.01
41.00	04100	SUBPROVIDER - I&R	203,645	49,737	76,665	136,663	12,409	41.00
43.00	04300	NURSERY	57,967	65,110	21,823	0	13,184	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,352,633	0	885,682	0	172,169	50.00
51.00	05100	RECOVERY ROOM	1,159,882	0	436,654	326,274	62,043	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	460,850	0	173,494	128,377	25,593	52.00
53.00	05300	ANESTHESIOLOGY	36,055	0	13,573	0	38,001	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	605,456	0	227,932	0	51,185	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	426,433	0	160,537	0	11,633	55.00
56.00	05600	RADIOISOTOPE	119,805	0	45,102	0	7,755	56.00
57.00	05700	CT SCAN	175,063	0	65,905	0	17,837	57.00
58.00	05800	MRI	119,775	0	45,091	0	10,082	58.00
59.00	05900	CARDIAC CATHETERIZATION	338,038	0	127,259	0	28,695	59.00
60.00	06000	LABORATORY	778,852	0	293,210	0	89,962	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	48,381	0	18,214	0	3,878	63.00
64.00	06400	INTRAVENOUS THERAPY	123,229	0	46,391	0	3,102	64.00
65.00	06500	RESPIRATORY THERAPY	127,218	0	47,893	0	36,450	65.00
66.00	06600	PHYSICAL THERAPY	883,235	0	332,506	0	62,043	66.00
67.00	06700	OCCUPATIONAL THERAPY	90,836	0	34,197	0	16,286	67.00
68.00	06800	SPEECH PATHOLOGY	51,298	0	19,312	0	13,184	68.00
69.00	06900	ELECTROCARDIOLOGY	480,292	0	180,813	0	37,226	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	80,059	0	30,139	0	10,082	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	155,711	0	58,620	0	39,552	73.00
74.00	07400	RENAL DIALYSIS	39,449	0	14,851	0	1,551	74.00
76.97	07697	CARDIAC REHABILITATION	134,453	0	50,617	0	8,531	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	242,171	0	91,169	0	29,470	90.00
91.00	09100	EMERGENCY	743,482	0	279,894	402,821	84,534	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,985,851	1,985,285	6,708,944	6,671,398	1,478,174	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,965	0	13,540	0	0	190.00
191.00	19100	RESEARCH	9,825	0	3,699	0	4,653	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,329,526	0	500,519	0	776	192.00
194.00	07950	OTHER NONREIMBURSEABLE	210,284	0	79,164	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	49,482	0	18,628	0	6,204	194.02
194.03	07953	FITNESS POINTE	1,377,133	0	518,441	0	0	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	44,123	0	16,611	0	0	194.04
194.05	07955	EINSTEIN BAGELS	18,012	0	6,781	0	3,102	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

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

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.06	07956 NONRTHWESTERN IMAGING	78,838	0	29,680	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	21,139,039	1,985,285	7,896,007	6,671,398	1,492,909	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

Period:  
From 07/01/2021  
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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00505						5.01
5.02	00506						5.02
5.03	00507						5.03
5.04	00508						5.04
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	0	11,641,569				13.00
14.00	01400	0	0	0			14.00
15.00	01500	0	0	0	0		15.00
16.00	01600	0	0	0	0	5,327,326	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	4,822,814	0	0	432,359	30.00
31.00	03100	0	1,374,589	0	0	87,256	31.00
31.01	02060	0	353,527	0	0	53,440	31.01
41.00	04100	0	153,407	0	0	7,938	41.00
43.00	04300	0	164,826	0	0	14,777	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	2,199,605	0	0	781,347	50.00
51.00	05100	0	793,214	0	0	87,060	51.00
52.00	05200	0	323,334	0	0	24,886	52.00
53.00	05300	0	0	0	0	130,281	53.00
54.00	05400	0	0	0	0	223,865	54.00
55.00	05500	0	0	0	0	121,461	55.00
56.00	05600	0	0	0	0	90,219	56.00
57.00	05700	0	0	0	0	325,373	57.00
58.00	05800	0	0	0	0	162,479	58.00
59.00	05900	0	0	0	0	399,658	59.00
60.00	06000	0	0	0	0	609,090	60.00
63.00	06300	0	0	0	0	30,382	63.00
64.00	06400	0	0	0	0	11,507	64.00
65.00	06500	0	0	0	0	59,774	65.00
66.00	06600	0	0	0	0	85,430	66.00
67.00	06700	0	0	0	0	30,540	67.00
68.00	06800	0	0	0	0	15,164	68.00
69.00	06900	0	0	0	0	215,604	69.00
70.00	07000	0	0	0	0	48,345	70.00
71.00	07100	0	0	0	0	165,091	71.00
72.00	07200	0	0	0	0	228,030	72.00
73.00	07300	0	0	0	0	371,338	73.00
74.00	07400	0	0	0	0	23,595	74.00
76.97	07697	0	0	0	0	10,163	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	380,219	0	0	37,405	90.00
91.00	09100	0	1,076,034	0	0	420,386	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	0	0	0	23,083	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		0	11,641,569	0	0	5,327,326	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
194.05	07955 EINSTEIN BAGELS	0	0	0	0	0	194.05
194.06	07956 NONRTHWESTERN IMAGING	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	11,641,569	0	0	5,327,326	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

Period:  
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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM-(PHARMACY)	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	19.00		
<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 00505 PURCHASING & RECEIVING STORES						5.01
5.02 00506 ADMITTING						5.02
5.03 00507 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00508 OTHER ADMIN & GENERAL						5.04
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	1,466,494					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0		0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0			0		22.00
23.00 02300 PARAMED PRGM-(PHARMACY)	0				477,308	23.00
23.01 02301 PARAMED PRGM-(LAB MLS)	0					23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	1,134,459	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	188,503	0	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE	58,696	0	0	0	0	31.01
41.00 04100 SUBPROVIDER - I RF	36,740	0	0	0	0	41.00
43.00 04300 NURSERY	48,096	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 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
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	477,308	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,466,494	0	0	477,308	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 OTHER NONREIMBURSEABLE	0	0	0	0	0	194.00
194.01 07951 ADVERTISING	0	0	0	0	0	194.01
194.02 07952 RETAIL PHARMACY	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM-(PHARMACY )		
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			17.00	19.00			21.00
194.03 07953 FITNESS POINTE	0	0	0	0	0	0	194.03
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	0	0	0	0	194.04
194.05 07955 EINSTEIN BAGELS	0	0	0	0	0	0	194.05
194.06 07956 NONRTHWESTERN IMAGING	0	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments		0	0	0	0	0	200.00
201.00 Negative Cost Centers		0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1,466,494	0	0	0	0	477,308	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description			PARAMED PRGM-(LAB MLS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	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	00505	PURCHASING & RECEIVING STORES					5.01
5.02	00506	ADMINISTRATIVE					5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00508	OTHER ADMIN & GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED PRGM-(PHARMACY)					23.00
23.01	02301	PARAMED PRGM-(LAB MLS)	360,374				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	87,766,966	0	87,766,966	30.00
31.00	03100	INTENSIVE CARE UNIT	0	25,942,965	0	25,942,965	31.00
31.01	02060	NEONATAL INTENSIVE CARE	0	6,562,283	0	6,562,283	31.01
41.00	04100	SUBPROVIDER - I RF	0	2,813,156	0	2,813,156	41.00
43.00	04300	NURSERY	0	2,936,942	0	2,936,942	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	55,118,472	0	55,118,472	50.00
51.00	05100	RECOVERY ROOM	0	13,717,619	0	13,717,619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,193,705	0	6,193,705	52.00
53.00	05300	ANESTHESIOLOGY	0	5,242,598	0	5,242,598	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,504,667	0	12,504,667	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,988,042	0	6,988,042	55.00
56.00	05600	RADIOISOTOPE	0	3,837,024	0	3,837,024	56.00
57.00	05700	CT SCAN	0	6,062,687	0	6,062,687	57.00
58.00	05800	MRI	0	4,002,538	0	4,002,538	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,360,466	0	12,360,466	59.00
60.00	06000	LABORATORY	360,374	28,210,700	0	28,210,700	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,706,445	0	3,706,445	63.00
64.00	06400	INTRAVENOUS THERAPY	0	974,525	0	974,525	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,856,785	0	8,856,785	65.00
66.00	06600	PHYSICAL THERAPY	0	12,301,251	0	12,301,251	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,120,482	0	3,120,482	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,504,270	0	2,504,270	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,234,429	0	8,234,429	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,082,292	0	2,082,292	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	36,035,573	0	36,035,573	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	45,503,145	0	45,503,145	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,694,139	0	28,694,139	73.00
74.00	07400	RENAL DIALYSIS	0	2,568,695	0	2,568,695	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,584,673	0	1,584,673	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	5,392,504	0	5,392,504	90.00
91.00	09100	EMERGENCY	0	19,038,656	0	19,038,656	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	7,260,345	0	7,260,345	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	360,374	468,119,039	0	468,119,039	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	70,284	0	70,284	190.00
191.00	19100	RESEARCH	0	914,154	0	914,154	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,031,274	0	3,031,274	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	1,403,275	0	1,403,275	194.00
194.01	07951	ADVERTISING	0	575,986	0	575,986	194.01
194.02	07952	RETAIL PHARMACY	0	10,925,457	0	10,925,457	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM-(LAB MLS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
194.03	07953	FITNESS POINTE	0	4,873,977	0	4,873,977	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	537,571	0	537,571	194.04
194.05	07955	EINSTEIN BAGELS	0	523,447	0	523,447	194.05
194.06	07956	NONRTHWESTERN IMAGING	0	1,431,170	0	1,431,170	194.06
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	360,374	492,405,634	0	492,405,634	202.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<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	30,073	14,971	45,044	45,044 4.00
5.01 00505	PURCHASING & RECEIVING STORES	0	125,734	388	126,122	167 5.01
5.02 00506	ADMINISTRATIVE	0	118,825	12,794	131,619	945 5.02
5.03 00507	CASHIERING/ACCOUNTS RECEIVABLE	0	162,278	0	162,278	0 5.03
5.04 00508	OTHER ADMIN & GENERAL	0	843,959	631,468	1,475,427	2,956 5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	2,151,620	385,060	2,536,680	888 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	23,677	0	23,677	33 8.00
9.00 00900	HOUSEKEEPING	0	60,070	37,712	97,782	938 9.00
10.00 01000	DIETARY	0	172,620	85,649	258,269	618 10.00
11.00 01100	CAFETERIA	0	179,333	36,707	216,040	281 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	67,101	445,405	512,506	1,501 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	21,077	289	21,366	0 16.00
17.00 01700	SOCIAL SERVICE	0	15,513	0	15,513	218 17.00
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-(PHARMACY)	0	3,447	0	3,447	74 23.00
23.01 02301	PARAMED ED PRGM-(LAB MLS)	0	15,452	2,293	17,745	44 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	2,763,796	525,971	3,289,767	8,943 30.00
31.00 03100	INTENSIVE CARE UNIT	0	548,009	686,312	1,234,321	3,165 31.00
31.01 02060	NEONATAL INTENSIVE CARE	0	167,993	113,245	281,238	772 31.01
41.00 04100	SUBPROVIDER - I&R	0	103,418	0	103,418	230 41.00
43.00 04300	NURSERY	0	29,438	33,055	62,493	343 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	1,194,748	3,379,212	4,573,960	3,813 50.00
51.00 05100	RECOVERY ROOM	0	589,028	162,277	751,305	1,415 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	234,036	35,241	269,277	675 52.00
53.00 05300	ANESTHESIOLOGY	0	18,310	193,587	211,897	3,108 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	307,471	1,306,706	1,614,177	1,008 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	216,558	1,598,790	1,815,348	314 55.00
56.00 05600	RADIOISOTOPE	0	60,841	410,542	471,383	192 56.00
57.00 05700	CT SCAN	0	88,903	780,933	869,836	365 57.00
58.00 05800	MRI	0	60,826	458,425	519,251	236 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	171,668	1,962,110	2,133,778	754 59.00
60.00 06000	LABORATORY	0	395,528	771,680	1,167,208	1,573 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	24,569	20,326	44,895	92 63.00
64.00 06400	INTRAVENOUS THERAPY	0	62,580	47,360	109,940	79 64.00
65.00 06500	RESPIRATORY THERAPY	0	64,606	480,114	544,720	985 65.00
66.00 06600	PHYSICAL THERAPY	0	448,537	114,456	562,993	1,341 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	46,130	18,578	64,708	386 67.00
68.00 06800	SPEECH PATHOLOGY	0	26,051	41,613	67,664	324 68.00
69.00 06900	ELECTROCARDIOLOGY	0	243,909	528,171	772,080	729 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	40,657	53,812	94,469	185 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	79,075	243,306	322,381	990 73.00
74.00 07400	RENAL DIALYSIS	0	20,033	0	20,033	28 74.00
76.97 07697	CARDIAC REHABILITATION	0	68,280	35,016	103,296	185 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	122,983	4,322	127,305	618 90.00
91.00 09100	EMERGENCY	0	377,566	215,321	592,887	1,863 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	1,004 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	12,566,326	15,873,217	28,439,543	44,378 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,264	0	18,264	0 190.00
191.00 19100	RESEARCH	0	4,989	0	4,989	123 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	675,179	0	675,179	16 192.00
194.00 07950	OTHER NONREIMBURSEABLE	0	106,789	106,774	213,563	0 194.00
194.01 07951	ADVERTISING	0	0	0	0	0 194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0125		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/22/2022 9:20 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	2A	4.00		
194.02 07952 RETAIL PHARMACY	0	25,129	541	25,670	137	194.02	
194.03 07953 FITNESS POINTE	0	699,356	108,715	808,071	223	194.03	
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	0	22,407	6,696	29,103	54	194.04	
194.05 07955 EINSTEIN BAGELS	0	9,147	5,752	14,899	34	194.05	
194.06 07956 NONRTHWESTERN IMAGING	0	40,037	215,210	255,247	79	194.06	
200.00 Cross Foot Adjustments				0		200.00	
201.00 Negative Cost Centers		0	0	0	0	201.00	
202.00 TOTAL (sum lines 118 through 201)	0	14,167,623	16,316,905	30,484,528	45,044	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description			PURCHASING & RECEIVING STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
<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	00505	PURCHASING & RECEIVING STORES	126,289					5.01
5.02	00506	ADMINITTING	116	132,680				5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	0	0	162,278			5.03
5.04	00508	OTHER ADMIN & GENERAL	1,963	0	0	1,480,346		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	29	0	0	63,545		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	5,828	0	8.00
9.00	00900	HOUSEKEEPING	407	0	0	23,380	0	9.00
10.00	01000	DIETARY	1,047	0	0	18,648	0	10.00
11.00	01100	CAFETERIA	451	0	0	3,027	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,614	0	0	34,264	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	15,842	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	4,247	0	17.00
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-(PHARMACY)	0	0	0	1,395	0	23.00
23.01	02301	PARAMED ED PRGM-(LAB MLS)	44	0	0	953	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	13,436	10,752	13,219	200,807	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,467	2,170	2,668	66,105	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE	1,367	1,329	1,634	16,635	0	31.01
41.00	04100	SUBPROVIDER - I RF	233	197	243	6,421	0	41.00
43.00	04300	NURSERY	538	367	452	7,669	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	26,465	19,633	23,283	146,475	0	50.00
51.00	05100	RECOVERY ROOM	1,672	2,165	2,662	32,623	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	567	619	761	15,202	0	52.00
53.00	05300	ANESTHESIOLOGY	3,083	3,240	3,983	15,104	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,152	5,567	6,845	34,257	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	160	3,020	3,714	18,842	0	55.00
56.00	05600	RADIOISOTOPE	116	2,244	2,758	10,744	0	56.00
57.00	05700	CT SCAN	1,527	8,091	9,948	16,469	0	57.00
58.00	05800	MRI	494	4,040	4,968	11,017	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,212	9,939	12,219	34,470	0	59.00
60.00	06000	LABORATORY	37,909	15,147	18,623	78,395	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,032	756	929	10,839	0	63.00
64.00	06400	INTRAVENOUS THERAPY	378	286	352	2,376	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,905	1,486	1,828	25,808	0	65.00
66.00	06600	PHYSICAL THERAPY	1,221	2,124	2,612	32,880	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	174	759	934	8,864	0	67.00
68.00	06800	SPEECH PATHOLOGY	145	377	464	7,230	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,774	5,362	6,592	22,006	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	771	1,202	1,478	5,753	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,105	5,048	107,828	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,671	6,972	136,099	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	887	9,234	11,354	82,941	0	73.00
74.00	07400	RENAL DIALYSIS	87	587	721	7,483	0	74.00
76.97	07697	CARDIAC REHABILITATION	44	253	311	4,151	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,410	930	1,144	13,864	0	90.00
91.00	09100	EMERGENCY	7,809	10,454	12,853	48,191	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	15	574	706	21,755	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	125,721	132,680	162,278	1,420,432	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	62	0	190.00
191.00	19100	RESEARCH	15	0	0	2,693	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,609	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	3,348	0	194.00
194.01	07951	ADVERTISING	0	0	0	1,731	0	194.01
194.02	07952	RETAIL PHARMACY	73	0	0	32,619	0	194.02
194.03	07953	FITNESS POINTE	0	0	0	8,953	0	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	349	0	0	1,433	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0125		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/22/2022 9:20 am	
Cost Center Description		PURCHASING & RECEIVING STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	
		5.01	5.02	5.03	5.04	6.00	
194.05	07955 EINSTEIN BAGELS	102	0	0	1,490	0	194.05
194.06	07956 NONRTHWESTERN IMAGING	29	0	0	3,976	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	126,289	132,680	162,278	1,480,346	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/22/2022 9:20 am		
Cost Center Description				OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
				7.00	8.00	9.00	10.00	11.00
<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	00505	PURCHASING & RECEIVING STORES						5.01
5.02	00506	ADMITTING						5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00508	OTHER ADMIN & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	2,601,142					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,737	35,275				8.00
9.00	00900	HOUSEKEEPING	14,555	0	137,062			9.00
10.00	01000	DIETARY	41,826	0	2,221	322,629		10.00
11.00	01100	CAFETERIA	43,453	0	2,308	0	265,560	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	16,259	0	863	0	10,898	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,107	0	271	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,759	0	200	0	2,069	17.00
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-(PHARMACY)	835	0	44	0	690	23.00
23.01	02301	PARAMED ED PRGM-(LAB MLS)	3,744	0	199	0	276	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	669,676	27,288	35,561	252,617	67,183	30.00
31.00	03100	INTENSIVE CARE UNIT	132,783	4,534	7,052	21,936	19,176	31.00
31.01	02060	NEONATAL INTENSIVE CARE	40,705	1,412	2,162	0	4,966	31.01
41.00	04100	SUBPROVIDER - IRF	25,058	884	1,331	6,609	2,207	41.00
43.00	04300	NURSERY	7,133	1,157	379	0	2,345	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	289,490	0	15,374	0	30,626	50.00
51.00	05100	RECOVERY ROOM	142,723	0	7,580	15,779	11,036	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,707	0	3,012	6,208	4,552	52.00
53.00	05300	ANESTHESIOLOGY	4,436	0	236	0	6,760	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	74,501	0	3,957	0	9,105	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	52,472	0	2,787	0	2,069	55.00
56.00	05600	RADIOISOTOPE	14,742	0	783	0	1,380	56.00
57.00	05700	CT SCAN	21,541	0	1,144	0	3,173	57.00
58.00	05800	MRI	14,738	0	783	0	1,793	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,595	0	2,209	0	5,104	59.00
60.00	06000	LABORATORY	95,837	0	5,090	0	16,003	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,953	0	316	0	690	63.00
64.00	06400	INTRAVENOUS THERAPY	15,163	0	805	0	552	64.00
65.00	06500	RESPIRATORY THERAPY	15,654	0	831	0	6,484	65.00
66.00	06600	PHYSICAL THERAPY	108,681	0	5,772	0	11,036	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,177	0	594	0	2,897	67.00
68.00	06800	SPEECH PATHOLOGY	6,312	0	335	0	2,345	68.00
69.00	06900	ELECTROCARDIOLOGY	59,100	0	3,139	0	6,622	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,851	0	523	0	1,793	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,160	0	1,018	0	7,036	73.00
74.00	07400	RENAL DIALYSIS	4,854	0	258	0	276	74.00
76.97	07697	CARDIAC REHABILITATION	16,544	0	879	0	1,517	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	29,799	0	1,583	0	5,242	90.00
91.00	09100	EMERGENCY	91,485	0	4,859	19,480	15,037	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,213,145	35,275	116,458	322,629	262,938	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,426	0	235	0	0	190.00
191.00	19100	RESEARCH	1,209	0	64	0	828	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	163,597	0	8,688	0	138	192.00
194.00	07950	OTHER NONREIMBURSEABLE	25,875	0	1,374	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	6,089	0	323	0	1,104	194.02
194.03	07953	FITNESS POINTE	169,455	0	8,999	0	0	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	5,429	0	288	0	0	194.04
194.05	07955	EINSTEIN BAGELS	2,216	0	118	0	552	194.05

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0125			Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/22/2022 9:20 am	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
			7.00	8.00	9.00	10.00	11.00		
194.06	07956	NONRTHWESTERN IMAGING	9,701	0	515	0	0	0	194.06
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,601,142	35,275	137,062	322,629	265,560		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/22/2022 9:20 am
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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
<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	00505	PURCHASING & RECEIVING STORES					5.01
5.02	00506	ADMITTING					5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00508	OTHER ADMIN & GENERAL					5.04
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	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	577,905			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0		14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(LAB MLS)	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	239,411	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	68,237	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE	0	17,550	0	0	31.01
41.00	04100	SUBPROVIDER - I RF	0	7,615	0	0	41.00
43.00	04300	NURSERY	0	8,182	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	109,192	0	0	50.00
51.00	05100	RECOVERY ROOM	0	39,376	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,051	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	18,875	0	0	90.00
91.00	09100	EMERGENCY	0	53,416	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	577,905	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	194.02
194.03	07953	FITNESS POINTE	0	0	0	0	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	0	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0125			Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/22/2022 9:20 am	
Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		12.00	13.00	14.00	15.00	16.00		
194.05	07955 EINSTEIN BAGELS	0	0	0	0	0	0	194.05
194.06	07956 NONRTHWESTERN IMAGING	0	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	577,905	0	0	0	42,586	202.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM-(PHARMACY)	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	19.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.01 00505						5.01
5.02 00506						5.02
5.03 00507						5.03
5.04 00508						5.04
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						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700						17.00
19.00 01900	26,006	0	0	0		19.00
21.00 02100	0	0	0	0		21.00
22.00 02200	0	0	0	0	6,485	22.00
23.00 02300	0	0	0	0		23.00
23.01 02301	0	0	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	20,117					30.00
31.00 03100	3,343					31.00
31.01 02060	1,041					31.01
41.00 04100	652					41.00
43.00 04300	853					43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	0					50.00
51.00 05100	0					51.00
52.00 05200	0					52.00
53.00 05300	0					53.00
54.00 05400	0					54.00
55.00 05500	0					55.00
56.00 05600	0					56.00
57.00 05700	0					57.00
58.00 05800	0					58.00
59.00 05900	0					59.00
60.00 06000	0					60.00
63.00 06300	0					63.00
64.00 06400	0					64.00
65.00 06500	0					65.00
66.00 06600	0					66.00
67.00 06700	0					67.00
68.00 06800	0					68.00
69.00 06900	0					69.00
70.00 07000	0					70.00
71.00 07100	0					71.00
72.00 07200	0					72.00
73.00 07300	0					73.00
74.00 07400	0					74.00
76.97 07697	0					76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	0					90.00
91.00 09100	0					91.00
92.00 09200	0					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	0					101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	26,006	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	0					190.00
191.00 19100	0					191.00
192.00 19200	0					192.00
194.00 07950	0					194.00
194.01 07951	0					194.01
194.02 07952	0					194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM- (PHARMACY)		
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			17.00	19.00			21.00
194.03 07953 FITNESS POINTE		0					194.03
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY		0					194.04
194.05 07955 EINSTEIN BAGELS		0					194.05
194.06 07956 NONRTHWESTERN IMAGING		0					194.06
200.00 Cross Foot Adjustments			0	0	0	6,485	200.00
201.00 Negative Cost Centers			0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	26,006	0	0	0	0	6,485	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/22/2022 9:20 am
Cost Center Description			PARAMED ED PRGM-(LAB MLS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.01	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	00505	PURCHASING & RECEIVING STORES				5.01
5.02	00506	ADMITTING				5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00508	OTHER ADMIN & GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)				23.00
23.01	02301	PARAMED ED PRGM-(LAB MLS)	23,005			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS		4,852,302	0	4,852,302
31.00	03100	INTENSIVE CARE UNIT		1,571,668	0	1,571,668
31.01	02060	NEONATAL INTENSIVE CARE		371,247	0	371,247
41.00	04100	SUBPROVIDER - I RF		155,163	0	155,163
43.00	04300	NURSERY		92,031	0	92,031
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM		5,243,831	0	5,243,831
51.00	05100	RECOVERY ROOM		1,009,046	0	1,009,046
52.00	05200	DELIVERY ROOM & LABOR ROOM		373,834	0	373,834
53.00	05300	ANESTHESIOLOGY		252,909	0	252,909
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,753,394	0	1,753,394
55.00	05500	RADIOLOGY-THERAPEUTIC		1,899,716	0	1,899,716
56.00	05600	RADIOISOTOPE		505,078	0	505,078
57.00	05700	CT SCAN		934,747	0	934,747
58.00	05800	MRI		558,645	0	558,645
59.00	05900	CARDIAC CATHETERIZATION		2,250,539	0	2,250,539
60.00	06000	LABORATORY		1,440,751	0	1,440,751
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		65,750	0	65,750
64.00	06400	INTRAVENOUS THERAPY		130,025	0	130,025
65.00	06500	RESPIRATORY THERAPY		600,188	0	600,188
66.00	06600	PHYSICAL THERAPY		729,357	0	729,357
67.00	06700	OCCUPATIONAL THERAPY		90,742	0	90,742
68.00	06800	SPEECH PATHOLOGY		85,320	0	85,320
69.00	06900	ELECTROCARDIOLOGY		879,162	0	879,162
70.00	07000	ELECTROENCEPHALOGRAPHY		116,419	0	116,419
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		118,327	0	118,327
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		150,601	0	150,601
73.00	07300	DRUGS CHARGED TO PATIENTS		458,029	0	458,029
74.00	07400	RENAL DIALYSIS		34,519	0	34,519
76.97	07697	CARDIAC REHABILITATION		127,263	0	127,263
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC		201,075	0	201,075
91.00	09100	EMERGENCY		861,762	0	861,762
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100	HOME HEALTH AGENCY		24,242	0	24,242
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	27,937,682	0	27,937,682
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		22,987	0	22,987
191.00	19100	RESEARCH		9,921	0	9,921
192.00	19200	PHYSICIANS' PRIVATE OFFICES		851,227	0	851,227
194.00	07950	OTHER NONREIMBURSEABLE		244,160	0	244,160
194.01	07951	ADVERTISING		1,731	0	1,731
194.02	07952	RETAIL PHARMACY		66,015	0	66,015

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0125		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/22/2022 9:20 am	
Cost Center Description			PARAMED ED PRGM-(LAB MLS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.01	24.00	25.00	26.00		
194.03	07953	FITNESS POINTE		995,701	0	995,701		194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY		36,656	0	36,656		194.04
194.05	07955	EINSTEIN BAGELS		19,411	0	19,411		194.05
194.06	07956	NONRTHWESTERN IMAGING		269,547	0	269,547		194.06
200.00		Cross Foot Adjustments	23,005	29,490	0	29,490		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	23,005	30,484,528	0	30,484,528		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1  
Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING & RECEIVING STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT	937,039				1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP		39,519,927			2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,989	36,259	203,163,893		4.00	
5.01 00505	PURCHASING & RECEIVING STORES	8,316	939	752,263	8,685	5.01	
5.02 00506	ADMITTING	7,859	30,987	4,254,650	2,171,940,542	5.02	
5.03 00507	CASHIERING/ACCOUNTS RECEIVABLE	10,733	0	0	0	5.03	
5.04 00508	OTHER ADMIN & GENERAL	55,819	1,529,429	13,313,274	135	5.04	
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00	
7.00 00700	OPERATION OF PLANT	142,307	932,624	4,000,192	2	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	1,566	0	147,971	0	8.00	
9.00 00900	HOUSEKEEPING	3,973	91,340	4,226,402	28	9.00	
10.00 01000	DIETARY	11,417	207,444	2,781,886	72	10.00	
11.00 01100	CAFETERIA	11,861	88,905	1,267,790	31	11.00	
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00 01300	NURSING ADMINISTRATION	4,438	1,078,781	6,762,719	111	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00	
15.00 01500	PHARMACY	0	0	0	0	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	1,394	701	0	0	16.00	
17.00 01700	SOCIAL SERVICE	1,026	0	981,939	0	17.00	
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00 02300	PARAMED ED PRGM-(PHARMACY)	228	0	334,078	0	23.00	
23.01 02301	PARAMED ED PRGM-(LAB MLS)	1,022	5,554	196,398	3	23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	182,796	1,273,914	40,546,592	924	176,257,364	30.00
31.00 03100	INTENSIVE CARE UNIT	36,245	1,662,264	14,257,540	376	35,571,109	31.00
31.01 02060	NEONATAL INTENSIVE CARE	11,111	274,281	3,478,345	94	21,785,651	31.01
41.00 04100	SUBPROVIDER - IRF	6,840	0	1,036,587	16	3,236,056	41.00
43.00 04300	NURSERY	1,947	80,061	1,545,839	37	6,024,116	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	79,020	8,184,538	17,174,105	1,820	318,707,318	50.00
51.00 05100	RECOVERY ROOM	38,958	393,038	6,373,923	115	35,491,400	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	15,479	85,355	3,041,144	39	10,145,160	52.00
53.00 05300	ANESTHESIOLOGY	1,211	468,871	14,002,136	212	53,110,976	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,336	3,164,872	4,541,101	148	91,261,680	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	14,323	3,872,306	1,413,770	11	49,515,352	55.00
56.00 05600	RADIOISOTOPE	4,024	994,343	867,062	8	36,778,977	56.00
57.00 05700	CT SCAN	5,880	1,891,437	1,645,608	105	132,642,917	57.00
58.00 05800	MRI	4,023	1,110,317	1,062,341	34	66,236,862	58.00
59.00 05900	CARDIAC CATHETERIZATION	11,354	4,752,276	3,395,687	496	162,926,240	59.00
60.00 06000	LABORATORY	26,160	1,869,026	7,087,214	2,607	248,304,264	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,625	49,229	416,082	71	12,385,785	63.00
64.00 06400	INTRAVENOUS THERAPY	4,139	114,707	355,987	26	4,691,054	64.00
65.00 06500	RESPIRATORY THERAPY	4,273	1,162,846	4,435,870	131	24,367,884	65.00
66.00 06600	PHYSICAL THERAPY	29,666	277,216	6,042,259	84	34,826,671	66.00
67.00 06700	OCCUPATIONAL THERAPY	3,051	44,996	1,737,846	12	12,449,951	67.00
68.00 06800	SPEECH PATHOLOGY	1,723	100,788	1,460,963	10	6,181,746	68.00
69.00 06900	ELECTROCARDIOLOGY	16,132	1,279,243	3,282,978	122	87,894,046	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,689	130,333	833,967	53	19,708,655	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	67,301,676	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	92,959,763	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,230	589,293	4,459,011	61	151,381,018	73.00
74.00 07400	RENAL DIALYSIS	1,325	0	124,254	6	9,618,712	74.00
76.97 07697	CARDIAC REHABILITATION	4,516	84,809	832,186	3	4,143,247	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	8,134	10,468	2,782,892	97	15,248,756	90.00
91.00 09100	EMERGENCY	24,972	521,513	8,391,152	537	171,376,167	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00 10100	HOME HEALTH AGENCY	0	0	4,523,483	1	9,409,969	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	831,130	38,445,303	200,167,486	8,646	2,171,940,542	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,208	0	0	0	0	190.00
191.00 19100	RESEARCH	330	0	552,054	1	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	44,656	0	73,158	0	0	192.00
194.00 07950	OTHER NONREIMBURSEABLE	7,063	258,610	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1

Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING & RECEIVING STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.01 07951 ADVERTISING	0	0	0	0	0	194.01
194.02 07952 RETAIL PHARMACY	1,662	1,311	616,013	5		194.02
194.03 07953 FITNESS POINTE	46,255	263,310	1,002,309	0		194.03
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	1,482	16,217	243,209	24		194.04
194.05 07955 EINSTEIN BAGELS	605	13,932	153,542	7		194.05
194.06 07956 NONRTHWESTERN IMAGING	2,648	521,244	356,122	2		194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	14,167,623	16,316,905	29,061,931	840,957	5,562,043	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15.119566	0.412878	0.143047	96.828670	0.002561	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			45,044	126,289	132,680	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000222	14.541048	0.000061	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1

Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	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	00505	PURCHASING & RECEIVING STORES						5.01
5.02	00506	ADMITTING						5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	2,171,940,542					5.03
5.04	00508	OTHER ADMIN & GENERAL	0	-59,601,863	432,803,771			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	852,323		6.00
7.00	00700	OPERATION OF PLANT	0	0	18,580,324	142,307	710,016	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,704,001	1,566	1,566	8.00
9.00	00900	HOUSEKEEPING	0	0	6,836,288	3,973	3,973	9.00
10.00	01000	DIETARY	0	0	5,452,632	11,417	11,417	10.00
11.00	01100	CAFETERIA	0	0	884,965	11,861	11,861	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	10,018,738	4,438	4,438	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,632,283	1,394	1,394	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,241,804	1,026	1,026	17.00
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-(PHARMACY)	0	0	407,913	228	228	23.00
23.01	02301	PARAMED ED PRGM-(LAB MLS)	0	0	278,577	1,022	1,022	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	176,257,364	0	58,669,567	182,796	182,796	30.00
31.00	03100	INTENSIVE CARE UNIT	35,571,109	0	19,328,880	36,245	36,245	31.00
31.01	02060	NEONATAL INTENSIVE CARE	21,785,651	0	4,864,065	11,111	11,111	31.01
41.00	04100	SUBPROVIDER - IRF	3,236,056	0	1,877,412	6,840	6,840	41.00
43.00	04300	NURSERY	6,024,116	0	2,242,361	1,947	1,947	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	318,707,318	0	42,829,010	79,020	79,020	50.00
51.00	05100	RECOVERY ROOM	35,491,400	0	9,538,883	38,958	38,958	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,145,160	0	4,445,040	15,479	15,479	52.00
53.00	05300	ANESTHESIOLOGY	53,110,976	0	4,416,489	1,211	1,211	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,261,680	0	10,016,805	20,336	20,336	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	49,515,352	0	5,509,288	14,323	14,323	55.00
56.00	05600	RADIOISOTOPE	36,778,977	0	3,141,521	4,024	4,024	56.00
57.00	05700	CT SCAN	132,642,917	0	4,815,378	5,880	5,880	57.00
58.00	05800	MRI	66,236,862	0	3,221,478	4,023	4,023	58.00
59.00	05900	CARDIAC CATHETERIZATION	162,926,240	0	10,078,848	11,354	11,354	59.00
60.00	06000	LABORATORY	248,304,264	0	22,922,528	26,160	26,160	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,385,785	0	3,169,162	1,625	1,625	63.00
64.00	06400	INTRAVENOUS THERAPY	4,691,054	0	694,637	4,139	4,139	64.00
65.00	06500	RESPIRATORY THERAPY	24,367,884	0	7,546,249	4,273	4,273	65.00
66.00	06600	PHYSICAL THERAPY	34,826,671	0	9,614,073	29,666	29,666	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,449,951	0	2,591,715	3,051	3,051	67.00
68.00	06800	SPEECH PATHOLOGY	6,181,746	0	2,114,168	1,723	1,723	68.00
69.00	06900	ELECTROCARDIOLOGY	87,894,046	0	6,434,406	16,132	16,132	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,708,655	0	1,682,033	2,689	2,689	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	67,301,676	0	31,528,641	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	92,959,763	0	39,794,917	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	151,381,018	0	24,251,862	5,230	5,230	73.00
74.00	07400	RENAL DIALYSIS	9,618,712	0	2,187,945	1,325	1,325	74.00
76.97	07697	CARDIAC REHABILITATION	4,143,247	0	1,213,761	4,516	4,516	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	15,248,756	0	4,053,815	8,134	8,134	90.00
91.00	09100	EMERGENCY	171,376,167	0	14,091,017	24,972	24,972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	9,409,969	0	6,361,248	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,171,940,542	-59,601,863	415,284,727	746,414	604,107	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	18,264	1,208	1,208	190.00
191.00	19100	RESEARCH	0	0	787,526	330	330	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,055,148	44,656	44,656	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	979,007	7,063	7,063	194.00
194.01	07951	ADVERTISING	0	0	506,267	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	9,537,697	1,662	1,662	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1

Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
194.03	07953	FITNESS POINTE	0	0	2,617,891	46,255	46,255	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	419,120	1,482	1,482	194.04
194.05	07955	EINSTEIN BAGELS	0	0	435,569	605	605	194.05
194.06	07956	NONRTHWESTERN IMAGING	0	0	1,162,555	2,648	2,648	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,098,275		59,601,863	0	21,139,039	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002808		0.137711	0.000000	29.772623	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	162,278		1,480,346	0	2,601,142	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000075		0.003420	0.000000	3.663498	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1

Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		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	00505	PURCHASING & RECEIVING STORES					5.01
5.02	00506	ADMITTING					5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00508	OTHER ADMIN & GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	87,296				8.00
9.00	00900	HOUSEKEEPING	0	704,477			9.00
10.00	01000	DIETARY	0	11,417	328,485		10.00
11.00	01100	CAFETERIA	0	11,861	0	1,925	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	4,438	0	79	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,394	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,026	0	15	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(PHARMACY)	0	228	0	5	23.00
23.01	02301	PARAMED PRGM-(LAB MLS)	0	1,022	0	2	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	67,531	182,796	257,202	487	30.00
31.00	03100	INTENSIVE CARE UNIT	11,221	36,245	22,334	139	31.00
31.01	02060	NEONATAL INTENSIVE CARE	3,494	11,111	0	36	31.01
41.00	04100	SUBPROVIDER - IRF	2,187	6,840	6,729	16	41.00
43.00	04300	NURSERY	2,863	1,947	0	17	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	79,020	0	222	50.00
51.00	05100	RECOVERY ROOM	0	38,958	16,065	80	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,479	6,321	33	52.00
53.00	05300	ANESTHESIOLOGY	0	1,211	0	49	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,336	0	66	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,323	0	15	55.00
56.00	05600	RADIOISOTOPE	0	4,024	0	10	56.00
57.00	05700	CT SCAN	0	5,880	0	23	57.00
58.00	05800	MRI	0	4,023	0	13	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,354	0	37	59.00
60.00	06000	LABORATORY	0	26,160	0	116	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,625	0	5	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,139	0	4	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,273	0	47	65.00
66.00	06600	PHYSICAL THERAPY	0	29,666	0	80	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,051	0	21	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,723	0	17	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,132	0	48	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,689	0	13	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,230	0	51	73.00
74.00	07400	RENAL DIALYSIS	0	1,325	0	2	74.00
76.97	07697	CARDIAC REHABILITATION	0	4,516	0	11	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	8,134	0	38	90.00
91.00	09100	EMERGENCY	0	24,972	19,834	109	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	87,296	598,568	328,485	1,906	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,208	0	0	190.00
191.00	19100	RESEARCH	0	330	0	6	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	44,656	0	1	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	7,063	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	1,662	0	8	194.02
194.03	07953	FITNESS POINTE	0	46,255	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1

Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
194.04	07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	0	1,482	0	0	0	194.04
194.05	07955 EINSTEIN BAGELS	0	605	0	4	0	194.05
194.06	07956 NONRTHWESTERN IMAGING	0	2,648	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,985,285	7,896,007	6,671,398	1,492,909	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	22.741993	11.208325	20.309597	775.537143	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	35,275	137,062	322,629	265,560	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.404085	0.194559	0.982173	137.953247	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1

Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description			NURSING ADMINISTRATION  (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQ)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE  (TOTAL PATI ENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00505	PURCHASING & RECEIVING STORES						5.01
5.02	00506	ADMINISTRATIVE						5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00508	OTHER ADMIN & GENERAL						5.04
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	2,446,815					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0				14.00
15.00	01500	PHARMACY	0	0	0			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,171,940,542		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	87,296	17.00
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-(PHARMACY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(LAB MLS)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,013,655	0	0	176,257,364	67,531	30.00
31.00	03100	INTENSIVE CARE UNIT	288,910	0	0	35,571,109	11,221	31.00
31.01	02060	NEONATAL INTENSIVE CARE	74,304	0	0	21,785,651	3,494	31.01
41.00	04100	SUBPROVIDER - I RF	32,243	0	0	3,236,056	2,187	41.00
43.00	04300	NURSERY	34,643	0	0	6,024,116	2,863	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	462,311	0	0	318,707,318	0	50.00
51.00	05100	RECOVERY ROOM	166,717	0	0	35,491,400	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	67,958	0	0	10,145,160	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53,110,976	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	91,261,680	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	49,515,352	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	36,778,977	0	56.00
57.00	05700	CT SCAN	0	0	0	132,642,917	0	57.00
58.00	05800	MRI	0	0	0	66,236,862	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	162,926,240	0	59.00
60.00	06000	LABORATORY	0	0	0	248,304,264	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,385,785	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,691,054	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	24,367,884	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	34,826,671	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,449,951	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,181,746	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	87,894,046	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	19,708,655	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	67,301,676	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	92,959,763	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	151,381,018	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,618,712	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,143,247	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	79,914	0	0	15,248,756	0	90.00
91.00	09100	EMERGENCY	226,160	0	0	171,376,167	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	9,409,969	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,446,815	0	0	2,171,940,542	87,296	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1

Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description			NURSING ADMINISTRATION  (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQ)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE  (TOTAL PATI ENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
194.03	07953	FITNESS POINTE	0	0	0	0	0	0 194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	0	0	0	0 194.04
194.05	07955	EINSTEIN BAGELS	0	0	0	0	0	0 194.05
194.06	07956	NONRTHWESTERN IMAGING	0	0	0	0	0	0 194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,641,569	0	0	5,327,326	1,466,494	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.757846	0.000000	0.000000	0.002453	16.799097	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	577,905	0	0	42,586	26,006	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.236187	0.000000	0.000000	0.000020	0.297906	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1

Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM-(PHARMACY) (ASSIGNED TIME)	PARAMED PRGM-(LAB MLS) (ASSIGNED TIME)	
		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 00505	PURCHASING & RECEIVING STORES					5.01
5.02 00506	ADMITTING					5.02
5.03 00507	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04 00508	OTHER ADMIN & GENERAL					5.04
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00
23.00 02300	PARAMED PRGM-(PHARMACY)				100	23.00
23.01 02301	PARAMED PRGM-(LAB MLS)					100 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01 02060	NEONATAL INTENSIVE CARE	0	0	0	0	31.01
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	100 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	100	100 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	OTHER NONREIMBURSEABLE	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1

Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM- (PHARMACY ) (ASSIGNED TIME)	PARAMED PRGM- (LAB MLS) (ASSIGNED TIME)	
		SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		19.00	21.00			
194.01 07951 ADVERTISING	0	0	0	0	0	194.01
194.02 07952 RETAIL PHARMACY	0	0	0	0	0	194.02
194.03 07953 FITNESS POINTE	0	0	0	0	0	194.03
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	0	0	0	194.04
194.05 07955 EINSTEIN BAGELS	0	0	0	0	0	194.05
194.06 07956 NONRTHWESTERN IMAGING	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	477,308	360,374	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	4,773.080000	3,603.740000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	6,485	23,005	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	64.850000	230.050000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0	0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0125

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/22/2022 9:20 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	87,766,966		87,766,966	0	87,766,966	30.00
31.00	03100	INTENSIVE CARE UNIT	25,942,965		25,942,965	0	25,942,965	31.00
31.01	02060	NEONATAL INTENSIVE CARE	6,562,283		6,562,283	0	6,562,283	31.01
41.00	04100	SUBPROVIDER - IRF	2,813,156		2,813,156	0	2,813,156	41.00
43.00	04300	NURSERY	2,936,942		2,936,942	0	2,936,942	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	55,118,472		55,118,472	0	55,118,472	50.00
51.00	05100	RECOVERY ROOM	13,717,619		13,717,619	0	13,717,619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,193,705		6,193,705	0	6,193,705	52.00
53.00	05300	ANESTHESIOLOGY	5,242,598		5,242,598	0	5,242,598	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,504,667		12,504,667	0	12,504,667	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,988,042		6,988,042	0	6,988,042	55.00
56.00	05600	RADIOISOTOPE	3,837,024		3,837,024	0	3,837,024	56.00
57.00	05700	CT SCAN	6,062,687		6,062,687	0	6,062,687	57.00
58.00	05800	MRI	4,002,538		4,002,538	0	4,002,538	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,360,466		12,360,466	0	12,360,466	59.00
60.00	06000	LABORATORY	28,210,700		28,210,700	0	28,210,700	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,706,445		3,706,445	0	3,706,445	63.00
64.00	06400	INTRAVENOUS THERAPY	974,525		974,525	0	974,525	64.00
65.00	06500	RESPIRATORY THERAPY	8,856,785	0	8,856,785	0	8,856,785	65.00
66.00	06600	PHYSICAL THERAPY	12,301,251	0	12,301,251	0	12,301,251	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,120,482	0	3,120,482	0	3,120,482	67.00
68.00	06800	SPEECH PATHOLOGY	2,504,270	0	2,504,270	0	2,504,270	68.00
69.00	06900	ELECTROCARDIOLOGY	8,234,429		8,234,429	0	8,234,429	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,082,292		2,082,292	0	2,082,292	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,035,573		36,035,573	0	36,035,573	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,503,145		45,503,145	0	45,503,145	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,694,139		28,694,139	0	28,694,139	73.00
74.00	07400	RENAL DIALYSIS	2,568,695		2,568,695	0	2,568,695	74.00
76.97	07697	CARDIAC REHABILITATION	1,584,673		1,584,673	0	1,584,673	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	5,392,504		5,392,504	0	5,392,504	90.00
91.00	09100	EMERGENCY	19,038,656		19,038,656	0	19,038,656	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,491,950		17,491,950	0	17,491,950	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	7,260,345		7,260,345	0	7,260,345	101.00
200.00		Subtotal (see instructions)	485,610,989	0	485,610,989	0	485,610,989	200.00
201.00		Less Observation Beds	17,491,950		17,491,950	0	17,491,950	201.00
202.00		Total (see instructions)	468,119,039	0	468,119,039	0	468,119,039	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0125

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/22/2022 9:20 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	125,042,707		125,042,707		30.00
31.00	03100	INTENSIVE CARE UNIT	35,571,109		35,571,109		31.00
31.01	02060	NEONATAL INTENSIVE CARE	21,785,651		21,785,651		31.01
41.00	04100	SUBPROVIDER - IRF	3,236,056		3,236,056		41.00
43.00	04300	NURSERY	6,024,116		6,024,116		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	107,797,983	210,909,335	318,707,318	0.172944	50.00
51.00	05100	RECOVERY ROOM	7,409,960	28,081,440	35,491,400	0.386505	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,854,924	1,290,236	10,145,160	0.610508	52.00
53.00	05300	ANESTHESIOLOGY	15,075,701	38,035,275	53,110,976	0.098710	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,144,101	78,117,579	91,261,680	0.137020	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,215,378	47,299,974	49,515,352	0.141129	55.00
56.00	05600	RADIOISOTOPE	3,458,128	33,320,849	36,778,977	0.104327	56.00
57.00	05700	CT SCAN	38,516,561	94,126,356	132,642,917	0.045707	57.00
58.00	05800	MRI	15,180,119	51,056,743	66,236,862	0.060428	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,579,735	109,346,505	162,926,240	0.075865	59.00
60.00	06000	LABORATORY	75,452,255	172,852,009	248,304,264	0.113613	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	7,682,663	4,703,122	12,385,785	0.299250	63.00
64.00	06400	INTRAVENOUS THERAPY	35,666	4,655,388	4,691,054	0.207741	64.00
65.00	06500	RESPIRATORY THERAPY	21,211,512	3,156,372	24,367,884	0.363461	65.00
66.00	06600	PHYSICAL THERAPY	9,290,840	25,535,831	34,826,671	0.353214	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,474,985	4,974,966	12,449,951	0.250642	67.00
68.00	06800	SPEECH PATHOLOGY	2,324,928	3,856,818	6,181,746	0.405107	68.00
69.00	06900	ELECTROCARDIOLOGY	26,823,193	61,070,853	87,894,046	0.093686	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,180,806	17,527,849	19,708,655	0.105654	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,078,297	34,223,379	67,301,676	0.535434	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	49,497,411	43,462,352	92,959,763	0.489493	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,597,398	63,783,620	151,381,018	0.189549	73.00
74.00	07400	RENAL DIALYSIS	7,740,961	1,877,751	9,618,712	0.267052	74.00
76.97	07697	CARDIAC REHABILITATION	425,948	3,717,299	4,143,247	0.382471	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	448,042	14,800,714	15,248,756	0.353636	90.00
91.00	09100	EMERGENCY	57,942,374	113,433,793	171,376,167	0.111093	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,652,766	44,561,891	51,214,657	0.341542	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	9,409,969	9,409,969		101.00
200.00		Subtotal (see instructions)	852,752,274	1,319,188,268	2,171,940,542		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	852,752,274	1,319,188,268	2,171,940,542		202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/22/2022 9:20 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE			31.01
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.172944		50.00
51.00	05100 RECOVERY ROOM	0.386505		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.610508		52.00
53.00	05300 ANESTHESIOLOGY	0.098710		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137020		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.141129		55.00
56.00	05600 RADIOISOTOPE	0.104327		56.00
57.00	05700 CT SCAN	0.045707		57.00
58.00	05800 MRI	0.060428		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.075865		59.00
60.00	06000 LABORATORY	0.113613		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.299250		63.00
64.00	06400 INTRAVENOUS THERAPY	0.207741		64.00
65.00	06500 RESPIRATORY THERAPY	0.363461		65.00
66.00	06600 PHYSICAL THERAPY	0.353214		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.250642		67.00
68.00	06800 SPEECH PATHOLOGY	0.405107		68.00
69.00	06900 ELECTROCARDIOLOGY	0.093686		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.105654		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.535434		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.489493		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.189549		73.00
74.00	07400 RENAL DIALYSIS	0.267052		74.00
76.97	07697 CARDIAC REHABILITATION	0.382471		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.353636		90.00
91.00	09100 EMERGENCY	0.111093		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.341542		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100 HOME HEALTH AGENCY			101.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0125

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/22/2022 9:20 am

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		87,766,966	0	87,766,966	30.00
31.00	03100	INTENSIVE CARE UNIT		25,942,965	0	25,942,965	31.00
31.01	02060	NEONATAL INTENSIVE CARE		6,562,283	0	6,562,283	31.01
41.00	04100	SUBPROVIDER - IRF		2,813,156	0	2,813,156	41.00
43.00	04300	NURSERY		2,936,942	0	2,936,942	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		55,118,472	0	55,118,472	50.00
51.00	05100	RECOVERY ROOM		13,717,619	0	13,717,619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		6,193,705	0	6,193,705	52.00
53.00	05300	ANESTHESIOLOGY		5,242,598	0	5,242,598	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		12,504,667	0	12,504,667	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		6,988,042	0	6,988,042	55.00
56.00	05600	RADIOISOTOPE		3,837,024	0	3,837,024	56.00
57.00	05700	CT SCAN		6,062,687	0	6,062,687	57.00
58.00	05800	MRI		4,002,538	0	4,002,538	58.00
59.00	05900	CARDIAC CATHETERIZATION		12,360,466	0	12,360,466	59.00
60.00	06000	LABORATORY		28,210,700	0	28,210,700	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		3,706,445	0	3,706,445	63.00
64.00	06400	INTRAVENOUS THERAPY		974,525	0	974,525	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,856,785	0	8,856,785	65.00
66.00	06600	PHYSICAL THERAPY	0	12,301,251	0	12,301,251	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,120,482	0	3,120,482	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,504,270	0	2,504,270	68.00
69.00	06900	ELECTROCARDIOLOGY		8,234,429	0	8,234,429	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		2,082,292	0	2,082,292	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		36,035,573	0	36,035,573	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		45,503,145	0	45,503,145	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		28,694,139	0	28,694,139	73.00
74.00	07400	RENAL DIALYSIS		2,568,695	0	2,568,695	74.00
76.97	07697	CARDIAC REHABILITATION		1,584,673	0	1,584,673	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC		5,392,504	0	5,392,504	90.00
91.00	09100	EMERGENCY		19,038,656	0	19,038,656	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		17,491,950	0	17,491,950	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY		7,260,345	0	7,260,345	101.00
200.00		Subtotal (see instructions)	0	485,610,989	0	485,610,989	200.00
201.00		Less Observation Beds		17,491,950		17,491,950	201.00
202.00		Total (see instructions)	0	468,119,039	0	468,119,039	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0125

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/22/2022 9:20 am

		Title XIX			Hospital	PPS		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	125,042,707		125,042,707			30.00
31.00	03100	INTENSIVE CARE UNIT	35,571,109		35,571,109			31.00
31.01	02060	NEONATAL INTENSIVE CARE	21,785,651		21,785,651			31.01
41.00	04100	SUBPROVIDER - IRF	3,236,056		3,236,056			41.00
43.00	04300	NURSERY	6,024,116		6,024,116			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	107,797,983	210,909,335	318,707,318	0.172944	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,409,960	28,081,440	35,491,400	0.386505	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,854,924	1,290,236	10,145,160	0.610508	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	15,075,701	38,035,275	53,110,976	0.098710	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,144,101	78,117,579	91,261,680	0.137020	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,215,378	47,299,974	49,515,352	0.141129	0.000000	55.00
56.00	05600	RADIOISOTOPE	3,458,128	33,320,849	36,778,977	0.104327	0.000000	56.00
57.00	05700	CT SCAN	38,516,561	94,126,356	132,642,917	0.045707	0.000000	57.00
58.00	05800	MRI	15,180,119	51,056,743	66,236,862	0.060428	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,579,735	109,346,505	162,926,240	0.075865	0.000000	59.00
60.00	06000	LABORATORY	75,452,255	172,852,009	248,304,264	0.113613	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,682,663	4,703,122	12,385,785	0.299250	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	35,666	4,655,388	4,691,054	0.207741	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	21,211,512	3,156,372	24,367,884	0.363461	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,290,840	25,535,831	34,826,671	0.353214	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,474,985	4,974,966	12,449,951	0.250642	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,324,928	3,856,818	6,181,746	0.405107	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	26,823,193	61,070,853	87,894,046	0.093686	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,180,806	17,527,849	19,708,655	0.105654	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,078,297	34,223,379	67,301,676	0.535434	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	49,497,411	43,462,352	92,959,763	0.489493	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,597,398	63,783,620	151,381,018	0.189549	0.000000	73.00
74.00	07400	RENAL DIALYSIS	7,740,961	1,877,751	9,618,712	0.267052	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	425,948	3,717,299	4,143,247	0.382471	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	448,042	14,800,714	15,248,756	0.353636	0.000000	90.00
91.00	09100	EMERGENCY	57,942,374	113,433,793	171,376,167	0.111093	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,652,766	44,561,891	51,214,657	0.341542	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	9,409,969	9,409,969			101.00
200.00		Subtotal (see instructions)	852,752,274	1,319,188,268	2,171,940,542			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	852,752,274	1,319,188,268	2,171,940,542			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/22/2022 9:20 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE			31.01
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.172944		50.00
51.00	05100 RECOVERY ROOM	0.386505		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.610508		52.00
53.00	05300 ANESTHESIOLOGY	0.098710		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137020		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.141129		55.00
56.00	05600 RADIOISOTOPE	0.104327		56.00
57.00	05700 CT SCAN	0.045707		57.00
58.00	05800 MRI	0.060428		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.075865		59.00
60.00	06000 LABORATORY	0.113613		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.299250		63.00
64.00	06400 INTRAVENOUS THERAPY	0.207741		64.00
65.00	06500 RESPIRATORY THERAPY	0.363461		65.00
66.00	06600 PHYSICAL THERAPY	0.353214		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.250642		67.00
68.00	06800 SPEECH PATHOLOGY	0.405107		68.00
69.00	06900 ELECTROCARDIOLOGY	0.093686		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.105654		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.535434		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.489493		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.189549		73.00
74.00	07400 RENAL DIALYSIS	0.267052		74.00
76.97	07697 CARDIAC REHABILITATION	0.382471		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.353636		90.00
91.00	09100 EMERGENCY	0.111093		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.341542		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100 HOME HEALTH AGENCY			101.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0125

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

Worksheet C Part II Date/Time Prepared: 11/22/2022 9:20 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	55,118,472	5,243,831	49,874,641	0	0	50.00
51.00	05100	RECOVERY ROOM	13,717,619	1,009,046	12,708,573	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,193,705	373,834	5,819,871	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,242,598	252,909	4,989,689	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,504,667	1,753,394	10,751,273	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,988,042	1,899,716	5,088,326	0	0	55.00
56.00	05600	RADIOISOTOPE	3,837,024	505,078	3,331,946	0	0	56.00
57.00	05700	CT SCAN	6,062,687	934,747	5,127,940	0	0	57.00
58.00	05800	MRI	4,002,538	558,645	3,443,893	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,360,466	2,250,539	10,109,927	0	0	59.00
60.00	06000	LABORATORY	28,210,700	1,440,751	26,769,949	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,706,445	65,750	3,640,695	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	974,525	130,025	844,500	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,856,785	600,188	8,256,597	0	0	65.00
66.00	06600	PHYSICAL THERAPY	12,301,251	729,357	11,571,894	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,120,482	90,742	3,029,740	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,504,270	85,320	2,418,950	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,234,429	879,162	7,355,267	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,082,292	116,419	1,965,873	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,035,573	118,327	35,917,246	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,503,145	150,601	45,352,544	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,694,139	458,029	28,236,110	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,568,695	34,519	2,534,176	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1,584,673	127,263	1,457,410	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	5,392,504	201,075	5,191,429	0	0	90.00
91.00	09100	EMERGENCY	19,038,656	861,762	18,176,894	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,491,950	967,060	16,524,890	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	7,260,345	24,242	7,236,103	0	0	101.00
200.00		Subtotal (sum of lines 50 thru 199)	359,588,677	21,862,331	337,726,346	0	0	200.00
201.00		Less Observation Beds	17,491,950	967,060	16,524,890	0	0	201.00
202.00		Total (line 200 minus line 201)	342,096,727	20,895,271	321,201,456	0	0	202.00

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

Provider CCN: 15-0125

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

Worksheet C  
Part II  
Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	55,118,472	318,707,318	0.172944		50.00
51.00	05100 RECOVERY ROOM	13,717,619	35,491,400	0.386505		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,193,705	10,145,160	0.610508		52.00
53.00	05300 ANESTHESIOLOGY	5,242,598	53,110,976	0.098710		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,504,667	91,261,680	0.137020		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,988,042	49,515,352	0.141129		55.00
56.00	05600 RADIOISOTOPE	3,837,024	36,778,977	0.104327		56.00
57.00	05700 CT SCAN	6,062,687	132,642,917	0.045707		57.00
58.00	05800 MRI	4,002,538	66,236,862	0.060428		58.00
59.00	05900 CARDIAC CATHETERIZATION	12,360,466	162,926,240	0.075865		59.00
60.00	06000 LABORATORY	28,210,700	248,304,264	0.113613		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,706,445	12,385,785	0.299250		63.00
64.00	06400 INTRAVENOUS THERAPY	974,525	4,691,054	0.207741		64.00
65.00	06500 RESPIRATORY THERAPY	8,856,785	24,367,884	0.363461		65.00
66.00	06600 PHYSICAL THERAPY	12,301,251	34,826,671	0.353214		66.00
67.00	06700 OCCUPATIONAL THERAPY	3,120,482	12,449,951	0.250642		67.00
68.00	06800 SPEECH PATHOLOGY	2,504,270	6,181,746	0.405107		68.00
69.00	06900 ELECTROCARDIOLOGY	8,234,429	87,894,046	0.093686		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,082,292	19,708,655	0.105654		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	36,035,573	67,301,676	0.535434		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	45,503,145	92,959,763	0.489493		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	28,694,139	151,381,018	0.189549		73.00
74.00	07400 RENAL DIALYSIS	2,568,695	9,618,712	0.267052		74.00
76.97	07697 CARDIAC REHABILITATION	1,584,673	4,143,247	0.382471		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	5,392,504	15,248,756	0.353636		90.00
91.00	09100 EMERGENCY	19,038,656	171,376,167	0.111093		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	17,491,950	51,214,657	0.341542		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100 HOME HEALTH AGENCY	7,260,345	9,409,969	0.771559		101.00
200.00	Subtotal (sum of lines 50 thru 199)	359,588,677	1,980,280,903			200.00
201.00	Less Observation Beds	17,491,950	0			201.00
202.00	Total (line 200 minus line 201)	342,096,727	1,980,280,903			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part I Date/Time Prepared: 11/22/2022 9:20 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,852,302	0	4,852,302	84,340	57.53	30.00
31.00	INTENSIVE CARE UNIT	1,571,668		1,571,668	11,221	140.06	31.00
31.01	NEONATAL INTENSIVE CARE	371,247		371,247	3,494	106.25	31.01
41.00	SUBPROVIDER - IRF	155,163	0	155,163	2,187	70.95	41.00
43.00	NURSERY	92,031		92,031	2,863	32.14	43.00
200.00	Total (lines 30 through 199)	7,042,411		7,042,411	104,105		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	27,436	1,578,393				
31.00	INTENSIVE CARE UNIT	3,500	490,210				
31.01	NEONATAL INTENSIVE CARE	0	0				
41.00	SUBPROVIDER - IRF	1,552	110,114				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	32,488	2,178,717				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part II Date/Time Prepared: 11/22/2022 9:20 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,243,831	318,707,318	0.016453	39,179,328	644,617	50.00
51.00	05100	RECOVERY ROOM	1,009,046	35,491,400	0.028431	2,676,065	76,083	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	373,834	10,145,160	0.036849	20,090	740	52.00
53.00	05300	ANESTHESIOLOGY	252,909	53,110,976	0.004762	5,471,885	26,057	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,753,394	91,261,680	0.019213	4,924,110	94,607	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,899,716	49,515,352	0.038366	1,029,535	39,499	55.00
56.00	05600	RADIOISOTOPE	505,078	36,778,977	0.013733	1,590,030	21,836	56.00
57.00	05700	CT SCAN	934,747	132,642,917	0.007047	15,533,779	109,467	57.00
58.00	05800	MRI	558,645	66,236,862	0.008434	5,866,947	49,482	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,250,539	162,926,240	0.013813	23,479,521	324,323	59.00
60.00	06000	LABORATORY	1,440,751	248,304,264	0.005802	28,296,105	164,174	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	65,750	12,385,785	0.005309	2,585,316	13,725	63.00
64.00	06400	INTRAVENOUS THERAPY	130,025	4,691,054	0.027718	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	600,188	24,367,884	0.024630	7,728,561	190,354	65.00
66.00	06600	PHYSICAL THERAPY	729,357	34,826,671	0.020942	3,536,773	74,067	66.00
67.00	06700	OCCUPATIONAL THERAPY	90,742	12,449,951	0.007289	2,815,775	20,524	67.00
68.00	06800	SPEECH PATHOLOGY	85,320	6,181,746	0.013802	756,368	10,439	68.00
69.00	06900	ELECTROCARDIOLOGY	879,162	87,894,046	0.010003	11,617,777	116,213	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	116,419	19,708,655	0.005907	737,076	4,354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	118,327	67,301,676	0.001758	12,784,848	22,476	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	150,601	92,959,763	0.001620	22,449,853	36,369	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	458,029	151,381,018	0.003026	29,315,175	88,708	73.00
74.00	07400	RENAL DIALYSIS	34,519	9,618,712	0.003589	2,936,162	10,538	74.00
76.97	07697	CARDIAC REHABILITATION	127,263	4,143,247	0.030716	146,208	4,491	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	201,075	15,248,756	0.013186	174,695	2,304	90.00
91.00	09100	EMERGENCY	861,762	171,376,167	0.005028	23,103,793	116,166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	967,060	51,214,657	0.018882	3,239,510	61,168	92.00
200.00		Total (lines 50 through 199)	21,838,089	1,970,870,934		251,995,285	2,322,781	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 11/22/2022 9:20 am
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE	0	0	0	0	31.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	84,340	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	11,221	0.00	31.00
31.01	02060	NEONATAL INTENSIVE CARE	0	0	3,494	0.00	31.01
41.00	04100	SUBPROVIDER - IRF	0	0	2,187	0.00	41.00
43.00	04300	NURSERY	0	0	2,863	0.00	43.00
200.00		Total (lines 30 through 199)	0	0	104,105		200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
31.01	02060	NEONATAL INTENSIVE CARE	0				31.01
41.00	04100	SUBPROVIDER - IRF	0				41.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0125

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description			Title XVIII					Hospital	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
			1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	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	360,374	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	477,308	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
200.00		Total (lines 50 through 199)	0	0	0	0	837,682	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0125

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/22/2022 9:20 am

Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	318,707,318	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	35,491,400	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,145,160	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53,110,976	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	91,261,680	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	49,515,352	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	36,778,977	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	132,642,917	0.000000	57.00
58.00	05800	MRI	0	0	0	66,236,862	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	162,926,240	0.000000	59.00
60.00	06000	LABORATORY	0	360,374	360,374	248,304,264	0.001451	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,385,785	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,691,054	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	24,367,884	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	34,826,671	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,449,951	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,181,746	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	87,894,046	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	19,708,655	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	67,301,676	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	92,959,763	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	477,308	477,308	151,381,018	0.003153	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,618,712	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,143,247	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	15,248,756	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	171,376,167	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	51,214,657	0.000000	92.00
200.00		Total (lines 50 through 199)	0	837,682	837,682	1,970,870,934		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:20 am
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Cost Center Description			Title XVIII			Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.000000	39,179,328	0	57,342,541	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,676,065	0	7,858,641	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	20,090	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	5,471,885	0	9,598,639	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,924,110	0	17,842,404	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	1,029,535	0	20,659,734	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	1,590,030	0	11,985,595	0	56.00
57.00	05700	CT SCAN	0.000000	15,533,779	0	27,503,211	0	57.00
58.00	05800	MRI	0.000000	5,866,947	0	13,950,209	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	23,479,521	0	44,591,590	0	59.00
60.00	06000	LABORATORY	0.001451	28,296,105	41,058	17,040,620	24,726	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	2,585,316	0	1,403,070	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	2,195,575	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	7,728,561	0	933,011	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,536,773	0	358,310	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,815,775	0	320,159	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	756,368	0	311,660	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	11,617,777	0	22,679,242	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	737,076	0	4,625,360	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	12,784,848	0	11,219,148	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	22,449,853	0	15,792,813	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003153	29,315,175	92,431	25,969,492	81,882	73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,936,162	0	1,077,538	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	146,208	0	1,771,475	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	174,695	0	6,097,049	0	90.00
91.00	09100	EMERGENCY	0.000000	23,103,793	0	18,352,166	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	3,239,510	0	12,065,055	0	92.00
200.00		Total (lines 50 through 199)		251,995,285	133,489	353,544,307	106,608	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/22/2022 9:20 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.172944	57,342,541	0	0	9,917,048	50.00
51.00	05100 RECOVERY ROOM	0.386505	7,858,641	0	0	3,037,404	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.610508	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.098710	9,598,639	0	0	947,482	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137020	17,842,404	0	0	2,444,766	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.141129	20,659,734	0	0	2,915,688	55.00
56.00	05600 RADIOISOTOPE	0.104327	11,985,595	0	0	1,250,421	56.00
57.00	05700 CT SCAN	0.045707	27,503,211	0	0	1,257,089	57.00
58.00	05800 MRI	0.060428	13,950,209	0	0	842,983	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.075865	44,591,590	0	0	3,382,941	59.00
60.00	06000 LABORATORY	0.113613	17,040,620	0	0	1,936,036	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.299250	1,403,070	0	0	419,869	63.00
64.00	06400 INTRAVENOUS THERAPY	0.207741	2,195,575	0	0	456,111	64.00
65.00	06500 RESPIRATORY THERAPY	0.363461	933,011	0	0	339,113	65.00
66.00	06600 PHYSICAL THERAPY	0.353214	358,310	0	0	126,560	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.250642	320,159	0	0	80,245	67.00
68.00	06800 SPEECH PATHOLOGY	0.405107	311,660	0	0	126,256	68.00
69.00	06900 ELECTROCARDIOLOGY	0.093686	22,679,242	0	0	2,124,727	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.105654	4,625,360	0	0	488,688	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.535434	11,219,148	0	0	6,007,113	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.489493	15,792,813	0	0	7,730,471	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.189549	25,969,492	0	72,659	4,922,491	73.00
74.00	07400 RENAL DIALYSIS	0.267052	1,077,538	0	0	287,759	74.00
76.97	07697 CARDIAC REHABILITATION	0.382471	1,771,475	0	0	677,538	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.353636	6,097,049	0	0	2,156,136	90.00
91.00	09100 EMERGENCY	0.111093	18,352,166	0	0	2,038,797	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.341542	12,065,055	0	0	4,120,723	92.00
200.00	Subtotal (see instructions)		353,544,307	0	72,659	60,034,455	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		353,544,307	0	72,659	60,034,455	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/22/2022 9:20 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<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
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,772	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	0	13,772	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	13,772	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part II Date/Time Prepared: 11/22/2022 9:20 am		
				Title XVIII	Subprovider - IRF	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,243,831	318,707,318	0.016453	84,754	1,394	50.00
51.00	05100	RECOVERY ROOM	1,009,046	35,491,400	0.028431	5,211	148	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	373,834	10,145,160	0.036849	0	0	52.00
53.00	05300	ANESTHESIOLOGY	252,909	53,110,976	0.004762	13,676	65	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,753,394	91,261,680	0.019213	55,544	1,067	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,899,716	49,515,352	0.038366	0	0	55.00
56.00	05600	RADIOISOTOPE	505,078	36,778,977	0.013733	0	0	56.00
57.00	05700	CT SCAN	934,747	132,642,917	0.007047	61,058	430	57.00
58.00	05800	MRI	558,645	66,236,862	0.008434	28,728	242	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,250,539	162,926,240	0.013813	0	0	59.00
60.00	06000	LABORATORY	1,440,751	248,304,264	0.005802	325,666	1,890	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	65,750	12,385,785	0.005309	17,423	92	63.00
64.00	06400	INTRAVENOUS THERAPY	130,025	4,691,054	0.027718	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	600,188	24,367,884	0.024630	148,762	3,664	65.00
66.00	06600	PHYSICAL THERAPY	729,357	34,826,671	0.020942	765,751	16,036	66.00
67.00	06700	OCCUPATIONAL THERAPY	90,742	12,449,951	0.007289	739,861	5,393	67.00
68.00	06800	SPEECH PATHOLOGY	85,320	6,181,746	0.013802	154,606	2,134	68.00
69.00	06900	ELECTROCARDIOLOGY	879,162	87,894,046	0.010003	9,787	98	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	116,419	19,708,655	0.005907	3,069	18	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	118,327	67,301,676	0.001758	103,625	182	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	150,601	92,959,763	0.001620	14,486	23	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	458,029	151,381,018	0.003026	562,170	1,701	73.00
74.00	07400	RENAL DIALYSIS	34,519	9,618,712	0.003589	106,113	381	74.00
76.97	07697	CARDIAC REHABILITATION	127,263	4,143,247	0.030716	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	201,075	15,248,756	0.013186	0	0	90.00
91.00	09100	EMERGENCY	861,762	171,376,167	0.005028	3,573	18	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	51,214,657	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	20,871,029	1,970,870,934		3,203,863	34,976	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:20 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 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	360,374	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	477,308	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	837,682	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:20 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	318,707,318	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	35,491,400	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,145,160	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53,110,976	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	91,261,680	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	49,515,352	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	36,778,977	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	132,642,917	0.000000	57.00
58.00	05800	MRI	0	0	0	66,236,862	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	162,926,240	0.000000	59.00
60.00	06000	LABORATORY	0	360,374	360,374	248,304,264	0.001451	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,385,785	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,691,054	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	24,367,884	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	34,826,671	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,449,951	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,181,746	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	87,894,046	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	19,708,655	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	67,301,676	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	92,959,763	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	477,308	477,308	151,381,018	0.003153	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,618,712	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,143,247	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	15,248,756	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	171,376,167	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	51,214,657	0.000000	92.00
200.00		Total (lines 50 through 199)	0	837,682	837,682	1,970,870,934		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0125 Component CCN: 15-T125		Period: From 07/01/2021 To 06/30/2022		Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:20 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.000000	84,754	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	5,211	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	13,676	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	55,544	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	61,058	0	0	57.00
58.00	05800	MRI	0.000000	28,728	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.001451	325,666	473	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	17,423	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	148,762	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	765,751	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	739,861	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	154,606	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	9,787	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	3,069	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	103,625	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	14,486	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003153	562,170	1,773	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	106,113	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	3,573	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
200.00		Total (lines 50 through 199)		3,203,863	2,246	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part I Date/Time Prepared: 11/22/2022 9:20 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,852,302	0	4,852,302	84,340	57.53	30.00	
31.00	INTENSIVE CARE UNIT	1,571,668		1,571,668	11,221	140.06	31.00	
31.01	NEONATAL INTENSIVE CARE	371,247		371,247	3,494	106.25	31.01	
41.00	SUBPROVIDER - IRF	155,163	0	155,163	2,187	70.95	41.00	
43.00	NURSERY	92,031		92,031	2,863	32.14	43.00	
200.00	Total (lines 30 through 199)	7,042,411		7,042,411	104,105		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	670	38,545					30.00
31.00	INTENSIVE CARE UNIT	681	95,381					31.00
31.01	NEONATAL INTENSIVE CARE	112	11,900					31.01
41.00	SUBPROVIDER - IRF	0	0					41.00
43.00	NURSERY	119	3,825					43.00
200.00	Total (lines 30 through 199)	1,582	149,651					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part II Date/Time Prepared: 11/22/2022 9:20 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,243,831	318,707,318	0.016453	1,031,723	16,975	50.00
51.00	05100	RECOVERY ROOM	1,009,046	35,491,400	0.028431	56,070	1,594	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	373,834	10,145,160	0.036849	64,925	2,392	52.00
53.00	05300	ANESTHESIOLOGY	252,909	53,110,976	0.004762	152,733	727	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,753,394	91,261,680	0.019213	192,795	3,704	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,899,716	49,515,352	0.038366	27,745	1,064	55.00
56.00	05600	RADIOISOTOPE	505,078	36,778,977	0.013733	22,788	313	56.00
57.00	05700	CT SCAN	934,747	132,642,917	0.007047	498,089	3,510	57.00
58.00	05800	MRI	558,645	66,236,862	0.008434	159,769	1,347	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,250,539	162,926,240	0.013813	260,630	3,600	59.00
60.00	06000	LABORATORY	1,440,751	248,304,264	0.005802	1,000,745	5,806	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	65,750	12,385,785	0.005309	43,134	229	63.00
64.00	06400	INTRAVENOUS THERAPY	130,025	4,691,054	0.027718	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	600,188	24,367,884	0.024630	222,469	5,479	65.00
66.00	06600	PHYSICAL THERAPY	729,357	34,826,671	0.020942	112,099	2,348	66.00
67.00	06700	OCCUPATIONAL THERAPY	90,742	12,449,951	0.007289	58,768	428	67.00
68.00	06800	SPEECH PATHOLOGY	85,320	6,181,746	0.013802	54,449	752	68.00
69.00	06900	ELECTROCARDIOLOGY	879,162	87,894,046	0.010003	237,250	2,373	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	116,419	19,708,655	0.005907	137,574	813	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	118,327	67,301,676	0.001758	312,756	550	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	150,601	92,959,763	0.001620	105,754	171	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	458,029	151,381,018	0.003026	1,167,515	3,533	73.00
74.00	07400	RENAL DIALYSIS	34,519	9,618,712	0.003589	199,028	714	74.00
76.97	07697	CARDIAC REHABILITATION	127,263	4,143,247	0.030716	1,292	40	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	201,075	15,248,756	0.013186	0	0	90.00
91.00	09100	EMERGENCY	861,762	171,376,167	0.005028	381,652	1,919	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	967,060	51,214,657	0.018882	58,970	1,113	92.00
200.00		Total (lines 50 through 199)	21,838,089	1,970,870,934		6,560,722	61,494	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 11/22/2022 9:20 am
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE	0	0	0	0	31.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	84,340	0.00	670 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	11,221	0.00	681 31.00
31.01	02060	NEONATAL INTENSIVE CARE	0	0	3,494	0.00	112 31.01
41.00	04100	SUBPROVIDER - IRF	0	0	2,187	0.00	0 41.00
43.00	04300	NURSERY	0	0	2,863	0.00	119 43.00
200.00		Total (lines 30 through 199)	0	0	104,105		1,582 200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
31.01	02060	NEONATAL INTENSIVE CARE	0				31.01
41.00	04100	SUBPROVIDER - IRF	0				41.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:20 am
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Cost Center Description	Title XIX				Hospital		Total
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	360,374	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	477,308	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	837,682	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:20 am
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	318,707,318	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	35,491,400	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	10,145,160	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53,110,976	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	91,261,680	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	49,515,352	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	36,778,977	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	132,642,917	0.000000	57.00
58.00 05800 MRI	0	0	0	66,236,862	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	162,926,240	0.000000	59.00
60.00 06000 LABORATORY	0	360,374	360,374	248,304,264	0.001451	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,385,785	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	4,691,054	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	24,367,884	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	34,826,671	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	12,449,951	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	6,181,746	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	87,894,046	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	19,708,655	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	67,301,676	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	92,959,763	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	477,308	477,308	151,381,018	0.003153	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	9,618,712	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,143,247	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	15,248,756	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	171,376,167	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	51,214,657	0.000000	92.00
200.00 Total (lines 50 through 199)	0	837,682	837,682	1,970,870,934		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:20 am
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	1,031,723	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	56,070	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	64,925	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	152,733	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	192,795	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	27,745	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	22,788	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	498,089	0	0	0	57.00
58.00	05800 MRI	0.000000	159,769	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	260,630	0	0	0	59.00
60.00	06000 LABORATORY	0.001451	1,000,745	1,452	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	43,134	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	222,469	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	112,099	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	58,768	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	54,449	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	237,250	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	137,574	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	312,756	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	105,754	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003153	1,167,515	3,681	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	199,028	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	1,292	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	381,652	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	58,970	0	0	0	92.00
200.00	Total (lines 50 through 199)		6,560,722	5,133	0	0	200.00



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0125 Component CCN: 15-T125		Period: From 07/01/2021 To 06/30/2022		Worksheet D Part II Date/Time Prepared: 11/22/2022 9:20 am	
			Title XIX		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,243,831	318,707,318	0.016453	0	0	50.00
51.00	05100	RECOVERY ROOM	1,009,046	35,491,400	0.028431	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	373,834	10,145,160	0.036849	0	0	52.00
53.00	05300	ANESTHESIOLOGY	252,909	53,110,976	0.004762	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,753,394	91,261,680	0.019213	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,899,716	49,515,352	0.038366	0	0	55.00
56.00	05600	RADIOISOTOPE	505,078	36,778,977	0.013733	0	0	56.00
57.00	05700	CT SCAN	934,747	132,642,917	0.007047	0	0	57.00
58.00	05800	MRI	558,645	66,236,862	0.008434	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,250,539	162,926,240	0.013813	0	0	59.00
60.00	06000	LABORATORY	1,440,751	248,304,264	0.005802	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	65,750	12,385,785	0.005309	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	130,025	4,691,054	0.027718	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	600,188	24,367,884	0.024630	0	0	65.00
66.00	06600	PHYSICAL THERAPY	729,357	34,826,671	0.020942	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	90,742	12,449,951	0.007289	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	85,320	6,181,746	0.013802	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	879,162	87,894,046	0.010003	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	116,419	19,708,655	0.005907	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	118,327	67,301,676	0.001758	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	150,601	92,959,763	0.001620	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	458,029	151,381,018	0.003026	0	0	73.00
74.00	07400	RENAL DIALYSIS	34,519	9,618,712	0.003589	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	127,263	4,143,247	0.030716	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	201,075	15,248,756	0.013186	0	0	90.00
91.00	09100	EMERGENCY	861,762	171,376,167	0.005028	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	51,214,657	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	20,871,029	1,970,870,934		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:20 am
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 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	360,374	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	477,308	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	837,682	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:20 am
	Title XIX	Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	318,707,318	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	35,491,400	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	10,145,160	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53,110,976	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	91,261,680	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	49,515,352	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	36,778,977	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	132,642,917	0.000000	57.00
58.00 05800 MRI	0	0	0	66,236,862	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	162,926,240	0.000000	59.00
60.00 06000 LABORATORY	0	360,374	360,374	248,304,264	0.001451	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,385,785	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	4,691,054	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	24,367,884	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	34,826,671	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	12,449,951	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	6,181,746	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	87,894,046	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	19,708,655	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	67,301,676	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	92,959,763	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	477,308	477,308	151,381,018	0.003153	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	9,618,712	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,143,247	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	15,248,756	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	171,376,167	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	51,214,657	0.000000	92.00
200.00 Total (lines 50 through 199)	0	837,682	837,682	1,970,870,934		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:20 am		
		Title XIX	Subprovider - IRF	PPS		
Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0.000000	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0 56.00
57.00	05700	CT SCAN	0.000000	0	0	0 57.00
58.00	05800	MRI	0.000000	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0 59.00
60.00	06000	LABORATORY	0.001451	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003153	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0 74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0.000000	0	0	0 90.00
91.00	09100	EMERGENCY	0.000000	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0 92.00
200.00		Total (lines 50 through 199)		0	0	0 200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/22/2022 9:20 am
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)		84,340	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		84,340	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)		67,531	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)		27,436	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)		87,766,966	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)		87,766,966	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)		87,766,966	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)		1,040.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		28,550,725	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)		28,550,725	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/22/2022 9:20 am	
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	25,942,965	11,221	2,312.00	3,500	8,092,000	43.00
43.01 NEONATAL INTENSIVE CARE	6,562,283	3,494	1,878.16	0	0	43.01
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					50,385,468	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					87,028,193	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)					2,068,603	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,456,270	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,524,873	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					82,503,320	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					16,809	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,040.63	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					17,491,950	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:20 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,852,302	87,766,966	0.055286	17,491,950	967,060	90.00
91.00	Nursing Program cost	0	87,766,966	0.000000	17,491,950	0	91.00
92.00	Allied health cost	0	87,766,966	0.000000	17,491,950	0	92.00
93.00	All other Medical Education	0	87,766,966	0.000000	17,491,950	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/22/2022 9:20 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				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)		2,187	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,187	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)		2,187	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,552	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)		2,813,156	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)		2,813,156	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)		2,813,156	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)		1,286.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,996,353	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,996,353	41.00



COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1
					Component CCN: 15-T125		Date/Time Prepared: 11/22/2022 9:20 am
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						844,099	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,840,452	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						110,114	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						37,222	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						147,336	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,693,116	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125 Component CCN: 15-T125		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:20 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	155,163	2,813,156	0.055156	0	0	90.00
91.00	Nursing Program cost	0	2,813,156	0.000000	0	0	91.00
92.00	Allied health cost	0	2,813,156	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,813,156	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/22/2022 9:20 am
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)		84,340	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		84,340	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)		67,531	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)		670	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)		2,863	15.00
16.00	Nursery days (title V or XIX only)		119	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)		87,766,966	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)		87,766,966	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)		87,766,966	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)		1,040.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		697,222	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)		697,222	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/22/2022 9:20 am	
			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)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	
	2,936,942	2,863	1,025.83	119	122,074	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	25,942,965	11,221	2,312.00	681	1,574,472	43.00
43.01 NEONATAL INTENSIVE CARE	6,562,283	3,494	1,878.16	112	210,354	43.01
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,217,040	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,821,162	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)					149,651	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					66,627	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					216,278	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,604,884	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					16,809	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,040.63	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					17,491,950	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:20 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,852,302	87,766,966	0.055286	17,491,950	967,060	90.00
91.00	Nursing Program cost	0	87,766,966	0.000000	17,491,950	0	91.00
92.00	Allied health cost	0	87,766,966	0.000000	17,491,950	0	92.00
93.00	All other Medical Education	0	87,766,966	0.000000	17,491,950	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/22/2022 9:20 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				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)		2,187	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,187	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)		2,187	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)		0	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)		2,863	15.00
16.00	Nursery days (title V or XIX only)		119	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)		2,813,156	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)		2,813,156	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)		2,813,156	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)		1,286.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125 Component CCN: 15-T125		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:20 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
<b>Cost Center Description</b>							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125 Component CCN: 15-T125		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:20 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	155,163	2,813,156	0.055156	0	0	90.00
91.00	Nursing Program cost	0	2,813,156	0.000000	0	0	91.00
92.00	Allied health cost	0	2,813,156	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,813,156	0.000000	0	0	93.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/22/2022 9:20 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		49,879,322	30.00
31.00	03100	INTENSIVE CARE UNIT		11,504,989	31.00
31.01	02060	NEONATAL INTENSIVE CARE		0	31.01
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.172944	39,179,328	50.00
51.00	05100	RECOVERY ROOM	0.386505	2,676,065	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.610508	20,090	52.00
53.00	05300	ANESTHESIOLOGY	0.098710	5,471,885	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137020	4,924,110	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141129	1,029,535	55.00
56.00	05600	RADIOISOTOPE	0.104327	1,590,030	56.00
57.00	05700	CT SCAN	0.045707	15,533,779	57.00
58.00	05800	MRI	0.060428	5,866,947	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.075865	23,479,521	59.00
60.00	06000	LABORATORY	0.113613	28,296,105	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.299250	2,585,316	63.00
64.00	06400	INTRAVENOUS THERAPY	0.207741	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.363461	7,728,561	65.00
66.00	06600	PHYSICAL THERAPY	0.353214	3,536,773	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.250642	2,815,775	67.00
68.00	06800	SPEECH PATHOLOGY	0.405107	756,368	68.00
69.00	06900	ELECTROCARDIOLOGY	0.093686	11,617,777	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.105654	737,076	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.535434	12,784,848	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.489493	22,449,853	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189549	29,315,175	73.00
74.00	07400	RENAL DIALYSIS	0.267052	2,936,162	74.00
76.97	07697	CARDIAC REHABILITATION	0.382471	146,208	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.353636	174,695	90.00
91.00	09100	EMERGENCY	0.111093	23,103,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.341542	3,239,510	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		251,995,285	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		251,995,285	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/22/2022 9:20 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	02060	NEONATAL INTENSIVE CARE		31.01
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY	2,304,685	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.172944	84,754
51.00	05100	RECOVERY ROOM	0.386505	5,211
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.610508	0
53.00	05300	ANESTHESIOLOGY	0.098710	13,676
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137020	55,544
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141129	0
56.00	05600	RADIOISOTOPE	0.104327	0
57.00	05700	CT SCAN	0.045707	61,058
58.00	05800	MRI	0.060428	28,728
59.00	05900	CARDIAC CATHETERIZATION	0.075865	0
60.00	06000	LABORATORY	0.113613	325,666
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.299250	17,423
64.00	06400	INTRAVENOUS THERAPY	0.207741	0
65.00	06500	RESPIRATORY THERAPY	0.363461	148,762
66.00	06600	PHYSICAL THERAPY	0.353214	765,751
67.00	06700	OCCUPATIONAL THERAPY	0.250642	739,861
68.00	06800	SPEECH PATHOLOGY	0.405107	154,606
69.00	06900	ELECTROCARDIOLOGY	0.093686	9,787
70.00	07000	ELECTROENCEPHALOGRAPHY	0.105654	3,069
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.535434	103,625
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.489493	14,486
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189549	562,170
74.00	07400	RENAL DIALYSIS	0.267052	106,113
76.97	07697	CARDIAC REHABILITATION	0.382471	0
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0.353636	0
91.00	09100	EMERGENCY	0.111093	3,573
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.341542	0
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,203,863
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0
202.00		Net charges (line 200 minus line 201)		3,203,863

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/22/2022 9:20 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		1,629,281	30.00
31.00	03100	INTENSIVE CARE UNIT		531,455	31.00
31.01	02060	NEONATAL INTENSIVE CARE		321,659	31.01
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		418,562	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.172944	1,031,723	178,430 50.00
51.00	05100	RECOVERY ROOM	0.386505	56,070	21,671 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.610508	64,925	39,637 52.00
53.00	05300	ANESTHESIOLOGY	0.098710	152,733	15,076 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137020	192,795	26,417 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141129	27,745	3,916 55.00
56.00	05600	RADIOISOTOPE	0.104327	22,788	2,377 56.00
57.00	05700	CT SCAN	0.045707	498,089	22,766 57.00
58.00	05800	MRI	0.060428	159,769	9,655 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.075865	260,630	19,773 59.00
60.00	06000	LABORATORY	0.113613	1,000,745	113,698 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.299250	43,134	12,908 63.00
64.00	06400	INTRAVENOUS THERAPY	0.207741	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.363461	222,469	80,859 65.00
66.00	06600	PHYSICAL THERAPY	0.353214	112,099	39,595 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.250642	58,768	14,730 67.00
68.00	06800	SPEECH PATHOLOGY	0.405107	54,449	22,058 68.00
69.00	06900	ELECTROCARDIOLOGY	0.093686	237,250	22,227 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.105654	137,574	14,535 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.535434	312,756	167,460 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.489493	105,754	51,766 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189549	1,167,515	221,301 73.00
74.00	07400	RENAL DIALYSIS	0.267052	199,028	53,151 74.00
76.97	07697	CARDIAC REHABILITATION	0.382471	1,292	494 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.353636	0	0 90.00
91.00	09100	EMERGENCY	0.111093	381,652	42,399 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.341542	58,970	20,141 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,560,722	1,217,040 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		6,560,722	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/22/2022 9:20 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE			31.01
41.00	04100 SUBPROVIDER - IRF		1	41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.172944	0	0 50.00
51.00	05100 RECOVERY ROOM	0.386505	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.610508	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.098710	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137020	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.141129	0	0 55.00
56.00	05600 RADIOISOTOPE	0.104327	0	0 56.00
57.00	05700 CT SCAN	0.045707	0	0 57.00
58.00	05800 MRI	0.060428	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.075865	0	0 59.00
60.00	06000 LABORATORY	0.113613	0	0 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.299250	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.207741	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.363461	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.353214	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.250642	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.405107	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.093686	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.105654	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.535434	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.489493	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.189549	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.267052	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.382471	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.353636	0	0 90.00
91.00	09100 EMERGENCY	0.111093	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.341542	0	0 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		0	0 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		0	0 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/22/2022 9:20 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		17,160,625	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		51,353,436	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		222,674	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		814,071	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		345.89	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.40	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.66	31.00
32.00	Sum of lines 30 and 31		21.06	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.59	33.00
34.00	Disproportionate share adjustment (see instructions)		1,128,769	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/22/2022 9:20 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000370892	0.000276448	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,074,698	1,988,217	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	774,993	1,487,077	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,262,070		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)	0	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)	72,941,645		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		72,941,645	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,499,224	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		61,517	53.00
54.00	Special add-on payments for new technologies		618,517	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		133,489	58.00
59.00	Total (sum of amounts on lines 49 through 58)		79,254,392	59.00
60.00	Primary payer payments		39,174	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		79,215,218	61.00
62.00	Deductibles billed to program beneficiaries		5,990,571	62.00
63.00	Coinurance billed to program beneficiaries		261,282	63.00
64.00	Allowable bad debts (see instructions)		695,680	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		452,192	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		134,581	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		73,415,557	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-48,997	70.93
70.94	HRR adjustment amount (see instructions)		-1,567,517	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/22/2022 9:20 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			71,799,043	71.00
71.01	Sequestration adjustment (see instructions)			179,498	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			70,590,821	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,028,724	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,198,186	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. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
<b>Cost Reimbursement</b>					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/22/2022 9:20 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		13,772	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		59,927,847	2.00
3.00	OPPS payments		58,239,368	3.00
4.00	Outlier payment (see instructions)		50,626	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		106,608	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		13,772	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		72,659	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)		72,659	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)		72,659	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		58,887	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)		13,772	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)		58,396,602	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		9,982,874	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)		48,427,500	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		48,427,500	30.00
31.00	Primary payer payments		31,191	31.00
32.00	Subtotal (line 30 minus line 31)		48,396,309	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)		967,573	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		628,922	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		353,174	36.00
37.00	Subtotal (see instructions)		49,025,231	37.00
38.00	MSP-LCC reconciliation amount from PS&R		22,883	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		36,121	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		49,002,348	40.00
40.01	Sequestration adjustment (see instructions)		122,506	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		48,705,978	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		173,864	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00



CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/22/2022 9:20 am
		Title XVIII	Hospital PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0125

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/22/2022 9:20 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		70,162,926		48,132,573	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		427,895		573,405	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		70,590,821		48,705,978	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		1,028,724		173,864	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		71,619,545		48,879,842	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0125  
Component CCN: 15-T125

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/22/2022 9:20 am  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,915,518		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,915,518		0	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		7,833		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,923,351		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet E-1 Part II Date/Time Prepared: 11/22/2022 9:20 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial /interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2021 To 06/30/2022	Worksheet E-3 Part III Date/Time Prepared: 11/22/2022 9:20 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,866,995 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0168 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			51,033 3.00
4.00	Outlier Payments			28,285 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			5.991781 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,946,313 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,946,313 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,946,313 19.00
20.00	Deductibles			16,324 20.00
21.00	Subtotal (line 19 minus line 20)			2,929,989 21.00
22.00	Coinsurance			4,823 22.00
23.00	Subtotal (line 21 minus line 22)			2,925,166 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			5,025 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,266 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,928,432 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			2,246 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,930,678 32.00
32.01	Sequestration adjustment (see instructions)			7,327 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,915,518 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			7,833 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			28,285 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
<b>FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE</b>				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

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

Provider CCN: 15-0125

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

Worksheet G  
Date/Time Prepared:  
11/22/2022 9:20 am

		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	10,265	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	75,140,373	0	0	0	4.00
5.00	Other receivable	1,906,656	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	14,323,658	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	4,866,049	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	96,247,001	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	186,785,045	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	186,785,045	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	7,467,438	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,467,438	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	290,499,484	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	3,580,121	0	0	0	37.00
38.00	Salaries, wages, and fees payable	31,249,728	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	34,930,356	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	69,760,205	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,778,353	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	7,778,353	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	77,538,558	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	212,960,926	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	212,960,926	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	290,499,484	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0125

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

Worksheet G-1

Date/Time Prepared:  
11/22/2022 9:20 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		167,116,490		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		68,554,046			2.00
3.00	Total (sum of line 1 and line 2)		235,670,536		0	3.00
4.00	RESTRICTED CONTRIBUTIONS	325,415		0		4.00
5.00	INVESTMENT INCOME	6,277		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		331,692		0	10.00
11.00	Subtotal (line 3 plus line 10)		236,002,228		0	11.00
12.00	TRANSFERRED TO/FROM AFFILIATES	22,791,303		0		12.00
13.00	NET ASSETS RELEASED	249,999		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		23,041,302		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		212,960,926		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	RESTRICTED CONTRIBUTIONS		0			4.00
5.00	INVESTMENT INCOME		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	TRANSFERRED TO/FROM AFFILIATES		0			12.00
13.00	NET ASSETS RELEASED		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0125

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/22/2022 9:20 am

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	132,306,340		132,306,340	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,017,820		3,017,820	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)	135,324,160		135,324,160	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	36,402,812		36,402,812	11.00
11.01	NEONATAL INTENSIVE CARE	21,849,819		21,849,819	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	58,252,631		58,252,631	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	193,576,791		193,576,791	17.00
18.00	Ancillary services	659,175,484	0	659,175,484	18.00
19.00	Outpatient services	0	1,311,339,328	1,311,339,328	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		9,409,969	9,409,969	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	24,271,301	52,093,310	76,364,611	27.00
27.01	TAXABLE LAB	0	1,429,307	1,429,307	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	877,023,576	1,374,271,914	2,251,295,490	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		545,835,814		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)		545,835,814		43.00



STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0125

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

Worksheet G-3

Date/Time Prepared:  
11/22/2022 9:20 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,251,295,490	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,657,349,905	2.00
3.00	Net patient revenues (line 1 minus line 2)	593,945,585	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	545,835,814	4.00
5.00	Net income from service to patients (line 3 minus line 4)	48,109,771	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	1,831,085	6.00
7.00	Income from investments	295,672	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	2,219,165	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	9,997,305	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	16,889	21.00
22.00	Rental of hospital space	953,941	22.00
23.00	Governmental appropriations	0	23.00
24.00	REVENUE - CLASSES	31,380	24.00
24.01	ASSETS RELEASED FROM RESTRICTION	252,609	24.01
24.02	FITNESS POINTE/BEAUTY SHOP INCOME	2,485,142	24.02
24.03	GAINS ON SALE OF ASSETS	96,184	24.03
24.04	OTHER INCOME	360,293	24.04
24.05	GRANT INCOME	1,904,610	24.05
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	20,444,275	25.00
26.00	Total (line 5 plus line 25)	68,554,046	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)	68,554,046	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0125

Period: From 07/01/2021

Worksheet H

HHA CCN: 15-7487

To 06/30/2022

Date/Time Prepared: 11/22/2022 9:20 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,323,935	140,811	567	-1,865	52,891	1,516,339	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	1,619,255	172,221	44,385	0	0	1,835,861	6.00
7.00	1,141,755	121,435	45,767	0	0	1,308,957	7.00
8.00	330,684	35,171	11,232	0	0	377,087	8.00
9.00	62,070	6,602	5,400	0	0	74,072	9.00
10.00	1,408	150	0	0	0	1,558	10.00
11.00	44,375	4,720	3,036	0	0	52,131	11.00
12.00	0	0	0	0	230,642	230,642	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	4,523,482	481,110	110,387	-1,865	283,533	5,396,647	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	1,516,339	266,911	1,783,250			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	1,835,861	0	1,835,861			6.00
7.00	-50,360	1,258,597	0	1,258,597			7.00
8.00	45,718	422,805	0	422,805			8.00
9.00	4,642	78,714	0	78,714			9.00
10.00	0	1,558	0	1,558			10.00
11.00	0	52,131	0	52,131			11.00
12.00	0	230,642	0	230,642			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	0	5,396,647	266,911	5,663,558			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0125 HHA CCN: 15-7487		Period: From 07/01/2021 To 06/30/2022		Worksheet H-1 Part I Date/Time Prepared: 11/22/2022 9:20 am	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,783,250	0	0	0	1,783,250	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,835,861	0	0	0	1,835,861	6.00
7.00	Physical Therapy	1,258,597	0	0	0	1,258,597	7.00
8.00	Occupational Therapy	422,805	0	0	0	422,805	8.00
9.00	Speech Pathology	78,714	0	0	0	78,714	9.00
10.00	Medical Social Services	1,558	0	0	0	1,558	10.00
11.00	Home Health Aide	52,131	0	0	0	52,131	11.00
12.00	Supplies (see instructions)	230,642	0	0	0	230,642	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	5,663,558	0	0	0	5,663,558	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,783,250					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	843,695	2,679,556				6.00
7.00	Physical Therapy	578,406	1,837,003				7.00
8.00	Occupational Therapy	194,306	617,111				8.00
9.00	Speech Pathology	36,174	114,888				9.00
10.00	Medical Social Services	716	2,274				10.00
11.00	Home Health Aide	23,958	76,089				11.00
12.00	Supplies (see instructions)	105,995	336,637				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		5,663,558				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0125

Period: From 07/01/2021

Worksheet H-1

HHA CCN: 15-7487

To 06/30/2022

Part II  
Date/Time Prepared:  
11/22/2022 9:20 am

Home Health  
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	100	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	100	0	-1,783,250	3,880,308
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	1,835,861
7.00	Physical Therapy	0	0	0	0	0	1,258,597
8.00	Occupational Therapy	0	0	0	0	0	422,805
9.00	Speech Pathology	0	0	0	0	0	78,714
10.00	Medical Social Services	0	0	0	0	0	1,558
11.00	Home Health Aide	0	0	0	0	0	52,131
12.00	Supplies (see instructions)	0	0	0	0	0	230,642
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	100	0	-1,783,250	3,880,308
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,783,250
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.459564

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0125

Period: From 07/01/2021

Worksheet H-2

HHA CCN: 15-7487

To 06/30/2022

Part I  
Date/Time Prepared:  
11/22/2022 9:20 am

Home Health  
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING & RECEIVING STORES	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	0	0	189,385	97	24,099	1.00
2.00 Skilled Nursing Care	2,679,556	0	0	231,630	0	0	2.00
3.00 Physical Therapy	1,837,003	0	0	163,325	0	0	3.00
4.00 Occupational Therapy	617,111	0	0	47,303	0	0	4.00
5.00 Speech Pathology	114,888	0	0	8,879	0	0	5.00
6.00 Medical Social Services	2,274	0	0	201	0	0	6.00
7.00 Home Health Aide	76,089	0	0	6,348	0	0	7.00
8.00 Supplies (see instructions)	336,637	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	5,663,558	0	0	647,071	97	24,099	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.03	5A.03	5.04	6.00	7.00	8.00	
1.00 Administrative and General	26,423	240,004	33,051	0	0	0	1.00
2.00 Skilled Nursing Care	0	2,911,186	400,903	0	0	0	2.00
3.00 Physical Therapy	0	2,000,328	275,467	0	0	0	3.00
4.00 Occupational Therapy	0	664,414	91,497	0	0	0	4.00
5.00 Speech Pathology	0	123,767	17,044	0	0	0	5.00
6.00 Medical Social Services	0	2,475	341	0	0	0	6.00
7.00 Home Health Aide	0	82,437	11,352	0	0	0	7.00
8.00 Supplies (see instructions)	0	336,637	46,359	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	26,423	6,361,248	876,014	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0125

Period: From 07/01/2021

Worksheet H-2

HHA CCN: 15-7487

To 06/30/2022

Part I Date/Time Prepared: 11/22/2022 9:20 am

Home Health Agency I

PPS

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
		15.00	16.00	17.00	19.00	21.00	22.00		
1.00	Administrative and General	0	23,083	0	0	0	0	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19) (2)	0	23,083	0	0	0	0	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0125

Period: From 07/01/2021

Worksheet H-2

HHA CCN: 15-7487

To 06/30/2022

Part I Date/Time Prepared: 11/22/2022 9:20 am

Home Health Agency I

PPS

Cost Center Description	PARAMED ED PRGM-(PHARMACY)	PARAMED ED PRGM-(LAB MLS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)		
	23.00	23.01	24.00	25.00	26.00	27.00		
1.00 Administrative and General	0	0	296,138	0	296,138		1.00	
2.00 Skilled Nursing Care	0	0	3,312,089	0	3,312,089	140,838	2.00	
3.00 Physical Therapy	0	0	2,275,795	0	2,275,795	96,774	3.00	
4.00 Occupational Therapy	0	0	755,911	0	755,911	32,144	4.00	
5.00 Speech Pathology	0	0	140,811	0	140,811	5,988	5.00	
6.00 Medical Social Services	0	0	2,816	0	2,816	120	6.00	
7.00 Home Health Aide	0	0	93,789	0	93,789	3,988	7.00	
8.00 Supplies (see instructions)	0	0	382,996	0	382,996	16,286	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	0	0	7,260,345	0	7,260,345	296,138	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.042523	21.00	
Cost Center Description		Total HHA Costs						
		28.00						
1.00 Administrative and General							1.00	
2.00 Skilled Nursing Care		3,452,927					2.00	
3.00 Physical Therapy		2,372,569					3.00	
4.00 Occupational Therapy		788,055					4.00	
5.00 Speech Pathology		146,799					5.00	
6.00 Medical Social Services		2,936					6.00	
7.00 Home Health Aide		97,777					7.00	
8.00 Supplies (see instructions)		399,282					8.00	
9.00 Drugs		0					9.00	
10.00 DME		0					10.00	
11.00 Home Dialysis Aide Services		0					11.00	
12.00 Respiratory Therapy		0					12.00	
13.00 Private Duty Nursing		0					13.00	
14.00 Clinic		0					14.00	
15.00 Health Promotion Activities		0					15.00	
16.00 Day Care Program		0					16.00	
17.00 Home Delivered Meals Program		0					17.00	
18.00 Homemaker Service		0					18.00	
19.00 All Others (specify)		0					19.00	
19.50 Telemedicine		0					19.50	
20.00 Total (sum of lines 1-19) (2)		7,260,345					20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0125

Period: From 07/01/2021

Worksheet H-2

HHA CCN: 15-7487

To 06/30/2022

Part II  
Date/Time Prepared: 11/22/2022 9:20 am

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING & RECEIVING STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	0	1,323,935	1	9,409,969	9,409,969	1.00
2.00 Skilled Nursing Care	0	0	1,619,256	0	0	0	2.00
3.00 Physical Therapy	0	0	1,141,755	0	0	0	3.00
4.00 Occupational Therapy	0	0	330,684	0	0	0	4.00
5.00 Speech Pathology	0	0	62,070	0	0	0	5.00
6.00 Medical Social Services	0	0	1,408	0	0	0	6.00
7.00 Home Health Aide	0	0	44,375	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	4,523,483	1	9,409,969	9,409,969	20.00
21.00 Total cost to be allocated	0	0	647,071	97	24,099	26,423	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.143047	97.000000	0.002561	0.002808	22.00
Cost Center Description	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQARE FEET)	OPERATION OF PLANT (SQARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQARE FEET)	
	5A.04	5.04	6.00	7.00	8.00	9.00	
1.00 Administrative and General	0	240,004	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	2,911,186	0	0	0	0	2.00
3.00 Physical Therapy	0	2,000,328	0	0	0	0	3.00
4.00 Occupational Therapy	0	664,414	0	0	0	0	4.00
5.00 Speech Pathology	0	123,767	0	0	0	0	5.00
6.00 Medical Social Services	0	2,475	0	0	0	0	6.00
7.00 Home Health Aide	0	82,437	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	336,637	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	6,361,248	0	0	0	0	20.00
21.00 Total cost to be allocated	0	876,014	0	0	0	0	21.00
22.00 Unit cost multiplier		0.137711	0.000000	0.000000	0.000000	0.000000	22.00



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0125

Period: From 07/01/2021

Worksheet H-2

HHA CCN: 15-7487

To 06/30/2022

Part II  
Date/Time Prepared: 11/22/2022 9:20 am

Home Health Agency I

PPS

Cost Center Description	DIETARY (PATIENT MEALS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQ)	
	10.00	11.00	12.00	13.00	14.00	15.00	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

Cost Center Description	INTERNS & RESIDENTS						
	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	SERVICES-SALARIES & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED (PHARMACY) (ASSIGNED TIME)	
	16.00	17.00	19.00	21.00	22.00	23.00	
1.00 Administrative and General	9,409,969	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	9,409,969	0	0	0	0	0	20.00
21.00 Total cost to be allocated	23,083	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.002453	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0125 HHA CCN: 15-7487	Period: From 07/01/2021 To 06/30/2022	Worksheet H-2 Part II Date/Time Prepared: 11/22/2022 9:20 am PPS
		Home Health Agency I	

Cost Center Description	PARAMED ED PRGM-(LAB MLS)		
	(ASSIGNED TIME)		
	23.01		
1.00 Administrative and General	0		1.00
2.00 Skilled Nursing Care	0		2.00
3.00 Physical Therapy	0		3.00
4.00 Occupational Therapy	0		4.00
5.00 Speech Pathology	0		5.00
6.00 Medical Social Services	0		6.00
7.00 Home Health Aide	0		7.00
8.00 Supplies (see instructions)	0		8.00
9.00 Drugs	0		9.00
10.00 DME	0		10.00
11.00 Home Dialysis Aide Services	0		11.00
12.00 Respiratory Therapy	0		12.00
13.00 Private Duty Nursing	0		13.00
14.00 Clinic	0		14.00
15.00 Health Promotion Activities	0		15.00
16.00 Day Care Program	0		16.00
17.00 Home Delivered Meals Program	0		17.00
18.00 Homemaker Service	0		18.00
19.00 All Others (specify)	0		19.00
19.50 Telemedicine	0		19.50
20.00 Total (sum of lines 1-19)	0		20.00
21.00 Total cost to be allocated	0		21.00
22.00 Unit cost multiplier	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0125 HHA CCN: 15-7487	Period: From 07/01/2021 To 06/30/2022	Worksheet H-3 Part I Date/Time Prepared: 11/22/2022 9:20 am
Title XVIII			Home Health Agency I	PPS

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	3,452,927		3,452,927	26,985	127.96	1.00
2.00	Physical Therapy	3.00	2,372,569	0	2,372,569	14,203	167.05	2.00
3.00	Occupational Therapy	4.00	788,055	0	788,055	5,821	135.38	3.00
4.00	Speech Pathology	5.00	146,799	0	146,799	591	248.39	4.00
5.00	Medical Social Services	6.00	2,936		2,936	16	183.50	5.00
6.00	Home Health Aide	7.00	97,777		97,777	1,985	49.26	6.00
7.00	Total (sum of lines 1-6)		6,861,063	0	6,861,063	49,601		7.00

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

Limitation Cost Computation							
8.00	Skilled Nursing Care		23844	0	12,763		8.00
9.00	Physical Therapy		23844	0	7,015		9.00
10.00	Occupational Therapy		23844	0	2,976		10.00
11.00	Speech Pathology		23844	0	304		11.00
12.00	Medical Social Services		23844	0	3		12.00
13.00	Home Health Aide		23844	0	1,225		13.00
14.00	Total (sum of lines 8-13)			0	24,286		14.00

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

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	399,282	0	399,282	410,889	0.971751	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	12,763		0	1,633,153	1.00
2.00	Physical Therapy	0	7,015		0	1,171,856	2.00
3.00	Occupational Therapy	0	2,976		0	402,891	3.00
4.00	Speech Pathology	0	304		0	75,511	4.00
5.00	Medical Social Services	0	3		0	551	5.00
6.00	Home Health Aide	0	1,225		0	60,344	6.00
7.00	Total (sum of lines 1-6)	0	24,286		0	3,344,306	7.00

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

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0125 HHA CCN: 15-7487		Period: From 07/01/2021 To 06/30/2022		Worksheet H-3 Part I Date/Time Prepared: 11/22/2022 9:20 am	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Program Covered Charges			Cost of Services					
	Part A	Part B		Part A	Part B				
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance			
	6.00	7.00	8.00	9.00	10.00	11.00			
<b>Supplies and Drugs Cost Computations</b>									
15.00	Cost of Medical Supplies	0	400,383	0	0	389,073	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)							
		12.00							
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>									
<b>Cost Per Visit Computation</b>									
1.00	Skilled Nursing Care	1,633,153						1.00	
2.00	Physical Therapy	1,171,856						2.00	
3.00	Occupational Therapy	402,891						3.00	
4.00	Speech Pathology	75,511						4.00	
5.00	Medical Social Services	551						5.00	
6.00	Home Health Aide	60,344						6.00	
7.00	Total (sum of lines 1-6)	3,344,306						7.00	
Cost Center Description									
		12.00							
<b>Limitation Cost Computation</b>									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0125 HHA CCN: 15-7487	Period: From 07/01/2021 To 06/30/2022	Worksheet H-3 Part II Date/Time Prepared: 11/22/2022 9:20 am
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.353214	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.250642	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.405107	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.535434	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.189549	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125 HHA CCN: 15-7487	Period: From 07/01/2021 To 06/30/2022	Worksheet H-4 Part I-11 Date/Time Prepared: 11/22/2022 9:20 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)	0	0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	3,411,040	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	661,929	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	55,689	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	23,826	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	165,448	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	2,928	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	4,320,860	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	4,320,860	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	4,320,860	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	4,320,860	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	4,320,860	31.00
31.01	Sequestration adjustment (see instructions)	0	11,677	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)	0	0	31.75
32.00	Interim payments (see instructions)	0	4,309,183	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

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

Provider CCN: 15-0125  
HHA CCN: 15-7487

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

Worksheet H-5  
Date/Time Prepared:  
11/22/2022 9:20 am  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		4,309,183	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		4,309,183	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		4,309,183	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0125	Period: From 07/01/2021 To 06/30/2022	Worksheet L Parts I-III Date/Time Prepared: 11/22/2022 9:20 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		5,232,139	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		39,487	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)		227.20	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.40	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.66	8.00
9.00	Sum of lines 7 and 8		21.06	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.35	10.00
11.00	Disproportionate share adjustment (see instructions)		227,598	11.00
12.00	Total prospective capital payments (see instructions)		5,499,224	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