

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: 14-0242	Period: From 09/01/2021 To 08/31/2022	Worksheet S Parts I-III Date/Time Prepared: 1/28/2023 6:30 pm
--	-----------------------	---	--

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/28/2023 Time: 6:30 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CENTRAL DUPAGE HOSPITAL ( 14-0242 ) for the cost reporting period beginning 09/01/2021 and ending 08/31/2022 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	Maureen Taus	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	Maureen Taus		2
3	Signatory Title	VICE PRESIDENT, FINANCE NMHC		3
4	Date	(Dated when report is electronically		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	234,944	70,453	0	0	1.00
2.00 Subprovider - IPF	0	57,774	9		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	292,718	70,462	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0242		Period: From 09/01/2021 To 08/31/2022		Worksheet S-2 Part I Date/Time Prepared: 1/28/2023 6:30 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 25 NORTH WINFIELD ROAD			PO Box: 11092012				1.00				
2.00	City: WINFIELD			State: IL		Zip Code: 60190		County: DUPAGE				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII			
								XIX				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			CENTRAL DUPAGE HOSPITAL	140242	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF			CENTRAL DUAPGE HOSPITAL	14S242	16974	4	07/01/1985	N	P	O	4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
17.20	Hospital-Based (OPT) I											17.20
17.30	Hospital-Based (OOT) I											17.30
17.40	Hospital-Based (OSP) I											17.40
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)						09/01/2021	08/31/2022		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.					1	N		23.00			

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet S-2  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,016	2,885	62	0	11,350	173	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
					Urban/Rural	S	Date of Geogr
					1.00		2.00
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					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
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
					V	XVII	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
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
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
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
<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		
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.							
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		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet S-2  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet S-2  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet S-2  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

		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.	Y			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)	N	N	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.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
		1.00			
<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.				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. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		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: 14-0242		Period: From 09/01/2021 To 08/31/2022		Worksheet S-2 Part I Date/Time Prepared: 1/28/2023 6:30 pm	
				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
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			545,943	4,053,394	7,444,788	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
<b>Transplant Center Information</b>							
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0242	Period: From 09/01/2021 To 08/31/2022	Worksheet S-2 Part I Date/Time Prepared: 1/28/2023 6:30 pm			
		1.00	2.00				
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			
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		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: NORTHWESTERN MEMORIAL HEALTHCARE	Contractor's Name: NGS	Contractor's Number: 00131		141.00		
142.00	Street: 251 E HURON STREET	PO Box:			142.00		
143.00	City: CHICAGO	State: IL	Zip Code: 60611	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	N	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	
161.10	CORF		N	N	N	161.10	
161.20	OUTPATIENT PHYSICAL THERAPY		N	N	N	161.20	
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N	161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N	161.40	
				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



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0242	Period: From 09/01/2021 To 08/31/2022	Worksheet S-2 Part I Date/Time Prepared: 1/28/2023 6:30 pm
			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.		N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.00	169.00
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet S-2  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

		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	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		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.	N		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or 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
		1.00	2.00	3.00
				Date
				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		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	12/09/2022	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		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		19.00

## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet S-2  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRANDON		HOFMANN	41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-766-7529		BRANDON.HOFMANN@NM.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet S-2  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PROGRAM MANAGER - FINANCE	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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet S-3  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Component		Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
						Title V	
1.00		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	272	99,280	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)		272	99,280	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	23	8,395	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		347	126,655	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	48	17,520		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	99.10				0	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		395				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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet S-3  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
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)	26,507	3,547	77,857			1.00
2.00	HMO and other (see instructions)	14,595	11,350				2.00
3.00	HMO IPF Subprovider	0	1,366				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	26,507	3,547	77,857			7.00
8.00	INTENSIVE CARE UNIT	2,771	360	8,731			8.00
9.00	CORONARY CARE UNIT	0	0	3,125			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	115	7,670			12.00
13.00	NURSERY		1,941	4,956			13.00
14.00	Total (see instructions)	29,278	5,963	102,339	0.00	3,102.13	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,155	550	8,324	0.00	88.81	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			334			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
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	3,190.94	27.00
28.00	Observation Bed Days		0	16,441			28.00
29.00	Ambulance Trips	160					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	173	943			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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet S-3  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00	14.00	15.00
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	6,043	591	20,730
2.00 HMO and other (see instructions)				2,610	2,453	
3.00 HMO IPF Subprovider					195	
4.00 HMO IRF Subprovider					0	
5.00 Hospital Adults & Peds. Swing Bed SNF						
6.00 Hospital Adults & Peds. Swing Bed NF						
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						
8.00 INTENSIVE CARE UNIT						
9.00 CORONARY CARE UNIT						
10.00 BURN INTENSIVE CARE UNIT						
11.00 SURGICAL INTENSIVE CARE UNIT						
12.00 NEONATAL INTENSIVE CARE UNIT						
13.00 NURSERY						
14.00 Total (see instructions)	0.00	0	6,043	591		20,730
15.00 CAH visits						
16.00 SUBPROVIDER - IPF	0.00	0	125	64		1,167
17.00 SUBPROVIDER - IRF						
18.00 SUBPROVIDER						
19.00 SKILLED NURSING FACILITY						
20.00 NURSING FACILITY						
21.00 OTHER LONG TERM CARE						
22.00 HOME HEALTH AGENCY						
23.00 AMBULATORY SURGICAL CENTER (D.P.)						
24.00 HOSPICE						
24.10 HOSPICE (non-distinct part)						
25.00 CMHC - CMHC						
25.10 CMHC - CORF	0.00					
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					
26.00 RURAL HEALTH CLINIC						
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					
27.00 Total (sum of lines 14-26)	0.00					
28.00 Observation Bed Days						
29.00 Ambulance Trips						
30.00 Employee discount days (see instruction)						
31.00 Employee discount days - IRF						
32.00 Labor & delivery days (see instructions)						
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						
33.00 LTCH non-covered days				0		
33.01 LTCH site neutral days and discharges				0		

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet S-3  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	253,292,055	0	253,292,055	6,637,157.90	38.16
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		3,779,152	0	3,779,152	10,937.40	345.53
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)		8,118,457	62,737	8,181,194	213,461.00	38.33
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		18,516,929	0	18,516,929	112,683.57	164.33
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		174,240	0	174,240	880.00	198.00
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		61,679,794	0	61,679,794	1,347,288.00	45.78
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)		66,955,147	0	66,955,147		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,269,793	0	2,269,793		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,048,489	0	1,048,489		
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)		10,569,200	0	10,569,200		
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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet S-3  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

		Wkst. A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	17,040,541	-3,131,468	13,909,073	131,359.45	105.89	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,484,654	108,396	2,593,050	70,844.51	36.60	30.00
31.00	Laundry & Linen Service	8.00	298,117	8,600	306,717	14,179.30	21.63	31.00
32.00	Housekeeping	9.00	5,315,585	172,944	5,488,529	254,035.04	21.61	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,540,031	-1,189,324	2,350,707	111,880.88	21.01	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,293,777	1,293,777	65,154.42	19.86	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,572,832	110,723	1,683,555	33,787.92	49.83	38.00
39.00	Central Services and Supply	14.00	3,303,485	107,242	3,410,727	149,057.07	22.88	39.00
40.00	Pharmacy	15.00	7,473,536	294,770	7,768,306	134,826.71	57.62	40.00
41.00	Medical Records & Medical Records Library	16.00	1,500	0	1,500	0.00	0.00	41.00
42.00	Social Service	17.00	4,549,699	165,852	4,715,551	102,419.78	46.04	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet S-3  
Part III  
Date/Time Prepared:  
1/28/2023 6:30 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	249,512,903	0	249,512,903	6,626,220.50	37.66	1.00
2.00	Excluded area salaries (see instructions)	8,118,457	62,737	8,181,194	213,461.00	38.33	2.00
3.00	Subtotal salaries (line 1 minus line 2)	241,394,446	-62,737	241,331,709	6,412,759.50	37.63	3.00
4.00	Subtotal other wages & related costs (see inst.)	80,370,963	0	80,370,963	1,460,851.57	55.02	4.00
5.00	Subtotal wage-related costs (see inst.)	77,524,347	0	77,524,347	0.00	32.12	5.00
6.00	Total (sum of lines 3 thru 5)	399,289,756	-62,737	399,227,019	7,873,611.07	50.70	6.00
7.00	Total overhead cost (see instructions)	45,579,980	-2,058,488	43,521,492	1,067,545.08	40.77	7.00

## HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet S-3  
Part IV  
Date/Time Prepared:  
1/28/2023 6:30 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	17,458,430	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	19,756,506	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	10,732,546	9.00
10.00	Dental, Hearing and Vision Plan	803,284	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,773,540	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)	802,276	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	18,052,364	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	168,952	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	725,531	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	70,273,429	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

## HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet S-3  
Part V  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	18,516,929	70,273,429	1.00
2.00	Hospital	18,516,929	69,704,450	2.00
3.00	SUBPROVIDER - IPF	0	511,416	3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	57,563	18.00

## HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet S-10

Date/Time Prepared:  
1/28/2023 6:30 pm

			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)		0.140521	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		80,987,557	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		19,449,000	5.00
6.00	Medicaid charges		702,692,754	6.00
7.00	Medicaid cost (line 1 times line 6)		98,743,088	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
<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)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
<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)		0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	148,403,882	20,445,462	168,849,344
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	20,853,862	20,445,462	41,299,324
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	20,853,862	20,445,462	41,299,324
			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)		16,887,404	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,369,889	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,107,522	27.01
28.00	Non-Medicare bad debt expense (see instructions)		14,779,882	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,814,517	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		44,113,841	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		44,113,841	31.00

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A

Date/Time Prepared:  
1/28/2023 6:30 pm

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		25,137,549	25,137,549	1,899,254	27,036,803	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		15,175,991	15,175,991	0	15,175,991	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.10	00540	NON PATIENT TELEPHONES	0	0	0	0	0	5.10
5.30	00560	PURCHASING AND STORES	0	0	0	0	0	5.30
5.40	00570	ADMINITTING	0	0	0	0	0	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	17,040,541	292,678,016	309,718,557	4,118,721	313,837,278	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,484,654	27,354,373	29,839,027	108,396	29,947,423	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	298,117	182,156	480,273	8,600	488,873	8.00
9.00	00900	HOUSEKEEPING	5,315,585	4,580,561	9,896,146	173,009	10,069,155	9.00
10.00	01000	DIETARY	3,540,031	5,844,343	9,384,374	-3,628,480	5,755,894	10.00
11.00	01100	CAFETERIA	0	0	0	3,732,933	3,732,933	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,572,832	572,826	2,145,658	121,431	2,267,089	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,303,485	7,600,570	10,904,055	110,910	11,014,965	14.00
15.00	01500	PHARMACY	7,473,536	93,106,169	100,579,705	-92,705,847	7,873,858	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,500	220	1,720	0	1,720	16.00
17.00	01700	SOCIAL SERVICE	4,549,699	1,631,524	6,181,223	165,852	6,347,075	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	249,613	403,383	652,996	9,775	662,771	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	42,679,934	41,740,837	84,420,771	-3,011,729	81,409,042	30.00
31.00	03100	INTENSIVE CARE UNIT	8,329,359	7,073,389	15,402,748	-283,066	15,119,682	31.00
32.00	03200	CORONARY CARE UNIT	2,800,785	2,277,381	5,078,166	-38,556	5,039,610	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,552,428	2,349,096	8,901,524	176,268	9,077,792	35.00
40.00	04000	SUBPROVIDER - I/PF	7,102,978	2,901,849	10,004,827	5,670	10,010,497	40.00
43.00	04300	NURSERY	0	0	0	1,931,377	1,931,377	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	15,528,641	52,349,348	67,877,989	-39,149,215	28,728,774	50.00
51.00	05100	RECOVERY ROOM	6,337,610	2,857,175	9,194,785	224,052	9,418,837	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,288,537	3,650,471	10,939,008	239,278	11,178,286	52.00
53.00	05300	ANESTHESIOLOGY	624,977	2,903,732	3,528,709	-311,554	3,217,155	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,936,210	2,604,671	8,540,881	422,230	8,963,111	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,511,465	5,368,875	13,880,340	-531,113	13,349,227	55.00
56.00	05600	RADIOISOTOPE	699,759	1,520,262	2,220,021	28,147	2,248,168	56.00
57.00	05700	CT SCAN	1,794,626	1,198,522	2,993,148	69,912	3,063,060	57.00
58.00	05800	MRI	2,623,045	1,798,460	4,421,505	138,744	4,560,249	58.00
60.00	06000	LABORATORY	44,313,229	96,104,382	140,417,611	-14,573,274	125,844,337	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,312,874	3,431,445	4,744,319	39,665	4,783,984	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	801,232	505,699	1,306,931	-97,440	1,209,491	64.00
65.00	06500	RESPIRATORY THERAPY	3,686,162	2,548,394	6,234,556	117,024	6,351,580	65.00
66.00	06600	PHYSICAL THERAPY	9,786,992	3,164,216	12,951,208	313,469	13,264,677	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,627,087	527,718	2,154,805	48,344	2,203,149	67.00
68.00	06800	SPEECH PATHOLOGY	996,169	271,274	1,267,443	33,563	1,301,006	68.00
69.00	06900	ELECTROCARDIOLOGY	8,150,549	25,291,474	33,442,023	-21,463,982	11,978,041	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,476,116	1,043,678	2,519,794	110,444	2,630,238	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,551,149	30,551,149	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,004,922	32,004,922	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	92,999,337	92,999,337	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,091,201	3,091,201	74.00
75.01	07501	CARDIAC REHAB	491,999	160,228	652,227	18,094	670,321	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	418,961	332,509	751,470	-420	751,050	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	3,439,728	-605,648	2,834,080	2,327,708	5,161,788	90.00
90.01	09001	PATIENT TREATMENT CENTER	1,653,901	766,194	2,420,095	17,808	2,437,903	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	1,442,160	399,453	1,841,613	39,980	1,881,593	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.06	09006	WOUND CARE	230,790	115,322	346,112	3,502	349,614	90.06
91.00	09100	EMERGENCY	10,058,293	9,633,920	19,692,213	417,054	20,109,267	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	252,526,189	748,552,007	1,001,078,196	23,147	1,001,101,343	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	51,796	353,031	404,827	0	404,827	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	714,070	417,466	1,131,536	-23,147	1,108,389	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	8,908,118	8,908,118	0	8,908,118	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		TOTAL (SUM OF LINES 118 through 199)	253,292,055	758,230,622	1,011,522,677	0	1,011,522,677	200.00

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet A  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	83,608	27,120,411	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	15,175,991	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	4.00
5.10	00540	NON PATIENT TELEPHONES	0	0	5.10
5.30	00560	PURCHASING AND STORES	0	0	5.30
5.40	00570	ADMITTING	0	0	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	-89,433,854	224,403,424	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-45,924	29,901,499	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-931	487,942	8.00
9.00	00900	HOUSEKEEPING	-28,630	10,040,525	9.00
10.00	01000	DIETARY	227,095	5,982,989	10.00
11.00	01100	CAFETERIA	-2,369,219	1,363,714	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-18,054	2,249,035	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-504,075	10,510,890	14.00
15.00	01500	PHARMACY	-7,811	7,866,047	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,720	16.00
17.00	01700	SOCIAL SERVICE	-5,108	6,341,967	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	-26,894	635,877	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-16,000,098	65,408,944	30.00
31.00	03100	INTENSIVE CARE UNIT	-821	15,118,861	31.00
32.00	03200	CORONARY CARE UNIT	-130,034	4,909,576	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-6,733	9,071,059	35.00
40.00	04000	SUBPROVIDER - IPF	-713,458	9,297,039	40.00
43.00	04300	NURSERY	0	1,931,377	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-2,973	28,725,801	50.00
51.00	05100	RECOVERY ROOM	-503	9,418,334	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-728,708	10,449,578	52.00
53.00	05300	ANESTHESIOLOGY	-115,575	3,101,580	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-227,115	8,735,996	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-65,475	13,283,752	55.00
56.00	05600	RADIOISOTOPE	-685	2,247,483	56.00
57.00	05700	CT SCAN	0	3,063,060	57.00
58.00	05800	MRI	-1,650	4,558,599	58.00
60.00	06000	LABORATORY	-660,569	125,183,768	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,783,984	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	-969	1,208,522	64.00
65.00	06500	RESPIRATORY THERAPY	-2,942	6,348,638	65.00
66.00	06600	PHYSICAL THERAPY	-7,437	13,257,240	66.00
67.00	06700	OCCUPATIONAL THERAPY	-263	2,202,886	67.00
68.00	06800	SPEECH PATHOLOGY	-104	1,300,902	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,123,691	9,854,350	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-41,154	2,589,084	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	30,551,149	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,004,922	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	92,999,337	73.00
74.00	07400	RENAL DIALYSIS	0	3,091,201	74.00
75.01	07501	CARDIAC REHAB	-1,225	669,096	75.01
75.02	07502	SLEEP LAB	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	751,050	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-3,643,601	1,518,187	90.00
90.01	09001	PATIENT TREATMENT CENTER	-32,972	2,404,931	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	90.02
90.03	09003	CANTERA	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	-170,626	1,710,967	90.04
90.05	09005	WOMENS CLINIC	0	0	90.05
90.06	09006	WOUND CARE	-124,327	225,287	90.06
91.00	09100	EMERGENCY	-352,037	19,757,230	91.00



## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	6.00	7.00	92.00
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-117,285,542	883,815,801	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	404,827	190.00
190.01	19001	KOFFEE KORNER	0	0	190.01
191.00	19100	RESEARCH	0	1,108,389	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	8,908,118	192.00
192.01	19201	WSKF	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	193.01
193.02	19302	MARKETING	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	193.08
200.00		TOTAL (SUM OF LINES 118 through 199)	-117,285,542	894,237,135	200.00

## RECLASSIFICATIONS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet A-6  
Date/Time Prepared:  
1/28/2023 6:30 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	32,004,922		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
TOTALS			0	32,004,922		
B - CHARGEABLE MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	30,498,979		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
TOTALS			0	30,498,979		
C - CAFETERIA						
1.00	CAFETERIA	11.00	1,293,777	2,439,156		1.00
TOTALS			1,293,777	2,439,156		
D - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	92,999,337		1.00
TOTALS			0	92,999,337		
E - INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,899,254		1.00
TOTALS			0	1,899,254		
G - BILLING AND REGISTRATION						
1.00	ADMINISTRATION & GENERAL	5.60	6,074,000	2,137,796		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
TOTALS			6,074,000	2,137,796		
H - PEDIATRIC BUILDING RENT						
1.00	CLINIC	90.00	0	2,178,184		1.00
TOTALS			0	2,178,184		
I - NURSERY						
1.00	NURSERY	43.00	1,423,755	507,622		1.00
TOTALS			1,423,755	507,622		
J - RENAL DIALYSIS						
1.00	RENAL DIALYSIS	74.00	0	3,090,956		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
TOTALS			0	3,090,956		

## RECLASSIFICATIONS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet A-6  
Date/Time Prepared:  
1/28/2023 6:30 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	L - PATIENT TRANSPORTATION					
1.00	ADULTS & PEDIATRICS	30.00	783,693	367,079		1.00
2.00	INTENSIVE CARE UNIT	31.00	33,921	15,889		2.00
3.00	CORONARY CARE UNIT	32.00	12,290	5,756		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	1,613	755		4.00
5.00	OPERATING ROOM	50.00	52,606	24,640		5.00
6.00	RECOVERY ROOM	51.00	1,335	625		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	8,174	3,829		7.00
8.00	ANESTHESIOLOGY	53.00	1,279	599		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	101,375	47,483		9.00
10.00	CT SCAN	57.00	6,173	2,891		10.00
11.00	MRI	58.00	30,195	14,143		11.00
12.00	LABORATORY	60.00	1,057	495		12.00
13.00	PHYSICAL THERAPY	66.00	556	260		13.00
14.00	ELECTROCARDIOLOGY	69.00	35,756	16,748		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	42,485	19,900		15.00
16.00	RENAL DIALYSIS	74.00	167	78		16.00
17.00	CLINIC	90.00	9,398	4,402		17.00
18.00	WOUND CARE	90.06	56	26		18.00
19.00	EMERGENCY	91.00	83,858	39,279		19.00
	TOTALS		1,205,987	564,877		
	M - INTERCOMPANY					
1.00	ADMINISTRATION & GENERAL	5.60	0	100,795		1.00
2.00	SUBPROVIDER - IPF	40.00	0	151		2.00
4.00		0.00	0	0		4.00
	TOTALS		0	100,946		
	N - NON PATIENT TRANSPORTATION					
1.00	ADMINISTRATION & GENERAL	5.60	0	8,511,624		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	8,511,624		
	O - ORGANIZATIONAL INCENTIVE					
1.00	OPERATION OF PLANT	7.00	108,396	0		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	8,600	0		2.00
3.00	HOUSEKEEPING	9.00	172,944	0		3.00
4.00	DIETARY	10.00	104,453	0		4.00
5.00	NURSING ADMINISTRATION	13.00	110,723	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	107,242	0		6.00
7.00	PHARMACY	15.00	294,770	0		7.00
8.00	SOCIAL SERVICE	17.00	165,852	0		8.00
9.00	PARAMED ED PRGM-PARAMED EDU	23.00	9,775	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	1,209,990	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	275,422	0		11.00
12.00	CORONARY CARE UNIT	32.00	69,587	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	201,959	0		13.00
14.00	SUBPROVIDER - IPF	40.00	313,002	0		14.00
15.00	OPERATING ROOM	50.00	556,239	0		15.00
16.00	RECOVERY ROOM	51.00	246,457	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	262,443	0		17.00
18.00	ANESTHESIOLOGY	53.00	19,823	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	297,168	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	329,928	0		20.00
21.00	RADIOISOTOPE	56.00	28,147	0		21.00
22.00	CT SCAN	57.00	60,910	0		22.00
23.00	MRI	58.00	97,043	0		23.00
24.00	LABORATORY	60.00	1,407,447	0		24.00
25.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	39,665	0		25.00
26.00	INTRAVENOUS THERAPY	64.00	25,471	0		26.00
27.00	RESPIRATORY THERAPY	65.00	153,252	0		27.00
28.00	PHYSICAL THERAPY	66.00	355,966	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	55,229	0		29.00
30.00	SPEECH PATHOLOGY	68.00	33,563	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	207,097	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	55,167	0		32.00
33.00	CARDIAC REHAB	75.01	18,094	0		33.00
34.00	PAIN MANAGEMENT	75.04	24,410	0		34.00
35.00	CLINIC	90.00	139,129	0		35.00
36.00	PATIENT TREATMENT CENTER	90.01	44,084	0		36.00
37.00	MENTAL HEALTH O/P	90.04	39,980	0		37.00
38.00	WOUND CARE	90.06	7,911	0		38.00
39.00	EMERGENCY	91.00	340,159	0		39.00
41.00	RESEARCH	191.00	1,984	0		41.00
	TOTALS		7,999,481	0		

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-6

Date/Time Prepared:  
1/28/2023 6:30 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
P - EMERGENCY INCENTIVE					
1.00	HOUSEKEEPING	9.00	0	65	1.00
2.00	NURSING ADMINISTRATION	13.00	0	10,708	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,668	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	52,170	4.00
	TOTALS		0	66,611	
500.00	Grand Total: Increases		17,997,000	177,000,264	500.00

## RECLASSIFICATIONS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet A-6  
Date/Time Prepared:  
1/28/2023 6:30 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - IMPLANTS						
1.00	OPERATING ROOM	50.00	0	19,748,195	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	12,256,696	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	15	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	16	0		4.00
	TOTALS		0	32,004,922			
	B - CHARGEABLE MEDICAL SUPPLIES						
1.00	PHARMACY	15.00	0	1,280	0		1.00
2.00	CORONARY CARE UNIT	32.00	0	55,026	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	234,552	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	142,860	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	28,059	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	16	0		6.00
7.00	OPERATING ROOM	50.00	0	19,913,744	0		7.00
8.00	RECOVERY ROOM	51.00	0	24,365	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	35,168	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	333,255	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23,796	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	20,326	0		12.00
13.00	CT SCAN	57.00	0	62	0		13.00
14.00	MRI	58.00	0	2,637	0		14.00
15.00	LABORATORY	60.00	0	9,331	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	122,911	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	36,228	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	2,060	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	6,885	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	9,449,833	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,108	0		21.00
22.00	PAIN MANAGEMENT	75.04	0	24,830	0		22.00
23.00	CLINIC	90.00	0	1,907	0		23.00
24.00	PATIENT TREATMENT CENTER	90.01	0	5,484	0		24.00
25.00	WOUND CARE	90.06	0	4,491	0		25.00
26.00	EMERGENCY	91.00	0	12,765	0		26.00
	TOTALS		0	30,498,979			
	C - CAFETERIA						
1.00	DIETARY	10.00	1,293,777	2,439,156	0		1.00
	TOTALS		1,293,777	2,439,156			
	D - DRUGS						
1.00	PHARMACY	15.00	0	92,999,337	0		1.00
	TOTALS		0	92,999,337			
	E - INSURANCE						
1.00	ADMINISTRATION & GENERAL	5.60	0	1,899,254	12		1.00
	TOTALS		0	1,899,254			
	G - BILLING AND REGISTRATION						
1.00	ADULTS & PEDIATRICS	30.00	3,257	746	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	693	130	0		2.00
3.00	CORONARY CARE UNIT	32.00	159	33	0		3.00
4.00	SUBPROVIDER - IPF	40.00	242,145	65,322	0		4.00
5.00	OPERATING ROOM	50.00	96,729	24,032	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	170,777	45,096	0		6.00
7.00	LABORATORY	60.00	5,479,018	1,982,300	0		7.00
8.00	PHYSICAL THERAPY	66.00	32,064	9,189	0		8.00
9.00	CLINIC	90.00	1,147	351	0		9.00
10.00	EMERGENCY	91.00	28,132	5,345	0		10.00
11.00	RESEARCH	191.00	19,879	5,252	0		11.00
	TOTALS		6,074,000	2,137,796			
	H - PEDIATRIC BUILDING RENT						
1.00	ADULTS & PEDIATRICS	30.00	0	2,178,184	0		1.00
	TOTALS		0	2,178,184			
	I - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,423,755	507,622	0		1.00
	TOTALS		1,423,755	507,622			
	J - RENAL DIALYSIS						
1.00	ADMINISTRATION & GENERAL	5.60	0	969,284	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	940,483	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	464,600	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	70,955	0		4.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	624,842	0		6.00
7.00	PATIENT TREATMENT CENTER	90.01	0	20,792	0		7.00
	TOTALS		0	3,090,956			
	L - PATIENT TRANSPORTATION						
1.00	ADMINISTRATION & GENERAL	5.60	1,205,987	564,877	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

## RECLASSIFICATIONS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet A-6  
Date/Time Prepared:  
1/28/2023 6:30 pm

	Decreases					17/20/2020 8:00 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
TOTALS			1,205,987	564,877			
M - INTERCOMPANY							
1.00	ADULTS & PEDIATRICS	30.00	0	83,892	0		1.00
2.00		0.00	0	0	0		2.00
4.00	ELECTROCARDIOLOGY	69.00	0	17,054	0		4.00
TOTALS			0	100,946			
N - NON PATIENT TRANSPORTATION							
1.00		0.00	0	0	0		1.00
2.00	LABORATORY	60.00	0	8,511,624	0		2.00
TOTALS			0	8,511,624			
O - ORGANIZATIONAL INCENTIVE							
ADMINISTRATION & GENERAL		5.60	7,999,481	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
41.00		0.00	0	0	0		41.00
TOTALS			7,999,481	0			
P - EMERGENCY INCENTIVE							
ADMINISTRATION & GENERAL		5.60	0	66,611	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
TOTALS			0	66,611			

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-6

Date/Time Prepared:  
1/28/2023 6:30 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
500.00	Grand Total: Decreases		17,997,000	177,000,264			500.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet A-7  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	35,273,260	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	610,984,310	44,216,400	0	44,216,400	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	157,950,050	15,243,650	0	15,243,650	0	5.00	
6.00	Movable Equipment	0	0	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	804,207,620	59,460,050	0	59,460,050	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	804,207,620	59,460,050	0	59,460,050	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	35,273,260	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	655,200,710	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	173,193,700	0				5.00	
6.00	Movable Equipment	0	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	863,667,670	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	863,667,670	0				10.00	



## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet A-7  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	25,137,549	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,175,991	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	40,313,540	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of col.s. 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	25,137,549				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	15,175,991				2.00
3.00	Total (sum of lines 1-2)	0	40,313,540				3.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet A-7  
Part III  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	35,273,260	0	35,273,260	0.040841	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	828,394,410	0	828,394,410	0.959159	0	2.00
3.00	Total (sum of lines 1-2)	863,667,670	0	863,667,670	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	25,221,157	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	15,175,991	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	40,397,148	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital -Related Costs (see instructions)	Total (2) (sum of 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	1,899,254	0	0	27,120,411	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	15,175,991	2.00
3.00	Total (sum of lines 1-2)	0	1,899,254	0	0	42,296,402	3.00

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-8

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP 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)	A	-34,459	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-21,181,131			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	-26,477,647			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-2,369,219	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B	-1,662	DELIVERY ROOM & LABOR ROOM	52.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PHYSICIAN SUBSIDY	A	-16,146,083	ADMINISTRATION & GENERAL	5.60	0	33.00

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-8

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
34.02	NON PT MED SUPP	B	-21,953	PATIENT TREATMENT CENTER	90.01	0	34.02
35.04	MEALS REVENUE	B	407	DIETARY	10.00	0	35.04
36.00	OTHER INCOME	B		NEONATAL INTENSIVE CARE UNIT	35.00	0	36.00
36.01	OTHER INCOME	B	-988,885	ADMINISTRATION & GENERAL	5.60	0	36.01
36.02	OTHER INCOME	B		LAUNDRY & LINEN SERVICE	8.00	0	36.02
36.03	OTHER INCOME	B		DIETARY	10.00	0	36.03
36.04	OTHER INCOME	B		RECOVERY ROOM	51.00	0	36.04
36.05	OTHER INCOME	B		RADIOLOGY-THERAPEUTIC	55.00	0	36.05
36.06	OTHER INCOME	B		LABORATORY	60.00	0	36.06
36.07	OTHER INCOME	B		SUBPROVIDER - IPF	40.00	0	36.07
36.08	OTHER INCOME	B		MENTAL HEALTH O/P	90.04	0	36.08
36.09	OTHER INCOME	B	-2,415,644	CLINIC	90.00	0	36.09
36.10	OTHER INCOME	B	4,266	OPERATING ROOM	50.00	0	36.10
36.11	OTHER INCOME	B		PATIENT TREATMENT CENTER	90.01	0	36.11
36.12	OTHER INCOME	B	-3,905	NURSING ADMINISTRATION	13.00	0	36.12
36.13	OTHER INCOME	B	675	INTENSIVE CARE UNIT	31.00	0	36.13
36.14	OTHER INCOME	B	579	CENTRAL SERVICES & SUPPLY	14.00	0	36.14
36.15	OTHER INCOME	B		PHYSICAL THERAPY	66.00	0	36.15
36.16	OTHER INCOME	B		ELECTROENCEPHALOGRAPHY	70.00	0	36.16
36.17	OTHER INCOME	B		ADULTS & PEDIATRICS	30.00	0	36.17
36.18	OTHER INCOME	B	-47,104	DELIVERY ROOM & LABOR ROOM	52.00	0	36.18
38.00	TUITION INCOME	B	138	ELECTROCARDIOLOGY	69.00	0	38.00
38.01	TUITION INCOME	B		LABORATORY	60.00	0	38.01
38.02	TUITION INCOME	B	-81,864	EMERGENCY	91.00	0	38.02
38.03	TUITION INCOME	B		SUBPROVIDER - IPF	40.00	0	38.03
39.00	RENTAL INCOME	B	-1,198,083	CLINIC	90.00	0	39.00
39.01	RENTAL INCOME	B	-46,726	SUBPROVIDER - IPF	40.00	0	39.01
39.04	INTERCOMPANY RENTAL INCOME	B		OPERATION OF PLANT	7.00	0	39.04
39.05	INTERCOMPANY RENTAL INCOME	B	-2,306,085	ADMINISTRATION & GENERAL	5.60	0	39.05
40.00	OTHER SERVICE REVENUE	B		PATIENT TREATMENT CENTER	90.01	0	40.00
40.01	OTHER SERVICE REVENUE	B	-237,946	SUBPROVIDER - IPF	40.00	0	40.01
40.02	OTHER SERVICE REVENUE	B	1,460	ADULTS & PEDIATRICS	30.00	0	40.02
40.03	OTHER SERVICE REVENUE	B	-170,589	MENTAL HEALTH O/P	90.04	0	40.03
40.06	OTHER SERVICE REVENUE	B	-12,295	RADIOLOGY-DIAGNOSTIC	54.00	0	40.06
40.07	OTHER SERVICE INCOME	B	-34,643	EMERGENCY	91.00	0	40.07
41.00	INSTYMED REV	B		CLINIC	90.00	0	41.00
41.01	INSTYMED REV	B		PHARMACY	15.00	0	41.01
41.03	RECOVERY LIVING REV	B		ADULTS & PEDIATRICS	30.00	0	41.03
42.00	REAL ESTATE TAXES	A		CLINIC	90.00	0	42.00
42.04	LOBBYING DUES	A		ADMINISTRATION & GENERAL	5.60	0	42.04
42.05	PHYSICIAN BILLING SVC	A	-173,750	LABORATORY	60.00	0	42.05
42.06	PHYSICIAN BILLING SVC	A		ELECTROCARDIOLOGY	69.00	0	42.06
42.07	REAL ESTATE TAXES	A		ADMINISTRATION & GENERAL	5.60	0	42.07
44.00	CHARITABLE CONTRIBUTIONS	A	-111,533	ADMINISTRATION & GENERAL	5.60	0	44.00
44.01	CHARITABLE CONTRIBUTIONS	A		HOUSEKEEPING	9.00	0	44.01
44.02	CHARITABLE CONTRIBUTIONS	A		NURSING ADMINISTRATION	13.00	0	44.02
44.03	CHARITABLE CONTRIBUTIONS	A		ADULTS & PEDIATRICS	30.00	0	44.03
44.04	CHARITABLE CONTRIBUTIONS	A		INTENSIVE CARE UNIT	31.00	0	44.04
44.05	CHARITABLE CONTRIBUTIONS	A		SUBPROVIDER - IPF	40.00	0	44.05
44.06	CHARITABLE CONTRIBUTIONS	A		OPERATING ROOM	50.00	0	44.06
44.07	CHARITABLE CONTRIBUTIONS	A		DELIVERY ROOM & LABOR ROOM	52.00	0	44.07
44.08	CHARITABLE CONTRIBUTIONS	A		CLINIC	90.00	0	44.08
44.09	CHARITABLE CONTRIBUTIONS	A		PATIENT TREATMENT CENTER	90.01	0	44.09
44.10	CHARITABLE CONTRIBUTIONS	A		EMERGENCY	91.00	0	44.10
44.11	CHARITABLE CONTRIBUTIONS	A		MRI	58.00	0	44.11
45.00	EQPT DISPOSALS	A	2,765	ADMINISTRATION & GENERAL	5.60	0	45.00
45.01	EQPT DISPOSALS	A		HOUSEKEEPING	9.00	0	45.01
45.02	EQPT DISPOSALS	A		PHARMACY	15.00	0	45.02
45.03	EQPT DISPOSALS	A		CENTRAL SERVICES & SUPPLY	14.00	0	45.03
45.04	EQPT DISPOSALS	A		MEDICAL RECORDS & LIBRARY	16.00	0	45.04
45.05	EQPT DISPOSALS	A	-287	ADULTS & PEDIATRICS	30.00	0	45.05
45.06	EQPT DISPOSALS	A		INTENSIVE CARE UNIT	31.00	0	45.06
45.07	EQPT DISPOSALS	A		NEONATAL INTENSIVE CARE UNIT	35.00	0	45.07
45.08	EQPT DISPOSALS	A		SUBPROVIDER - IPF	40.00	0	45.08
45.09	EQPT DISPOSALS	A	-538	OPERATING ROOM	50.00	0	45.09
45.10	EQPT DISPOSALS	A		DELIVERY ROOM & LABOR ROOM	52.00	0	45.10
45.11	EQPT DISPOSALS	A	-197,234	RADIOLOGY-DIAGNOSTIC	54.00	0	45.11
45.12	EQPT DISPOSALS	A		RADIOLOGY-THERAPEUTIC	55.00	0	45.12
45.13	EQPT DISPOSALS	A		CT SCAN	57.00	0	45.13

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-8

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
45.14	EQPT DI SPOSALS	A	-7,419	LABORATORY	60.00	0	45.14
45.15	EQPT DI SPOSALS	A		OWHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	45.15
45.16	EQPT DI SPOSALS	A	-825	ELECTROCARDIOLOGY	69.00	0	45.16
45.17	EQPT DI SPOSALS	A		CLINIC	90.00	0	45.17
45.18	EQPT DI SPOSALS	A	-1,650	MRI	58.00	0	45.18
45.19	EQPT DI SPOSALS	A		OPHYSICAL THERAPY	66.00	0	45.19
45.20	EQPT DI SPOSALS	A		EMERGENCY	91.00	0	45.20
45.21	EQPT DI SPOSALS	A		OCAP REL COSTS-MVBLE EQUIP	2.00	9	45.21
45.22	EQPT DI SPOSALS	A	-383	OPERATION OF PLANT	7.00	0	45.22
45.23	EQPT DI SPOSALS	A		ORECOVERY ROOM	51.00	0	45.23
45.24	EQPT DI SPOSALS	A	-969	INTRAVENOUS THERAPY	64.00	0	45.24
45.25	EQPT DI SPOSALS	A	83,608	CAP REL COSTS-BLDG & FIXT	1.00	9	45.25
45.26	EQPT DI SPOSALS	A	-129,986	CORONARY CARE UNIT	32.00	0	45.26
45.27	EQPT DI SPOSALS	A	-2,166	PATIENT TREATMENT CENTER	90.01	0	45.27
45.28	EQPT DI SPOSALS	A	-431	NURSING ADMINISTRATION	13.00	0	45.28
45.29	EQPT DI SPOSALS	A	-8,820	ELECTROENCEPHALOGRAPHY	70.00	0	45.29
48.00	CAPITALIZED INTEREST	A		OCAP REL COSTS-BLDG & FIXT	1.00	9	48.00
49.00	MEDICAID TAX OFFSET	A	-40,372,604	ADMINISTRATION & GENERAL	5.60	0	49.00
49.01	APN PART B	A	-124,327	WOUND CARE	90.06	0	49.01
49.02	APN PART B	A	-795,302	ADULTS & PEDIATRICS	30.00	0	49.02
49.03	APN PART B	A	-8,130	ELECTROCARDIOLOGY	69.00	0	49.03
49.04	APN PART B	A		INTENSIVE CARE UNIT	31.00	0	49.04
49.05	APN PART B	A		CORONARY CARE UNIT	32.00	0	49.05
49.06	MISC COST	A		PATIENT TREATMENT CENTER	90.01	9	49.06
49.07	MISC COST	A	-854,062	ADMINISTRATION & GENERAL	5.60	0	49.07
49.08	MISC COST	A	-11,082	OPERATION OF PLANT	7.00	0	49.08
49.09	MISC COST	A	-931	LAUNDRY & LINEN SERVICE	8.00	0	49.09
49.10	MISC COST	A	-28,630	HOUSEKEEPING	9.00	0	49.10
49.11	MISC COST	A	226,688	DIETARY	10.00	0	49.11
49.12	MISC COST	A	-8,905	NURSING ADMINISTRATION	13.00	0	49.12
49.13	MISC COST	A	-504,654	CENTRAL SERVICES & SUPPLY	14.00	0	49.13
49.14	MISC COST	A	-1,911	PHARMACY	15.00	0	49.14
49.15	MISC COST	A		SOCIAL SERVICE	17.00	0	49.15
49.16	MISC COST	A	-51,852	ADULTS & PEDIATRICS	30.00	0	49.16
49.17	MISC COST	A	-1,496	INTENSIVE CARE UNIT	31.00	0	49.17
49.18	MISC COST	A	-48	CORONARY CARE UNIT	32.00	0	49.18
49.19	MISC COST	A	-6,733	NEONATAL INTENSIVE CARE UNIT	35.00	0	49.19
49.20	MISC COST	A	-7,509	SUBPROVIDER - IPF	40.00	0	49.20
49.21	MISC COST	A	-6,701	OPERATING ROOM	50.00	0	49.21
49.22	MISC COST	A	-511	RECOVERY ROOM	51.00	0	49.22
49.23	MISC COST	A	-3,704	DELIVERY ROOM & LABOR ROOM	52.00	0	49.23
49.24	MISC COST	A	-17,586	RADIOLOGY-DIAGNOSTIC	54.00	0	49.24
49.25	MISC COST	A	-17,764	RADIOLOGY-THERAPEUTIC	55.00	0	49.25
49.26	MISC COST	A		CT SCAN	57.00	0	49.26
49.27	MISC COST	A		OMRI	58.00	0	49.27
49.28	MISC COST	A	-301,524	LABORATORY	60.00	0	49.28
49.29	MISC COST	A		OWHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	49.29
49.30	MISC COST	A	-2,942	RESPIRATORY THERAPY	65.00	0	49.30
49.31	MISC COST	A	-7,437	PHYSICAL THERAPY	66.00	0	49.31
49.32	MISC COST	A	-263	OCCUPATIONAL THERAPY	67.00	0	49.32
49.33	MISC COST	A	-104	SPEECH PATHOLOGY	68.00	0	49.33
49.34	MISC COST	A	-24,658	ELECTROCARDIOLOGY	69.00	0	49.34
49.35	MISC COST	A	-5,287	ELECTROENCEPHALOGRAPHY	70.00	0	49.35
49.36	MISC COST	A	-1,225	CARDIAC REHAB	75.01	0	49.36
49.37	MISC COST	A		OPAIN MANAGEMENT	75.04	0	49.37
49.38	MISC COST	A	-471	CLINIC	90.00	0	49.38
49.39	MISC COST	A	-8,853	PATIENT TREATMENT CENTER	90.01	0	49.39
49.40	MISC COST	A	-37	MENTAL HEALTH O/P	90.04	0	49.40
49.41	MISC COST	A		OWOUND CARE	90.06	0	49.41
49.42	MISC COST	A	-5,605	EMERGENCY	91.00	0	49.42
49.43	MISC COST	A	-11,294	PARAMED ED PRGM-PARAMED EDU	23.00	0	49.43
49.44	MISC COST	A	-75	ANESTHESIOLOGY	53.00	0	49.44
49.45	MISC COST	A	-5	RADIOISOTOPE	56.00	0	49.45
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-117,285,542				50.00

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-8

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	

(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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-8-1

Date/Time Prepared:  
1/28/2023 6:30 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.60	ADMINISTRATION & GENERAL	HOME OFFICE COST	217,574,827	244,052,474	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			217,574,827	244,052,474	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		
	1.00	2.00	3.00	4.00	5.00	

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

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

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

6.00	B	NMHC	100.00		0.00	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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-8-1

Date/Time Prepared:  
1/28/2023 6:30 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-26,477,647	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-26,477,647			5.00

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

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

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

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

6.00			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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-8-2

Date/Time Prepared:  
1/28/2023 6:30 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.60	AGGREGATE-ADMINISTRATION & GENERAL	2,179,720	2,179,720	0	211,500	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	4,813	4,813	0	0	0	2.00
3.00	15.00	AGGREGATE-PHARMACY	5,900	5,900	0	0	0	3.00
4.00	17.00	AGGREGATE-SOCIAL SERVICE	15,785	0	15,785	211,500	105	4.00
5.00	23.00	AGGREGATE-PARAMEDICAL PRGM-PARAMEDICAL	39,902	5,247	34,655	211,500	239	5.00
6.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	15,154,117	15,154,117	0	211,500	0	6.00
7.00	40.00	AGGREGATE-SUBPROVIDER - IPF	421,277	421,277	0	181,300	0	7.00
8.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	676,238	676,238	0	0	0	8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	115,500	115,500	0	0	0	9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	100,000	0	100,000	271,900	400	11.00
12.00	56.00	AGGREGATE-RADIOISOTOPE	680	680	0	0	0	12.00
13.00	60.00	AGGREGATE-LABORATORY	177,876	177,876	0	0	0	13.00
14.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	14.00
15.00	67.00	AGGREGATE-OCCUPATIONAL THERAPY	0	0	0	0	0	15.00
16.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	2,090,216	2,090,216	0	0	0	16.00
17.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	44,825	21,025	23,800	271,900	136	17.00
18.00	90.00	AGGREGATE-CLINICAL	29,403	29,403	0	211,500	0	18.00
19.00	90.01	AGGREGATE-PATIENT TREATMENT CENTER	0	0	0	179,000	0	19.00
20.00	90.04	AGGREGATE-MENTAL HEALTH O/P	0	0	0	0	0	20.00
21.00	91.00	AGGREGATE-EMERGENCY	229,925	229,925	0	0	0	21.00
200.00			21,286,177	21,111,937	174,240		880	200.00

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-8-2

Date/Time Prepared:  
1/28/2023 6:30 pm

	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	5.60	AGGREGATE-ADMINISTRATION & GENERAL	0	0	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	15.00	AGGREGATE-PHARMACY	0	0	0	0	0	3.00
4.00	17.00	AGGREGATE-SOCIAL SERVICE	10,677	534	0	0	0	4.00
5.00	23.00	AGGREGATE-PARAMEDICAL PRGM-PARAMEDICAL	24,302	1,215	0	0	0	5.00
6.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	0	0	7.00
8.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	52,289	2,614	0	0	0	11.00
12.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	0	0	12.00
13.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	13.00
14.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	14.00
15.00	67.00	AGGREGATE-OCCUPATIONAL THERAPY	0	0	0	0	0	15.00
16.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	16.00
17.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	17,778	889	0	0	0	17.00
18.00	90.00	AGGREGATE-CLINIC	0	0	0	0	0	18.00
19.00	90.01	AGGREGATE-PATIENT TREATMENT CENTER	0	0	0	0	0	19.00
20.00	90.04	AGGREGATE-MENTAL HEALTH O/P	0	0	0	0	0	20.00
21.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	21.00
200.00			105,046	5,252	0	0	0	200.00

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-8-2

Date/Time Prepared:  
1/28/2023 6:30 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.60	AGGREGATE-ADMINISTRATION & GENERAL	0	0	0	2,179,720		1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	4,813		2.00
3.00	15.00	AGGREGATE-PHARMACY	0	0	0	5,900		3.00
4.00	17.00	AGGREGATE-SOCIAL SERVICE	0	10,677	5,108	5,108		4.00
5.00	23.00	AGGREGATE-PARAMED ED PRGM-PARAMED ED	0	24,302	10,353	15,600		5.00
6.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	15,154,117		6.00
7.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	421,277		7.00
8.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	676,238		8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	115,500		9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0		10.00
11.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	52,289	47,711	47,711		11.00
12.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	680		12.00
13.00	60.00	AGGREGATE-LABORATORY	0	0	0	177,876		13.00
14.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0		14.00
15.00	67.00	AGGREGATE-OCCUPATIONAL THERAPY	0	0	0	0		15.00
16.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	2,090,216		16.00
17.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	17,778	6,022	27,047		17.00
18.00	90.00	AGGREGATE-CLINIC	0	0	0	29,403		18.00
19.00	90.01	AGGREGATE-PATIENT TREATMENT CENTER	0	0	0	0		19.00
20.00	90.04	AGGREGATE-MENTAL HEALTH O/P	0	0	0	0		20.00
21.00	91.00	AGGREGATE-EMERGENCY	0	0	0	229,925		21.00
200.00			0	105,046	69,194	21,181,131		200.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.10
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	27,120,411	27,120,411			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	15,175,991		15,175,991		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.10	00540	NON PATIENT TELEPHONES	0	421,390	235,705	0	5.10
5.30	00560	PURCHASING AND STORES	0	0	0	0	5.30
5.40	00570	ADMINISTRATIVE	0	0	0	0	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	224,403,424	849,950	475,420	0	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	29,901,499	14,293,513	7,995,083	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	487,942	73,041	40,856	0	8.00
9.00	00900	HOUSEKEEPING	10,040,525	240,439	134,490	0	9.00
10.00	01000	DIETARY	5,982,989	257,725	144,159	0	10.00
11.00	01100	CAFETERIA	1,363,714	200,223	111,995	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,249,035	103,215	57,733	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,510,890	150,556	84,213	0	14.00
15.00	01500	PHARMACY	7,866,047	89,572	50,102	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,720	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	6,341,967	22,249	12,445	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	635,877	15,005	8,393	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	65,408,944	2,887,149	1,614,928	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,118,861	510,222	285,393	0	31.00
32.00	03200	CORONARY CARE UNIT	4,909,576	124,382	69,573	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,071,059	163,443	91,422	0	35.00
40.00	04000	SUBPROVIDER - IPF	9,297,039	609,481	340,914	0	40.00
43.00	04300	NURSERY	1,931,377	139,017	77,759	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,725,801	1,388,449	776,630	0	50.00
51.00	05100	RECOVERY ROOM	9,418,334	177,189	99,111	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,449,578	361,606	202,265	0	52.00
53.00	05300	ANESTHESIOLOGY	3,101,580	25,448	14,234	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,735,996	493,765	276,188	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,283,752	582,389	325,760	0	55.00
56.00	05600	RADIOISOTOPE	2,247,483	48,615	27,193	0	56.00
57.00	05700	CT SCAN	3,063,060	75,722	42,355	0	57.00
58.00	05800	MRI	4,558,599	61,591	34,451	0	58.00
60.00	06000	LABORATORY	125,183,768	730,634	408,681	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,783,984	25,611	14,326	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,208,522	9,169	5,129	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,348,638	73,426	41,071	0	65.00
66.00	06600	PHYSICAL THERAPY	13,257,240	152,407	85,249	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,202,886	4,681	2,618	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,300,902	6,799	3,803	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,854,350	486,122	271,912	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,589,084	65,116	36,423	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,551,149	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,004,922	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	92,999,337	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,091,201	0	0	0	74.00
75.01	07501	CARDIAC REHAB	669,096	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	751,050	44,571	24,931	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,518,187	310,266	173,547	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	2,404,931	125,108	69,979	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	90.03

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.10	
90.04	09004	MENTAL HEALTH O/P	1,710,967	80,522	45,040	0	2,777	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	225,287	3,244	1,815	0	1,736	90.06
91.00	09100	EMERGENCY	19,757,230	604,327	338,030	0	29,852	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	883,815,801	27,087,349	15,151,324	0	655,880	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	404,827	30,233	16,911	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	1,108,389	2,829	1,583	0	1,215	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,908,118	0	6,173	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	894,237,135	27,120,411	15,175,991	0	657,095	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			PURCHASING AND STORES	ADMINITTING	ACCOUNTS RECEIVABLE AND CASHIERS	Subtotal	ADMINISTRATION & GENERAL	
			5.30	5.40	5.50	5A.50	5.60	
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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES	0					5.30
5.40	00570	ADMINITTING	0	0				5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0			5.50
5.60	00590	ADMINISTRATION & GENERAL	0	0	0	225,761,423	225,761,423	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	52,211,963	17,633,337	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	602,360	203,433	8.00
9.00	00900	HOUSEKEEPING	0	0	0	10,421,876	3,519,738	9.00
10.00	01000	DIETARY	0	0	0	6,389,906	2,158,037	10.00
11.00	01100	CAFETERIA	0	0	0	1,678,535	566,885	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	2,422,826	818,251	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	10,754,511	3,632,078	14.00
15.00	01500	PHARMACY	0	0	0	8,015,787	2,707,140	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,720	581	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	6,376,661	2,153,564	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	0	0	659,275	222,654	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	70,011,859	23,644,825	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	15,940,683	5,383,583	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	5,103,531	1,723,595	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	9,331,651	3,151,541	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	10,262,013	3,465,749	40.00
43.00	04300	NURSERY	0	0	0	2,155,095	727,832	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	30,968,808	10,458,972	50.00
51.00	05100	RECOVERY ROOM	0	0	0	9,696,543	3,274,775	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,043,822	3,729,786	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,149,593	1,063,699	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	9,548,645	3,224,826	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	14,229,910	4,805,811	55.00
56.00	05600	RADIOISOTOPE	0	0	0	2,323,465	784,695	56.00
57.00	05700	CT SCAN	0	0	0	3,181,831	1,074,587	57.00
58.00	05800	MRI	0	0	0	4,655,856	1,572,404	58.00
60.00	06000	LABORATORY	0	0	0	126,349,638	42,671,352	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	4,825,136	1,629,574	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,223,341	413,154	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,467,127	2,184,117	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,508,086	4,562,032	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,211,053	746,730	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,312,025	443,105	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,635,814	3,591,991	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,693,574	909,690	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,551,149	10,317,917	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,004,922	10,808,894	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	92,999,337	31,408,294	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,091,201	1,043,979	74.00
75.01	07501	CARDIAC REHAB	0	0	0	669,096	225,971	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	820,552	277,122	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,081,143	702,856	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	2,612,688	882,373	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	1,839,306	621,181	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	232,082	78,380	90.06
91.00	09100	EMERGENCY	0	0	0	20,729,439	7,000,871	91.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			PURCHASING AND STORES	ADMINISTRATIVE	ACCOUNTS RECEIVABLE AND CASHIERS	Subtotal	ADMINISTRATION & GENERAL	
			5.30	5.40	5.50	5A.50	5.60	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	883,756,857	222,221,961	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	451,971	152,642	190.00
190.01	19001	KOFFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	1,114,016	376,232	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	8,914,291	3,010,588	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	894,237,135	225,761,423	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	69,845,300				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	441,062	1,246,855			8.00
9.00	00900	HOUSEKEEPING	0	1,451,900	0	15,393,514		9.00
10.00	01000	DIETARY	0	1,556,284	0	353,938	10,458,165	10.00
11.00	01100	CAFETERIA	0	1,209,052	0	274,969	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	623,265	0	141,746	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	909,137	0	206,761	0	14.00
15.00	01500	PHARMACY	0	540,884	0	123,011	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	134,349	0	30,554	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	90,610	0	20,607	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	17,434,153	442,993	3,964,967	8,578,908	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,080,993	63,106	700,695	962,052	31.00
32.00	03200	CORONARY CARE UNIT	0	751,084	0	170,816	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	986,955	0	224,459	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	3,680,376	0	837,010	917,205	40.00
43.00	04300	NURSERY	0	839,458	16,023	190,914	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,384,202	134,432	1,906,779	0	50.00
51.00	05100	RECOVERY ROOM	0	1,069,962	28,668	243,336	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,183,574	73,614	496,600	0	52.00
53.00	05300	ANESTHESIOLOGY	0	153,670	0	34,948	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,981,618	84,762	678,095	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,516,778	0	799,804	0	55.00
56.00	05600	RADIOISOTOPE	0	293,564	0	66,764	0	56.00
57.00	05700	CT SCAN	0	457,252	31,909	103,991	0	57.00
58.00	05800	MRI	0	371,920	0	84,584	0	58.00
60.00	06000	LABORATORY	0	4,411,961	2,118	1,003,391	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	154,653	0	35,172	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	55,368	0	12,592	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	443,388	0	100,837	0	65.00
66.00	06600	PHYSICAL THERAPY	0	920,318	8,878	209,303	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	28,265	0	6,428	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	41,056	0	9,337	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,935,463	62,449	667,598	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	393,208	0	89,425	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	269,145	0	61,210	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,873,552	115,772	426,093	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	755,467	0	171,812	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	486,233	0	110,582	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	19,589	0	4,455	0	90.06
91.00	09100	EMERGENCY	0	3,649,249	182,131	829,931	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00



## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	69,579,017	1,246,855	15,393,514	10,458,165	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	182,561	0	0	0	190.00
190.01	19001	KOFFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	17,084	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	66,638	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	69,845,300	1,246,855	15,393,514	10,458,165	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	3,729,441					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	21,032	0	4,027,120			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	92,807	0	76	15,595,370		14.00
15.00	01500	PHARMACY	83,949	0	0	43,336	11,514,107	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	12	16.00
17.00	01700	SOCIAL SERVICE	63,771	0	132,050	6	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	4,080	0	580	33,617	461	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	657,627	0	1,318,562	618,666	3,255	30.00
31.00	03100	INTENSIVE CARE UNIT	117,880	0	313,297	179,122	382	31.00
32.00	03200	CORONARY CARE UNIT	41,469	0	109,576	72,452	143	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	79,364	0	236,600	90,035	247	35.00
40.00	04000	SUBPROVIDER - IPF	115,018	0	112,774	4,227	34	40.00
43.00	04300	NURSERY	20,061	0	53,888	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	232,069	0	450,171	1,037,039	16,599	50.00
51.00	05100	RECOVERY ROOM	93,908	0	215,019	104,442	1,494	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	100,863	0	238,368	87,293	1,868	52.00
53.00	05300	ANESTHESIOLOGY	14,402	0	3,151	273,650	29,374	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,083	0	29,328	66,905	8,510	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	131,699	0	205,486	211,778	28,932	55.00
56.00	05600	RADIOISOTOPE	8,004	0	63	36,888	76,002	56.00
57.00	05700	CT SCAN	28,816	0	3,252	84,426	0	57.00
58.00	05800	MRI	34,981	0	21	165,859	833	58.00
60.00	06000	LABORATORY	1,001,295	0	4,729	560,407	10,988	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	20,683	0	0	512,934	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	9,441	0	30,935	33,886	7	64.00
65.00	06500	RESPIRATORY THERAPY	51,713	0	99	138,383	75	65.00
66.00	06600	PHYSICAL THERAPY	163,494	0	0	25,125	50	66.00
67.00	06700	OCCUPATIONAL THERAPY	25,863	0	0	8,173	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,583	0	0	248	0	68.00
69.00	06900	ELECTROCARDIOLOGY	84,363	0	95,689	136,798	12,469	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	24,257	0	0	57,823	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,173,023	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,428,418	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,309,974	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	8,392	0	11,298	1,113	31	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	6,463	0	12,936	26,027	2,272	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	63,343	0	73,055	17,884	155	90.00
90.01	09001	PATIENT TREATMENT CENTER	26,757	0	47,048	34,463	703	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	25,254	0	3,271	113	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	2,551	0	8,615	5,493	656	90.06
91.00	09100	EMERGENCY	158,287	0	310,104	325,294	8,581	91.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,715,622	0	4,020,041	15,595,346	11,514,107	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,256	0	0	0	0	190.00
190.01	19001	KOFFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	12,472	0	7,079	24	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	91	0	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	3,729,441	0	4,027,120	15,595,370	11,514,107	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMINISTRATIVE						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	2,313					16.00
17.00	01700	SOCIAL SERVICE	2,313	8,893,268				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING PROGRAM	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,256,862	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	701,654	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	251,136	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	616,388	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	668,946	0	0	0	40.00
43.00	04300	NURSERY	0	398,282	0	0	0	43.00
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
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,313	8,893,268	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	KOFE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments			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)	2,313	8,893,268	0	0	0	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM-PARAMED EDU	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0					22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU		1,031,884				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	91,433	133,024,110	0	133,024,110	30.00
31.00	03100	INTENSIVE CARE UNIT	0	52,247	27,495,694	0	27,495,694	31.00
32.00	03200	CORONARY CARE UNIT	0	0	8,223,802	0	8,223,802	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	14,717,240	0	14,717,240	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	20,063,352	0	20,063,352	40.00
43.00	04300	NURSERY	0	0	4,401,553	0	4,401,553	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	65,309	53,654,380	0	53,654,380	50.00
51.00	05100	RECOVERY ROOM	0	26,124	14,754,271	0	14,754,271	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52,247	18,008,035	0	18,008,035	52.00
53.00	05300	ANESTHESIOLOGY	0	39,185	4,761,672	0	4,761,672	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	16,709,772	0	16,709,772	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	23,930,198	0	23,930,198	55.00
56.00	05600	RADIOISOTOPE	0	0	3,589,445	0	3,589,445	56.00
57.00	05700	CT SCAN	0	0	4,966,064	0	4,966,064	57.00
58.00	05800	MRI	0	0	6,886,458	0	6,886,458	58.00
60.00	06000	LABORATORY	0	26,124	176,042,003	0	176,042,003	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	7,178,152	0	7,178,152	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	1,778,724	0	1,778,724	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	9,385,739	0	9,385,739	65.00
66.00	06600	PHYSICAL THERAPY	0	0	19,397,286	0	19,397,286	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,026,512	0	3,026,512	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,820,354	0	1,820,354	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	18,222,634	0	18,222,634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,167,977	0	4,167,977	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	46,042,089	0	46,042,089	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	48,242,234	0	48,242,234	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	135,717,605	0	135,717,605	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,135,180	0	4,135,180	74.00
75.01	07501	CARDIAC REHAB	0	0	915,901	0	915,901	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	1,475,727	0	1,475,727	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	5,353,853	0	5,353,853	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	4,531,311	0	4,531,311	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PARAMED EDU	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
90.04	09004	MENTAL HEALTH O/P	0	0	3,085,940	0	3,085,940	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	351,821	0	351,821	90.06
91.00	09100	EMERGENCY	0	679,215	33,873,102	0	33,873,102	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,031,884	879,930,190	0	879,930,190	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	788,430	0	788,430	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	1,526,907	0	1,526,907	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	11,991,608	0	11,991,608	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,031,884	894,237,135	0	894,237,135	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.10	00540	NON PATIENT TELEPHONES	0	421,390	235,705	657,095	5.10
5.30	00560	PURCHASING AND STORES	0	0	0	0	5.30
5.40	00570	ADMINITTING	0	0	0	0	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	23,724,065	849,950	475,420	25,049,435	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	14,293,513	7,995,083	22,288,596	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	73,041	40,856	113,897	8.00
9.00	00900	HOUSEKEEPING	0	240,439	134,490	374,929	9.00
10.00	01000	DIETARY	48,418	257,725	144,159	450,302	10.00
11.00	01100	CAFETERIA	37,613	200,223	111,995	349,831	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	103,215	57,733	160,948	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	150,556	84,213	234,769	14.00
15.00	01500	PHARMACY	0	89,572	50,102	139,674	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	22,249	12,445	34,694	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	15,005	8,393	23,398	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	162,870	2,887,149	1,614,928	4,664,947	30.00
31.00	03100	INTENSIVE CARE UNIT	62,117	510,222	285,393	857,732	31.00
32.00	03200	CORONARY CARE UNIT	19,913	124,382	69,573	213,868	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	814	163,443	91,422	255,679	35.00
40.00	04000	SUBPROVIDER - IPF	0	609,481	340,914	950,395	40.00
43.00	04300	NURSERY	0	139,017	77,759	216,776	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,600	1,388,449	776,630	2,168,679	50.00
51.00	05100	RECOVERY ROOM	0	177,189	99,111	276,300	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,247	361,606	202,265	584,118	52.00
53.00	05300	ANESTHESIOLOGY	0	25,448	14,234	39,682	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28	493,765	276,188	769,981	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	695	582,389	325,760	908,844	55.00
56.00	05600	RADIOISOTOPE	0	48,615	27,193	75,808	56.00
57.00	05700	CT SCAN	0	75,722	42,355	118,077	57.00
58.00	05800	MRI	0	61,591	34,451	96,042	58.00
60.00	06000	LABORATORY	0	730,634	408,681	1,139,315	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	25,611	14,326	39,937	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	9,169	5,129	14,298	64.00
65.00	06500	RESPIRATORY THERAPY	25,801	73,426	41,071	140,298	65.00
66.00	06600	PHYSICAL THERAPY	193	152,407	85,249	237,849	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,681	2,618	7,299	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,799	3,803	10,602	68.00
69.00	06900	ELECTROCARDIOLOGY	0	486,122	271,912	758,034	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	65,116	36,423	101,539	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
75.01	07501	CARDIAC REHAB	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	44,571	24,931	69,502	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	312,377	310,266	173,547	796,190	90.00
90.01	09001	PATIENT TREATMENT CENTER	2,186	125,108	69,979	197,273	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	80,522	45,040	125,562	90.04



## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
				1.00	2.00		
			0			2A	4.00
90.05	09005	WOMENS CLINIC	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	3,244	1,815	5,059	90.06
91.00	09100	EMERGENCY	0	604,327	338,030	942,357	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0	92.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,420,937	27,087,349	15,151,324	66,659,610	118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	30,233	16,911	47,144	190.00
190.01	19001	KOFFEE KORNER	0	0	0	0	190.01
191.00	19100	RESEARCH	0	2,829	1,583	4,412	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	6,173	6,173	192.00
192.01	19201	WSKF	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	193.08
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	24,420,937	27,120,411	15,175,991	66,717,339	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			NON PATIENT TELEPHONES	PURCHASING AND STORES	ADMINISTRATIVE	ACCOUNTS RECEIVABLE AND CASHIERS	ADMINISTRATION & GENERAL	
			5.10	5.30	5.40	5.50	5.60	
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
5.10	00540	NON PATIENT TELEPHONES	657,095					5.10
5.30	00560	PURCHASING AND STORES	0	0				5.30
5.40	00570	ADMINISTRATIVE	0	0	0			5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0		5.50
5.60	00590	ADMINISTRATION & GENERAL	32,629	0	0	0	25,082,064	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	21,868	0	0	0	1,959,045	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	521	0	0	0	22,601	8.00
9.00	00900	HOUSEKEEPING	6,422	0	0	0	391,039	9.00
10.00	01000	DIETARY	5,033	0	0	0	239,756	10.00
11.00	01100	CAFETERIA	2,603	0	0	0	62,980	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	12,843	0	0	0	90,907	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,852	0	0	0	403,520	14.00
15.00	01500	PHARMACY	10,066	0	0	0	300,760	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	65	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	239,259	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	0	0	0	24,737	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	100,838	0	0	0	2,626,915	30.00
31.00	03100	INTENSIVE CARE UNIT	26,207	0	0	0	598,110	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	191,490	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,727	0	0	0	350,133	35.00
40.00	04000	SUBPROVIDER - IPF	14,579	0	0	0	385,041	40.00
43.00	04300	NURSERY	6,942	0	0	0	80,861	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	77,928	0	0	0	1,161,981	50.00
51.00	05100	RECOVERY ROOM	1,909	0	0	0	363,824	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,373	0	0	0	414,375	52.00
53.00	05300	ANESTHESIOLOGY	8,331	0	0	0	118,176	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,696	0	0	0	358,275	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	38,009	0	0	0	533,920	55.00
56.00	05600	RADIOISOTOPE	174	0	0	0	87,179	56.00
57.00	05700	CT SCAN	694	0	0	0	119,385	57.00
58.00	05800	MRI	1,215	0	0	0	174,692	58.00
60.00	06000	LABORATORY	26,555	0	0	0	4,740,951	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,215	0	0	0	181,044	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	521	0	0	0	45,901	64.00
65.00	06500	RESPIRATORY THERAPY	3,992	0	0	0	242,653	65.00
66.00	06600	PHYSICAL THERAPY	13,190	0	0	0	506,837	66.00
67.00	06700	OCCUPATIONAL THERAPY	868	0	0	0	82,961	67.00
68.00	06800	SPEECH PATHOLOGY	521	0	0	0	49,228	68.00
69.00	06900	ELECTROCARDIOLOGY	23,430	0	0	0	399,066	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,951	0	0	0	101,066	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,146,310	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,200,857	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,489,428	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	115,985	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	25,105	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	30,788	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	79,143	0	0	0	78,087	90.00
90.01	09001	PATIENT TREATMENT CENTER	12,670	0	0	0	98,031	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	2,777	0	0	0	69,013	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	1,736	0	0	0	8,708	90.06
91.00	09100	EMERGENCY	29,852	0	0	0	777,789	91.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			NON PATIENT TELEPHONES	PURCHASING AND STORES	ADMITTING	ACCOUNTS RECEIVABLE AND CASHIERS	ADMINISTRATION & GENERAL	
			5.10	5.30	5.40	5.50	5.60	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	655,880	0	0	0	24,688,834	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	16,958	190.00
190.01	19001	KOFFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	1,215	0	0	0	41,799	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	334,473	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	657,095	0	0	0	25,082,064	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	24,269,509				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	153,258	290,277			8.00
9.00	00900	HOUSEKEEPING	0	504,499	0	1,276,889		9.00
10.00	01000	DIETARY	0	540,770	0	29,359	1,265,220	10.00
11.00	01100	CAFETERIA	0	420,115	0	22,809	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	216,569	0	11,758	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	315,902	0	17,151	0	14.00
15.00	01500	PHARMACY	0	187,944	0	10,204	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	46,683	0	2,534	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	31,485	0	1,709	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,057,938	103,131	328,890	1,037,869	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,070,569	14,692	58,123	116,388	31.00
32.00	03200	CORONARY CARE UNIT	0	260,983	0	14,169	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	342,943	0	18,619	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	1,278,839	0	69,430	110,963	40.00
43.00	04300	NURSERY	0	291,691	3,730	15,836	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,913,302	31,297	158,167	0	50.00
51.00	05100	RECOVERY ROOM	0	371,785	6,674	20,185	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	758,738	17,138	41,193	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53,396	0	2,899	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,036,038	19,733	56,248	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,221,993	0	66,344	0	55.00
56.00	05600	RADIOISOTOPE	0	102,006	0	5,538	0	56.00
57.00	05700	CT SCAN	0	158,884	7,429	8,626	0	57.00
58.00	05800	MRI	0	129,233	0	7,016	0	58.00
60.00	06000	LABORATORY	0	1,533,047	493	83,231	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	53,738	0	2,918	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	19,239	0	1,045	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	154,066	0	8,364	0	65.00
66.00	06600	PHYSICAL THERAPY	0	319,788	2,067	17,362	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,821	0	533	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	14,266	0	775	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,020,001	14,539	55,377	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	136,630	0	7,418	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	93,521	0	5,077	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	651,013	26,953	35,344	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	262,506	0	14,252	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	168,954	0	9,173	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	6,807	0	370	0	90.06
91.00	09100	EMERGENCY	0	1,268,023	42,401	68,843	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	24,176,983	290,277	1,276,889	1,265,220	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	63,435	0	0	0	190.00
190.01	19001	KOFFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	5,936	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	23,155	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	24,269,509	290,277	1,276,889	1,265,220	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	858,338					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	4,841	0	497,866			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,360	0	9	1,001,563		14.00
15.00	01500	PHARMACY	19,321	0	0	2,783	670,752	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1	16.00
17.00	01700	SOCIAL SERVICE	14,677	0	16,325	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	939	0	72	2,159	27	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	151,354	0	163,012	39,732	190	30.00
31.00	03100	INTENSIVE CARE UNIT	27,130	0	38,732	11,504	22	31.00
32.00	03200	CORONARY CARE UNIT	9,544	0	13,547	4,653	8	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	18,266	0	29,250	5,782	14	35.00
40.00	04000	SUBPROVIDER - IPF	26,472	0	13,942	271	2	40.00
43.00	04300	NURSERY	4,617	0	6,662	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,411	0	55,654	66,601	967	50.00
51.00	05100	RECOVERY ROOM	21,613	0	26,582	6,708	87	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,214	0	29,469	5,606	109	52.00
53.00	05300	ANESTHESIOLOGY	3,315	0	390	17,575	1,711	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,042	0	3,626	4,297	496	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	30,311	0	25,404	13,601	1,685	55.00
56.00	05600	RADIOISOTOPE	1,842	0	8	2,369	4,427	56.00
57.00	05700	CT SCAN	6,632	0	402	5,422	0	57.00
58.00	05800	MRI	8,051	0	3	10,652	49	58.00
60.00	06000	LABORATORY	230,452	0	585	35,991	640	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,760	0	0	32,942	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	2,173	0	3,824	2,176	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,902	0	12	8,887	4	65.00
66.00	06600	PHYSICAL THERAPY	37,628	0	0	1,614	3	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,952	0	0	525	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,356	0	0	16	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,416	0	11,830	8,786	726	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,583	0	0	3,714	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	332,225	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	348,614	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	658,862	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	1,931	0	1,397	71	2	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	1,487	0	1,599	1,672	132	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,579	0	9,032	1,149	9	90.00
90.01	09001	PATIENT TREATMENT CENTER	6,158	0	5,816	2,213	41	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	5,812	0	404	7	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	587	0	1,065	353	38	90.06
91.00	09100	EMERGENCY	36,430	0	38,338	20,891	500	91.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	855,158	0	496,991	1,001,561	670,752	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	289	0	0	0	0	190.00
190.01	19001	KOFFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	2,870	0	875	2	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	21	0	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	858,338	0	497,866	1,001,563	670,752	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	00540	NON PATIENT TELEPHONES					5.10
5.30	00560	PURCHASING AND STORES					5.30
5.40	00570	ADMINISTRATIVE					5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS					5.50
5.60	00590	ADMINISTRATION & GENERAL					5.60
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	66				16.00
17.00	01700	SOCIAL SERVICE	66	354,238			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	249,225			30.00
31.00	03100	INTENSIVE CARE UNIT	0	27,948			31.00
32.00	03200	CORONARY CARE UNIT	0	10,003			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	24,552			35.00
40.00	04000	SUBPROVIDER - IPF	0	26,646			40.00
43.00	04300	NURSERY	0	15,864			43.00
ANCILLARY SERVICE COST CENTERS							
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
60.00	06000	LABORATORY	0	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0			62.30
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	0			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
75.01	07501	CARDIAC REHAB	0	0			75.01
75.02	07502	SLEEP LAB	0	0			75.02
75.03	07503	INPATIENT DIALYSIS	0	0			75.03
75.04	07504	PAIN MANAGEMENT	0	0			75.04
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0			76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0			90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0			90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0			90.02
90.03	09003	CANTERA	0	0			90.03
90.04	09004	MENTAL HEALTH O/P	0	0			90.04
90.05	09005	WOMENS CLINIC	0	0			90.05



## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
90.06	09006	WOUND CARE	0	0				90.06
91.00	09100	EMERGENCY	0	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0				99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	66	354,238	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0				190.00
190.01	19001	KOFFEE KORNER	0	0				190.01
191.00	19100	RESEARCH	0	0				191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0				192.00
192.01	19201	WSKF	0	0				192.01
193.01	19301	DEVELOPMENT	0	0				193.01
193.02	19302	MARKETING	0	0				193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0				193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0				193.05
193.07	19305	JOINT VENTURE	0	0				193.07
193.08	19306	PARKINSONS CENTER	0	0				193.08
200.00		Cross Foot Adjustments			0	0		0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118 through 201)	66	354,238	0	0		0202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM-PARAMED EDU	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0					22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU		84,526				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			15,524,041	0	15,524,041	30.00
31.00	03100	INTENSIVE CARE UNIT			2,847,157	0	2,847,157	31.00
32.00	03200	CORONARY CARE UNIT			718,265	0	718,265	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			1,050,965	0	1,050,965	35.00
40.00	04000	SUBPROVIDER - IPF			2,876,580	0	2,876,580	40.00
43.00	04300	NURSERY			642,979	0	642,979	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			6,687,987	0	6,687,987	50.00
51.00	05100	RECOVERY ROOM			1,095,667	0	1,095,667	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,904,333	0	1,904,333	52.00
53.00	05300	ANESTHESIOLOGY			245,475	0	245,475	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,311,432	0	2,311,432	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			2,840,111	0	2,840,111	55.00
56.00	05600	RADIOISOTOPE			279,351	0	279,351	56.00
57.00	05700	CT SCAN			425,551	0	425,551	57.00
58.00	05800	MRI			426,953	0	426,953	58.00
60.00	06000	LABORATORY			7,791,260	0	7,791,260	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL			316,554	0	316,554	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY			89,177	0	89,177	64.00
65.00	06500	RESPIRATORY THERAPY			570,178	0	570,178	65.00
66.00	06600	PHYSICAL THERAPY			1,136,338	0	1,136,338	66.00
67.00	06700	OCCUPATIONAL THERAPY			107,959	0	107,959	67.00
68.00	06800	SPEECH PATHOLOGY			78,764	0	78,764	68.00
69.00	06900	ELECTROCARDIOLOGY			2,311,205	0	2,311,205	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			358,901	0	358,901	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			1,478,535	0	1,478,535	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			1,549,471	0	1,549,471	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			4,148,290	0	4,148,290	73.00
74.00	07400	RENAL DIALYSIS			115,985	0	115,985	74.00
75.01	07501	CARDIAC REHAB			28,506	0	28,506	75.01
75.02	07502	SLEEP LAB			0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS			0	0	0	75.03
75.04	07504	PAIN MANAGEMENT			203,778	0	203,778	75.04
76.97	07697	CARDIAC REHABILITATION			0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY			0	0	0	76.98
76.99	07699	LI THOTRI PSY			0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			1,691,499	0	1,691,499	90.00
90.01	09001	PATIENT TREATMENT CENTER			598,960	0	598,960	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE			0	0	0	90.02
90.03	09003	CANTERA			0	0	0	90.03

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM-PRAMED EDU	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
90.04	09004	MENTAL HEALTH O/P			381,702	0	381,702	90.04
90.05	09005	WOMENS CLINIC			0	0	0	90.05
90.06	09006	WOUND CARE			24,723	0	24,723	90.06
91.00	09100	EMERGENCY			3,225,424	0	3,225,424	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
99.10	09910	CORF			0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	66,084,056	0	66,084,056	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN			127,826	0	127,826	190.00
190.01	19001	KOFEE KORNER			0	0	0	190.01
191.00	19100	RESEARCH			57,109	0	57,109	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES			363,822	0	363,822	192.00
192.01	19201	WSKF			0	0	0	192.01
193.01	19301	DEVELOPMENT			0	0	0	193.01
193.02	19302	MARKETING			0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE			0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM			0	0	0	193.05
193.07	19305	JOINT VENTURE			0	0	0	193.07
193.08	19306	PARKINSONS CENTER			0	0	0	193.08
200.00		Cross Foot Adjustments	0	84,526	84,526	0	84,526	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	84,526	66,717,339	0	66,717,339	202.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON PATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING AND STORES (SUPPLIES EXPENSE)	
			BLDG & FIXT (SQUARE FEET)	MOVABLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.10	5.30	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,830,895					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,831,640				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	253,292,055			4.00
5.10	00540	NON PATIENT TELEPHONES	28,448	28,448	0	3,786		5.10
5.30	00560	PURCHASING AND STORES	0	0	0	0	0	5.30
5.40	00570	ADMINISTRATIVE	0	0	0	0	0	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	57,380	57,380	13,909,073	188		5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	964,953	964,953	2,593,050	126	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,931	4,931	306,717	3		8.00
9.00	00900	HOUSEKEEPING	16,232	16,232	5,488,529	37	0	9.00
10.00	01000	DIETARY	17,399	17,399	2,350,707	29	0	10.00
11.00	01100	CAFETERIA	13,517	13,517	1,293,777	15	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,968	6,968	1,683,555	74	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,164	10,164	3,410,727	51	0	14.00
15.00	01500	PHARMACY	6,047	6,047	7,768,306	58	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,500	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,502	1,502	4,715,551	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	1,013	1,013	259,388	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	194,911	194,911	43,246,605	581	0	30.00
31.00	03100	INTENSIVE CARE UNIT	34,445	34,445	8,638,009	151	0	31.00
32.00	03200	CORONARY CARE UNIT	8,397	8,397	2,882,503	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,034	11,034	6,756,000	33	0	35.00
40.00	04000	SUBPROVIDER - IPF	41,146	41,146	7,173,835	84	0	40.00
43.00	04300	NURSERY	9,385	9,385	1,423,755	40	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93,734	93,734	16,040,757	449	0	50.00
51.00	05100	RECOVERY ROOM	11,962	11,962	6,585,402	11	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,412	24,412	7,559,154	175	0	52.00
53.00	05300	ANESTHESIOLOGY	1,718	1,718	646,079	48	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,334	33,334	6,334,753	246	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	39,317	39,317	8,670,616	219	0	55.00
56.00	05600	RADIOISOTOPE	3,282	3,282	727,906	1	0	56.00
57.00	05700	CT SCAN	5,112	5,112	1,861,709	4	0	57.00
58.00	05800	MRI	4,158	4,158	2,750,283	7	0	58.00
60.00	06000	LABORATORY	49,325	49,325	40,242,715	153	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,729	1,729	1,352,539	7	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	619	619	826,703	3	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,957	4,957	3,839,414	23	0	65.00
66.00	06600	PHYSICAL THERAPY	10,289	10,289	10,111,450	76	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	316	316	1,682,316	5	0	67.00
68.00	06800	SPEECH PATHOLOGY	459	459	1,029,732	3	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,818	32,818	8,393,402	135	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,396	4,396	1,573,768	17	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	167	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	510,093	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	3,009	3,009	443,371	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	20,946	20,946	3,587,108	456	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	8,446	8,446	1,697,985	73	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON PATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING AND STORES (SUPPLIES EXPENSE)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.10	5.30	
90.04	09004	MENTAL HEALTH O/P	5,436	5,436	1,482,140	16	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	219	219	238,757	10	0	90.06
91.00	09100	EMERGENCY	40,798	40,798	10,454,178	172	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,828,663	1,828,663	252,544,084	3,779	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,041	2,041	51,796	0	0	190.00
190.01	19001	KOFE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	191	191	696,175	7	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	745	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	27,120,411	15,175,991	0	657,095	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.812652	8.285466	0.000000	173.559165	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	657,095	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	173.559165	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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			ADMITTING (INPATIENT REVENUE)	ACCOUNTS RECEIVABLE AND CASHIERS (DOLLAR VALUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5. 40	5. 50	5A. 60	5. 60	6. 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. 10	00540	NON PATIENT TELEPHONES						5. 10
5. 30	00560	PURCHASING AND STORES						5. 30
5. 40	00570	ADMITTING	0					5. 40
5. 50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0				5. 50
5. 60	00590	ADMINISTRATION & GENERAL	0	0	-225,761,423	668,475,712		5. 60
6. 00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6. 00
7. 00	00700	OPERATION OF PLANT	0	0	0	52,211,963	0	7. 00
8. 00	00800	LAUNDRY & LINEN SERVICE	0	0	0	602,360	0	8. 00
9. 00	00900	HOUSEKEEPING	0	0	0	10,421,876	0	9. 00
10. 00	01000	DIETARY	0	0	0	6,389,906	0	10. 00
11. 00	01100	CAFETERIA	0	0	0	1,678,535	0	11. 00
12. 00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12. 00
13. 00	01300	NURSING ADMINISTRATION	0	0	0	2,422,826	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	10,754,511	0	14. 00
15. 00	01500	PHARMACY	0	0	0	8,015,787	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,720	0	16. 00
17. 00	01700	SOCIAL SERVICE	0	0	0	6,376,661	0	17. 00
19. 00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19. 00
20. 00	02000	NURSING PROGRAM	0	0	0	0	0	20. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22. 00
23. 00	02300	PARAMED PRGM-PARAMED EDU	0	0	0	659,275	0	23. 00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	0	0	0	70,011,859	0	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	0	0	15,940,683	0	31. 00
32. 00	03200	CORONARY CARE UNIT	0	0	0	5,103,531	0	32. 00
35. 00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	9,331,651	0	35. 00
40. 00	04000	SUBPROVIDER - IPF	0	0	0	10,262,013	0	40. 00
43. 00	04300	NURSERY	0	0	0	2,155,095	0	43. 00
ANCILLARY SERVICE COST CENTERS								
50. 00	05000	OPERATING ROOM	0	0	0	30,968,808	0	50. 00
51. 00	05100	RECOVERY ROOM	0	0	0	9,696,543	0	51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,043,822	0	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	3,149,593	0	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	9,548,645	0	54. 00
55. 00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	14,229,910	0	55. 00
56. 00	05600	RADIOISOTOPE	0	0	0	2,323,465	0	56. 00
57. 00	05700	CT SCAN	0	0	0	3,181,831	0	57. 00
58. 00	05800	MRI	0	0	0	4,655,856	0	58. 00
60. 00	06000	LABORATORY	0	0	0	126,349,638	0	60. 00
62. 00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	4,825,136	0	62. 00
62. 30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62. 30
64. 00	06400	INTRAVENOUS THERAPY	0	0	0	1,223,341	0	64. 00
65. 00	06500	RESPIRATORY THERAPY	0	0	0	6,467,127	0	65. 00
66. 00	06600	PHYSICAL THERAPY	0	0	0	13,508,086	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	0	0	2,211,053	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	1,312,025	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	0	0	0	10,635,814	0	69. 00
70. 00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,693,574	0	70. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,551,149	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,004,922	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	92,999,337	0	73. 00
74. 00	07400	RENAL DIALYSIS	0	0	0	3,091,201	0	74. 00
75. 01	07501	CARDIAC REHAB	0	0	0	669,096	0	75. 01
75. 02	07502	SLEEP LAB	0	0	0	0	0	75. 02
75. 03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75. 03
75. 04	07504	PAIN MANAGEMENT	0	0	0	820,552	0	75. 04
76. 97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76. 97
76. 98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76. 98
76. 99	07699	LITHOTRIPSY	0	0	0	0	0	76. 99
OUTPATIENT SERVICE COST CENTERS								
90. 00	09000	CLINIC	0	0	0	2,081,143	0	90. 00
90. 01	09001	PATIENT TREATMENT CENTER	0	0	0	2,612,688	0	90. 01
90. 02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90. 02
90. 03	09003	CANTERA	0	0	0	0	0	90. 03
90. 04	09004	MENTAL HEALTH O/P	0	0	0	1,839,306	0	90. 04
90. 05	09005	WOMENS CLINIC	0	0	0	0	0	90. 05
90. 06	09006	WOUND CARE	0	0	0	232,082	0	90. 06

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			ADMITTING (INPATIENT REVENUE)	ACCOUNTS RECEIVABLE AND CASHIERS (DOLLAR VALUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.40	5.50	5A.60	5.60	6.00	
91.00	09100	EMERGENCY	0	0	0	20,729,439	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	-225,761,423	657,995,434	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	451,971	0	190.00
190.01	19001	KOFFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	1,114,016	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	8,914,291	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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		225,761,423	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000		0.337726	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0		25,082,064	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000		0.037521	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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED))	CAFETERIA (FTES SERVED))	
			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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMINITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	780,859					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,931	1,525,014				8.00
9.00	00900	HOUSEKEEPING	16,232	0	756,719			9.00
10.00	01000	DIETARY	17,399	0	17,399	284,736		10.00
11.00	01100	CAFETERIA	13,517	0	13,517	0	287,965	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,968	0	6,968	0	1,624	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,164	0	10,164	0	7,166	14.00
15.00	01500	PHARMACY	6,047	0	6,047	0	6,482	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,502	0	1,502	0	4,924	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PARAMED EDU	1,013	0	1,013	0	315	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	194,911	541,821	194,911	233,571	50,778	30.00
31.00	03100	INTENSIVE CARE UNIT	34,445	77,184	34,445	26,193	9,102	31.00
32.00	03200	CORONARY CARE UNIT	8,397	0	8,397	0	3,202	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,034	0	11,034	0	6,128	35.00
40.00	04000	SUBPROVIDER - IPF	41,146	0	41,146	24,972	8,881	40.00
43.00	04300	NURSERY	9,385	19,598	9,385	0	1,549	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	93,734	164,422	93,734	0	17,919	50.00
51.00	05100	RECOVERY ROOM	11,962	35,064	11,962	0	7,251	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,412	90,037	24,412	0	7,788	52.00
53.00	05300	ANESTHESIOLOGY	1,718	0	1,718	0	1,112	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,334	103,671	33,334	0	6,724	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	39,317	0	39,317	0	10,169	55.00
56.00	05600	RADIOISOTOPE	3,282	0	3,282	0	618	56.00
57.00	05700	CT SCAN	5,112	39,027	5,112	0	2,225	57.00
58.00	05800	MRI	4,158	0	4,158	0	2,701	58.00
60.00	06000	LABORATORY	49,325	2,590	49,325	0	77,314	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,729	0	1,729	0	1,597	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	619	0	619	0	729	64.00
65.00	06500	RESPIRATORY THERAPY	4,957	0	4,957	0	3,993	65.00
66.00	06600	PHYSICAL THERAPY	10,289	10,858	10,289	0	12,624	66.00
67.00	06700	OCCUPATIONAL THERAPY	316	0	316	0	1,997	67.00
68.00	06800	SPEECH PATHOLOGY	459	0	459	0	1,126	68.00
69.00	06900	ELECTROCARDIOLOGY	32,818	76,381	32,818	0	6,514	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,396	0	4,396	0	1,873	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	648	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	3,009	0	3,009	0	499	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	20,946	141,599	20,946	0	4,891	90.00
90.01	09001	PATIENT TREATMENT CENTER	8,446	0	8,446	0	2,066	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	5,436	0	5,436	0	1,950	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	219	0	219	0	197	90.06



## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERV ED))	CAFETERIA (FTES SERVE D))	
			7.00	8.00	9.00	10.00	11.00	
91.00	09100	EMERGENCY	40,798	222,762	40,798	0	12,222	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	777,882	1,525,014	756,719	284,736	286,898	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,041	0	0	0	97	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	191	0	0	0	963	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	745	0	0	0	7	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	69,845,300	1,246,855	15,393,514	10,458,165	3,729,441	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	89.446750	0.817602	20.342444	36.729339	12.951022	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	24,269,509	290,277	1,276,889	1,265,220	858,338	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	31.080527	0.190344	1.687402	4.443484	2.980703	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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
			12.00	13.00	14.00	15.00	16.00	
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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMINISTRATIVE						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	1,917,004				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	36	91,946,985			14.00
15.00	01500	PHARMACY	0	0	255,497	99,473,470		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	105	6,261,892,365	16.00
17.00	01700	SOCIAL SERVICE	0	62,859	37	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	276	198,201	3,981	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	627,666	3,647,518	28,117	281,847,078	30.00
31.00	03100	INTENSIVE CARE UNIT	0	149,137	1,056,060	3,301	51,947,010	31.00
32.00	03200	CORONARY CARE UNIT	0	52,161	427,160	1,239	17,733,184	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	112,627	530,824	2,138	63,138,684	35.00
40.00	04000	SUBPROVIDER - IPF	0	53,683	24,923	296	43,209,825	40.00
43.00	04300	NURSERY	0	25,652	0	0	11,352,126	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	214,292	6,114,149	143,401	436,326,227	50.00
51.00	05100	RECOVERY ROOM	0	102,354	615,769	12,907	99,622,664	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	113,469	514,659	16,135	53,362,929	52.00
53.00	05300	ANESTHESIOLOGY	0	1,500	1,613,378	253,770	110,982,214	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,961	394,457	73,518	126,056,772	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	97,816	1,248,596	249,947	197,975,566	55.00
56.00	05600	RADIOISOTOPE	0	30	217,481	656,599	35,161,574	56.00
57.00	05700	CT SCAN	0	1,548	497,759	0	230,215,303	57.00
58.00	05800	MRI	0	10	977,865	7,200	109,058,212	58.00
60.00	06000	LABORATORY	0	2,251	3,304,032	94,930	1,510,432,638	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	3,024,144	0	22,043,384	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	14,726	199,783	61	74,106,930	64.00
65.00	06500	RESPIRATORY THERAPY	0	47	815,874	648	66,902,296	65.00
66.00	06600	PHYSICAL THERAPY	0	0	148,132	436	101,257,491	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	48,188	0	18,197,955	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,464	0	9,380,652	68.00
69.00	06900	ELECTROCARDIOLOGY	0	45,550	806,532	107,724	284,073,310	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	340,909	0	37,542,268	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	30,498,979	0	494,292,215	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	32,004,921	0	300,700,202	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	97,709,903	1,123,632,793	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	11,378,294	74.00
75.01	07501	CARDIAC REHAB	0	5,378	6,561	268	3,012,603	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	6,158	153,449	19,630	2,401,166	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	34,776	105,439	1,342	19,505,631	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	22,396	203,187	6,072	47,826,756	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	1,557	669	0	18,124,890	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
			12.00	13.00	14.00	15.00	16.00	
90.06	09006	WOUND CARE	0	4,101	32,386	5,668	3,127,867	90.06
91.00	09100	EMERGENCY	0	147,617	1,917,861	74,134	245,963,656	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,913,634	91,946,843	99,473,470	6,261,892,365	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	KOFFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	3,370	142	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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	4,027,120	15,595,370	11,514,107	2,313	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2.100736	0.169613	0.115751	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	497,866	1,001,563	670,752	66	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.259710	0.010893	0.006743	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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			I N T E R N S   &   R E S I D E N T S					
			SOCI AL   S E R V I C E	N O N P H Y S I C I A N	N U R S I N G	S E R V I C E S - S A L A R		S E R V I C E S - O T H E R
			( P A T I E N T   D A Y S )	A N E S T H E T I S T S ( A S S I G N E D T I M E )	P R O G R A M ( A S S I G N E D T I M E )	Y   &   F R I N G E S A P P R V ( A S S I G N E D T I M E )		P R G M   C O S T S A P P R V ( A S S I G N E D T I M E )
			17. 00	19. 00	20. 00	21. 00	22. 00	
GENERAL SERVICE COST CENTERS								
1. 00	00100	CAP REL COSTS-BLDG & FIXT						1. 00
2. 00	00200	CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 10	00540	NON PATIENT TELEPHONES						5. 10
5. 30	00560	PURCHASING AND STORES						5. 30
5. 40	00570	ADMI TTING						5. 40
5. 50	00580	ACCOUNTS RECEI VABLE AND CASHI ERS						5. 50
5. 60	00590	ADMINI STRATION & GENERAL						5. 60
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 ADMINI STRATION						13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY						14. 00
15. 00	01500	PHARMACY						15. 00
16. 00	01600	MEDI CAL RECORDS & LIBRARY						16. 00
17. 00	01700	SOCI AL SERVICE	110,663					17. 00
19. 00	01900	N O N P H Y S I C I A N   A N E S T H E T I S T S	0	0				19. 00
20. 00	02000	NURSING PROGRAM	0		0			20. 00
21. 00	02100	I & R   S E R V I C E S - S A L A R Y   &   F R I N G E S   A P P R V	0			0		21. 00
22. 00	02200	I & R   S E R V I C E S - O T H E R   P R G M   C O S T S   A P P R V	0				0	22. 00
23. 00	02300	P A R A M E D   E D   P R G M - P A R A M E D   E D U	0					23. 00
I N P A T I E N T   R O U T I N E   S E R V I C E   C O S T   C E N T E R S								
30. 00	03000	A D U L T S   &   P E D I A T R I C S	77,857	0	0	0	0	30. 00
31. 00	03100	I N T E N S I V E   C A R E   U N I T	8,731	0	0	0	0	31. 00
32. 00	03200	C O R O N A R Y   C A R E   U N I T	3,125	0	0	0	0	32. 00
35. 00	02060	N E O N A T A L   I N T E N S I V E   C A R E   U N I T	7,670	0	0	0	0	35. 00
40. 00	04000	S U B P R O V I D E R   -   I P F	8,324	0	0	0	0	40. 00
43. 00	04300	N U R S E R Y	4,956	0	0	0	0	43. 00
A N C I L L A R Y   S E R V I C E   C O S T   C E N T E R S								
50. 00	05000	O P E R A T I N G   R O O M	0	0	0	0	0	50. 00
51. 00	05100	R E C O V E R Y   R O O M	0	0	0	0	0	51. 00
52. 00	05200	D E L I V E R Y   R O O M   &   L A B O R   R O O M	0	0	0	0	0	52. 00
53. 00	05300	A N E S T H E S I O L O G Y	0	0	0	0	0	53. 00
54. 00	05400	R A D I O L O G Y - D I A G N O S T I C	0	0	0	0	0	54. 00
55. 00	05500	R A D I O L O G Y - T H E R A P E U T I C	0	0	0	0	0	55. 00
56. 00	05600	R A D I O I S O T O P E	0	0	0	0	0	56. 00
57. 00	05700	C T   S C A N	0	0	0	0	0	57. 00
58. 00	05800	M R I	0	0	0	0	0	58. 00
60. 00	06000	L A B O R A T O R Y	0	0	0	0	0	60. 00
62. 00	06200	W H O L E   B L O O D   &   P A C K E D   R E D   B L O O D   C E L L	0	0	0	0	0	62. 00
62. 30	06250	B L O O D   C L O T T I N G   F O R   H E M O P H I L I A C S	0	0	0	0	0	62. 30
64. 00	06400	I N T R A V E N O U S   T H E R A P Y	0	0	0	0	0	64. 00
65. 00	06500	R E S P I R A T O R Y   T H E R A P Y	0	0	0	0	0	65. 00
66. 00	06600	P H Y S I C A L   T H E R A P Y	0	0	0	0	0	66. 00
67. 00	06700	O C C U P A T I O N A L   T H E R A P Y	0	0	0	0	0	67. 00
68. 00	06800	S P E E C H   P A T H O L O G Y	0	0	0	0	0	68. 00
69. 00	06900	E L E C T R O C A R D I O L O G Y	0	0	0	0	0	69. 00
70. 00	07000	E L E C T R O E N C E P H A L O G R A P H Y	0	0	0	0	0	70. 00
71. 00	07100	M E D I C A L   S U P P L I E S   C H A R G E D   T O   P A T I E N T	0	0	0	0	0	71. 00
72. 00	07200	I M P L .   D E V .   C H A R G E D   T O   P A T I E N T S	0	0	0	0	0	72. 00
73. 00	07300	D R U G S   C H A R G E D   T O   P A T I E N T S	0	0	0	0	0	73. 00
74. 00	07400	R E N A L   D I A L Y S I S	0	0	0	0	0	74. 00
75. 01	07501	C A R D I A C   R E H A B	0	0	0	0	0	75. 01
75. 02	07502	S L E E P   L A B	0	0	0	0	0	75. 02
75. 03	07503	I N P A T I E N T   D I A L Y S I S	0	0	0	0	0	75. 03
75. 04	07504	P A I N   M A N A G E M E N T	0	0	0	0	0	75. 04
76. 97	07697	C A R D I A C   R E H A B I L I T A T I O N	0	0	0	0	0	76. 97
76. 98	07698	H Y P E R B A R I C   O X Y G E N   T H E R A P Y	0	0	0	0	0	76. 98
76. 99	07699	L I T H O T R I P S Y	0	0	0	0	0	76. 99
O U T P A T I E N T   S E R V I C E   C O S T   C E N T E R S								
90. 00	09000	C L I N I C	0	0	0	0	0	90. 00
90. 01	09001	P A T I E N T   T R E A T M E N T   C E N T E R	0	0	0	0	0	90. 01
90. 02	09002	R E H A B   S E R V I C E S - B L O O M I N G D A L E	0	0	0	0	0	90. 02
90. 03	09003	C A N T E R A	0	0	0	0	0	90. 03

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	SERVICES-SALARIES & FRINGES APPROV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPROV (ASSIGNED TIME)	
			17.00	19.00	20.00	21.00	22.00	
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	110,663	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	KOFFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	8,893,268	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	80.363518	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	354,238	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.201052	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0			206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000			207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet B-1  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		PARAMED PRGM-PARAMED EDU (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.10	00540	NON PATIENT TELEPHONES	5.10
5.30	00560	PURCHASING AND STORES	5.30
5.40	00570	ADMINISTRATIVE	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	5.50
5.60	00590	ADMINISTRATION & GENERAL	5.60
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING PROGRAM	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED PRGM-PARAMED EDU	23.00
		158	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.01	07501	CARDIAC REHAB	75.01
75.02	07502	SLEEP LAB	75.02
75.03	07503	INPATIENT DIALYSIS	75.03
75.04	07504	PAIN MANAGEMENT	75.04
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	PATIENT TREATMENT CENTER	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	90.02
90.03	09003	CANTERA	90.03
90.04	09004	MENTAL HEALTH O/P	90.04
90.05	09005	WOMENS CLINIC	90.05

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			PARAMED ED PRGM-PARAMED EDU (ASSIGNED TIME)	
			23.00	
90.06	09006	WOUND CARE	0	90.06
91.00	09100	EMERGENCY	104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	158	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	KOFFEE KORNER	0	190.01
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	192.00
192.01	19201	WSKF	0	192.01
193.01	19301	DEVELOPMENT	0	193.01
193.02	19302	MARKETING	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	193.05
193.07	19305	JOINT VENTURE	0	193.07
193.08	19306	PARKINSONS CENTER	0	193.08
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)	1,031,884	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6,530.911392	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	84,526	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	534.974684	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet C  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

			Title XVIII		Hospital		PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance		Total Costs	
			1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	133,024,110		133,024,110	0	133,024,110	30.00	
31.00	03100	INTENSIVE CARE UNIT	27,495,694		27,495,694	0	27,495,694	31.00	
32.00	03200	CORONARY CARE UNIT	8,223,802		8,223,802	0	8,223,802	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,717,240		14,717,240	0	14,717,240	35.00	
40.00	04000	SUBPROVIDER - IPF	20,063,352		20,063,352	0	20,063,352	40.00	
43.00	04300	NURSERY	4,401,553		4,401,553	0	4,401,553	43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,654,380		53,654,380	0	53,654,380	50.00	
51.00	05100	RECOVERY ROOM	14,754,271		14,754,271	0	14,754,271	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,008,035		18,008,035	0	18,008,035	52.00	
53.00	05300	ANESTHESIOLOGY	4,761,672		4,761,672	0	4,761,672	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,709,772		16,709,772	0	16,709,772	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	23,930,198		23,930,198	47,711	23,977,909	55.00	
56.00	05600	RADIOISOTOPE	3,589,445		3,589,445	0	3,589,445	56.00	
57.00	05700	CT SCAN	4,966,064		4,966,064	0	4,966,064	57.00	
58.00	05800	MRI	6,886,458		6,886,458	0	6,886,458	58.00	
60.00	06000	LABORATORY	176,042,003		176,042,003	0	176,042,003	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,178,152		7,178,152	0	7,178,152	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
64.00	06400	INTRAVENOUS THERAPY	1,778,724		1,778,724	0	1,778,724	64.00	
65.00	06500	RESPIRATORY THERAPY	9,385,739	0	9,385,739	0	9,385,739	65.00	
66.00	06600	PHYSICAL THERAPY	19,397,286	0	19,397,286	0	19,397,286	66.00	
67.00	06700	OCCUPATIONAL THERAPY	3,026,512	0	3,026,512	0	3,026,512	67.00	
68.00	06800	SPEECH PATHOLOGY	1,820,354	0	1,820,354	0	1,820,354	68.00	
69.00	06900	ELECTROCARDIOLOGY	18,222,634		18,222,634	0	18,222,634	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	4,167,977		4,167,977	6,022	4,173,999	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,042,089		46,042,089	0	46,042,089	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,242,234		48,242,234	0	48,242,234	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	135,717,605		135,717,605	0	135,717,605	73.00	
74.00	07400	RENAL DIALYSIS	4,135,180		4,135,180	0	4,135,180	74.00	
75.01	07501	CARDIAC REHAB	915,901		915,901	0	915,901	75.01	
75.02	07502	SLEEP LAB	0		0	0	0	75.02	
75.03	07503	INPATIENT DIALYSIS	0		0	0	0	75.03	
75.04	07504	PAIN MANAGEMENT	1,475,727		1,475,727	0	1,475,727	75.04	
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,353,853		5,353,853	0	5,353,853	90.00	
90.01	09001	PATIENT TREATMENT CENTER	4,531,311		4,531,311	0	4,531,311	90.01	
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0		0	0	0	90.02	
90.03	09003	CANTERA	0		0	0	0	90.03	
90.04	09004	MENTAL HEALTH O/P	3,085,940		3,085,940	0	3,085,940	90.04	
90.05	09005	WOMENS CLINIC	0		0	0	0	90.05	
90.06	09006	WOUND CARE	351,821		351,821	0	351,821	90.06	
91.00	09100	EMERGENCY	33,873,102		33,873,102	0	33,873,102	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	23,192,990		23,192,990	0	23,192,990	92.00	
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40	
200.00		Subtotal (see instructions)	903,123,180	0	903,123,180	53,733	903,176,913	200.00	
201.00		Less Observation Beds	23,192,990		23,192,990		23,192,990	201.00	
202.00		Total (see instructions)	879,930,190	0	879,930,190	53,733	879,983,923	202.00	



## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet C  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

			Title XVIII			Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	233,889,581		233,889,581			30.00	
31.00	03100	INTENSIVE CARE UNIT	51,013,003		51,013,003			31.00	
32.00	03200	CORONARY CARE UNIT	17,478,031		17,478,031			32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	63,138,684		63,138,684			35.00	
40.00	04000	SUBPROVIDER - IPF	43,193,450		43,193,450			40.00	
43.00	04300	NURSERY	11,352,126		11,352,126			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	165,447,644	270,878,583	436,326,227	0.122968	0.000000	50.00	
51.00	05100	RECOVERY ROOM	20,262,470	79,360,194	99,622,664	0.148102	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,771,819	10,875,529	52,647,348	0.342050	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	44,414,254	66,567,960	110,982,214	0.042905	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,951,326	94,105,446	126,056,772	0.132558	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	26,550,268	168,396,206	194,946,474	0.122753	0.000000	55.00	
56.00	05600	RADIOISOTOPE	5,392,892	29,768,682	35,161,574	0.102084	0.000000	56.00	
57.00	05700	CT SCAN	70,432,545	159,782,758	230,215,303	0.021571	0.000000	57.00	
58.00	05800	MRI	23,381,492	85,676,720	109,058,212	0.063145	0.000000	58.00	
60.00	06000	LABORATORY	152,837,246	1,357,595,392	1,510,432,638	0.116551	0.000000	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	15,589,013	6,454,371	22,043,384	0.325637	0.000000	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
64.00	06400	INTRAVENOUS THERAPY	11,287,888	62,819,042	74,106,930	0.024002	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	62,358,657	4,543,639	66,902,296	0.140290	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	9,293,404	91,964,087	101,257,491	0.191564	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	6,192,305	12,005,650	18,197,955	0.166311	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	5,659,565	3,721,087	9,380,652	0.194054	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	103,963,901	180,109,409	284,073,310	0.064148	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	14,380,128	23,162,140	37,542,268	0.111021	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	245,371,287	248,920,928	494,292,215	0.093148	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,306,713	145,393,489	300,700,202	0.160433	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	326,912,959	796,719,834	1,123,632,793	0.120785	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	10,784,842	593,452	11,378,294	0.363427	0.000000	74.00	
75.01	07501	CARDIAC REHAB	6,919	3,005,684	3,012,603	0.304023	0.000000	75.01	
75.02	07502	SLEEP LAB	0	0	0	0.000000	0.000000	75.02	
75.03	07503	INPATIENT DIALYSIS	0	0	0	0.000000	0.000000	75.03	
75.04	07504	PAIN MANAGEMENT	43,642	2,357,524	2,401,166	0.614588	0.000000	75.04	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	930,782	18,574,849	19,505,631	0.274477	0.000000	90.00	
90.01	09001	PATIENT TREATMENT CENTER	11,100,827	36,725,929	47,826,756	0.094744	0.000000	90.01	
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0.000000	0.000000	90.02	
90.03	09003	CANTERA	0	0	0	0.000000	0.000000	90.03	
90.04	09004	MENTAL HEALTH O/P	3,137,207	14,987,683	18,124,890	0.170260	0.000000	90.04	
90.05	09005	WOMENS CLINIC	0	0	0	0.000000	0.000000	90.05	
90.06	09006	WOUND CARE	30,440	3,097,427	3,127,867	0.112480	0.000000	90.06	
91.00	09100	EMERGENCY	66,689,619	179,274,038	245,963,657	0.137716	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	15,778,703	37,129,001	52,907,704	0.438367	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40	
200.00		Subtotal (see instructions)	2,067,325,632	4,194,566,733	6,261,892,365			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	2,067,325,632	4,194,566,733	6,261,892,365			202.00	

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet C  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.122968			50.00
51.00	05100 RECOVERY ROOM	0.148102			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.342050			52.00
53.00	05300 ANESTHESIOLOGY	0.042905			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.132558			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.122997			55.00
56.00	05600 RADIOISOTOPE	0.102084			56.00
57.00	05700 CT SCAN	0.021571			57.00
58.00	05800 MRI	0.063145			58.00
60.00	06000 LABORATORY	0.116551			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.325637			62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
64.00	06400 INTRAVENOUS THERAPY	0.024002			64.00
65.00	06500 RESPIRATORY THERAPY	0.140290			65.00
66.00	06600 PHYSICAL THERAPY	0.191564			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.166311			67.00
68.00	06800 SPEECH PATHOLOGY	0.194054			68.00
69.00	06900 ELECTROCARDIOLOGY	0.064148			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.111181			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.093148			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.160433			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.120785			73.00
74.00	07400 RENAL DIALYSIS	0.363427			74.00
75.01	07501 CARDIAC REHAB	0.304023			75.01
75.02	07502 SLEEP LAB	0.000000			75.02
75.03	07503 INPATIENT DIALYSIS	0.000000			75.03
75.04	07504 PAIN MANAGEMENT	0.614588			75.04
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.274477			90.00
90.01	09001 PATIENT TREATMENT CENTER	0.094744			90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0.000000			90.02
90.03	09003 CANTERA	0.000000			90.03
90.04	09004 MENTAL HEALTH O/P	0.170260			90.04
90.05	09005 WOMENS CLINIC	0.000000			90.05
90.06	09006 WOUND CARE	0.112480			90.06
91.00	09100 EMERGENCY	0.137716			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.438367			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet C  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	133,024,110		133,024,110	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	27,495,694		27,495,694	0	0	31.00
32.00	03200	CORONARY CARE UNIT	8,223,802		8,223,802	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,717,240		14,717,240	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	20,063,352		20,063,352	0	0	40.00
43.00	04300	NURSERY	4,401,553		4,401,553	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,654,380		53,654,380	0	0	50.00
51.00	05100	RECOVERY ROOM	14,754,271		14,754,271	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,008,035		18,008,035	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,761,672		4,761,672	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,709,772		16,709,772	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	23,930,198		23,930,198	0	0	55.00
56.00	05600	RADIOISOTOPE	3,589,445		3,589,445	0	0	56.00
57.00	05700	CT SCAN	4,966,064		4,966,064	0	0	57.00
58.00	05800	MRI	6,886,458		6,886,458	0	0	58.00
60.00	06000	LABORATORY	176,042,003		176,042,003	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,178,152		7,178,152	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,778,724		1,778,724	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,385,739	0	9,385,739	0	0	65.00
66.00	06600	PHYSICAL THERAPY	19,397,286	0	19,397,286	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,026,512	0	3,026,512	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,820,354	0	1,820,354	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,222,634		18,222,634	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,167,977		4,167,977	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,042,089		46,042,089	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,242,234		48,242,234	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	135,717,605		135,717,605	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,135,180		4,135,180	0	0	74.00
75.01	07501	CARDIAC REHAB	915,901		915,901	0	0	75.01
75.02	07502	SLEEP LAB	0		0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0		0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	1,475,727		1,475,727	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,353,853		5,353,853	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	4,531,311		4,531,311	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0		0	0	0	90.02
90.03	09003	CANTERA	0		0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	3,085,940		3,085,940	0	0	90.04
90.05	09005	WOMENS CLINIC	0		0	0	0	90.05
90.06	09006	WOUND CARE	351,821		351,821	0	0	90.06
91.00	09100	EMERGENCY	33,873,102		33,873,102	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	23,192,990		23,192,990	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
200.00		Subtotal (see instructions)	903,123,180	0	903,123,180	0	0	200.00
201.00		Less Observation Beds	23,192,990		23,192,990		0	201.00
202.00		Total (see instructions)	879,930,190	0	879,930,190	0	0	202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet C  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

			Title XIX			Hospital	Cost		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	233,889,581		233,889,581			30.00	
31.00	03100	INTENSIVE CARE UNIT	51,013,003		51,013,003			31.00	
32.00	03200	CORONARY CARE UNIT	17,478,031		17,478,031			32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	63,138,684		63,138,684			35.00	
40.00	04000	SUBPROVIDER - IPF	43,193,450		43,193,450			40.00	
43.00	04300	NURSERY	11,352,126		11,352,126			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	165,447,644	270,878,583	436,326,227	0.122968	0.000000	50.00	
51.00	05100	RECOVERY ROOM	20,262,470	79,360,194	99,622,664	0.148102	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,771,819	10,875,529	52,647,348	0.342050	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	44,414,254	66,567,960	110,982,214	0.042905	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,951,326	94,105,446	126,056,772	0.132558	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	26,550,268	168,396,206	194,946,474	0.122753	0.000000	55.00	
56.00	05600	RADIOISOTOPE	5,392,892	29,768,682	35,161,574	0.102084	0.000000	56.00	
57.00	05700	CT SCAN	70,432,545	159,782,758	230,215,303	0.021571	0.000000	57.00	
58.00	05800	MRI	23,381,492	85,676,720	109,058,212	0.063145	0.000000	58.00	
60.00	06000	LABORATORY	152,837,246	1,357,595,392	1,510,432,638	0.116551	0.000000	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	15,589,013	6,454,371	22,043,384	0.325637	0.000000	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
64.00	06400	INTRAVENOUS THERAPY	11,287,888	62,819,042	74,106,930	0.024002	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	62,358,657	4,543,639	66,902,296	0.140290	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	9,293,404	91,964,087	101,257,491	0.191564	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	6,192,305	12,005,650	18,197,955	0.166311	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	5,659,565	3,721,087	9,380,652	0.194054	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	103,963,901	180,109,409	284,073,310	0.064148	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	14,380,128	23,162,140	37,542,268	0.111021	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	245,371,287	248,920,928	494,292,215	0.093148	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,306,713	145,393,489	300,700,202	0.160433	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	326,912,959	796,719,834	1,123,632,793	0.120785	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	10,784,842	593,452	11,378,294	0.363427	0.000000	74.00	
75.01	07501	CARDIAC REHAB	6,919	3,005,684	3,012,603	0.304023	0.000000	75.01	
75.02	07502	SLEEP LAB	0	0	0	0.000000	0.000000	75.02	
75.03	07503	INPATIENT DIALYSIS	0	0	0	0.000000	0.000000	75.03	
75.04	07504	PAIN MANAGEMENT	43,642	2,357,524	2,401,166	0.614588	0.000000	75.04	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	930,782	18,574,849	19,505,631	0.274477	0.000000	90.00	
90.01	09001	PATIENT TREATMENT CENTER	11,100,827	36,725,929	47,826,756	0.094744	0.000000	90.01	
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0.000000	0.000000	90.02	
90.03	09003	CANTERA	0	0	0	0.000000	0.000000	90.03	
90.04	09004	MENTAL HEALTH O/P	3,137,207	14,987,683	18,124,890	0.170260	0.000000	90.04	
90.05	09005	WOMENS CLINIC	0	0	0	0.000000	0.000000	90.05	
90.06	09006	WOUND CARE	30,440	3,097,427	3,127,867	0.112480	0.000000	90.06	
91.00	09100	EMERGENCY	66,689,619	179,274,038	245,963,657	0.137716	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	15,778,703	37,129,001	52,907,704	0.438367	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40	
200.00		Subtotal (see instructions)	2,067,325,632	4,194,566,733	6,261,892,365			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	2,067,325,632	4,194,566,733	6,261,892,365			202.00	

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet C  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.01	07501	CARDIAC REHAB	0.000000			75.01
75.02	07502	SLEEP LAB	0.000000			75.02
75.03	07503	INPATIENT DIALYSIS	0.000000			75.03
75.04	07504	PAIN MANAGEMENT	0.000000			75.04
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PATIENT TREATMENT CENTER	0.000000			90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000			90.02
90.03	09003	CANTERA	0.000000			90.03
90.04	09004	MENTAL HEALTH O/P	0.000000			90.04
90.05	09005	WOMENS CLINIC	0.000000			90.05
90.06	09006	WOUND CARE	0.000000			90.06
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet D  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
			1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	15,524,041	0	15,524,041	94,298	164.63	30.00		
31.00	INTENSIVE CARE UNIT	2,847,157		2,847,157	8,731	326.10	31.00		
32.00	CORONARY CARE UNIT	718,265		718,265	3,125	229.84	32.00		
35.00	NEONATAL INTENSIVE CARE UNIT	1,050,965		1,050,965	7,670	137.02	35.00		
40.00	SUBPROVIDER - IPF	2,876,580	0	2,876,580	8,324	345.58	40.00		
43.00	NURSERY	642,979		642,979	4,956	129.74	43.00		
200.00	Total (lines 30 through 199)	23,659,987		23,659,987	127,104		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	26,507	4,363,847					30.00	
31.00	INTENSIVE CARE UNIT	2,771	903,623					31.00	
32.00	CORONARY CARE UNIT	0	0					32.00	
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00	
40.00	SUBPROVIDER - IPF	1,155	399,145					40.00	
43.00	NURSERY	0	0					43.00	
200.00	Total (lines 30 through 199)	30,433	5,666,615					200.00	

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet D  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,687,987	436,326,227	0.015328	53,999,893	827,710	50.00
51.00	05100 RECOVERY ROOM	1,095,667	99,622,664	0.010998	5,203,465	57,228	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,904,333	52,647,348	0.036171	54,493	1,971	52.00
53.00	05300 ANESTHESIOLOGY	245,475	110,982,214	0.002212	14,199,762	31,410	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,311,432	126,056,772	0.018336	11,945,039	219,024	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,840,111	194,946,474	0.014569	12,322,090	179,521	55.00
56.00	05600 RADIOISOTOPE	279,351	35,161,574	0.007945	2,352,889	18,694	56.00
57.00	05700 CT SCAN	425,551	230,215,303	0.001848	27,854,392	51,475	57.00
58.00	05800 MRI	426,953	109,058,212	0.003915	8,289,018	32,452	58.00
60.00	06000 LABORATORY	7,791,260	1,510,432,638	0.005158	49,044,878	252,973	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	316,554	22,043,384	0.014360	4,791,068	68,800	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	89,177	74,106,930	0.001203	2,602,674	3,131	64.00
65.00	06500 RESPIRATORY THERAPY	570,178	66,902,296	0.008523	18,613,357	158,642	65.00
66.00	06600 PHYSICAL THERAPY	1,136,338	101,257,491	0.011222	3,837,961	43,070	66.00
67.00	06700 OCCUPATIONAL THERAPY	107,959	18,197,955	0.005932	2,683,281	15,917	67.00
68.00	06800 SPEECH PATHOLOGY	78,764	9,380,652	0.008396	2,583,775	21,693	68.00
69.00	06900 ELECTROCARDIOLOGY	2,311,205	284,073,310	0.008136	39,900,478	324,630	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	358,901	37,542,268	0.009560	4,901,039	46,854	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,478,535	494,292,215	0.002991	82,297,434	246,152	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,549,471	300,700,202	0.005153	80,365,851	414,125	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,148,290	1,123,632,793	0.003692	100,059,982	369,421	73.00
74.00	07400 RENAL DIALYSIS	115,985	11,378,294	0.010194	4,443,367	45,296	74.00
75.01	07501 CARDIAC REHAB	28,506	3,012,603	0.009462	4,043	38	75.01
75.02	07502 SLEEP LAB	0	0	0.000000	0	0	75.02
75.03	07503 INPATIENT DIALYSIS	0	0	0.000000	0	0	75.03
75.04	07504 PAIN MANAGEMENT	203,778	2,401,166	0.084866	14,283	1,212	75.04
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,691,499	19,505,631	0.086718	78,128	6,775	90.00
90.01	09001 PATIENT TREATMENT CENTER	598,960	47,826,756	0.012524	3,378,832	42,316	90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0	0	0.000000	0	0	90.02
90.03	09003 CANTERA	0	0	0.000000	0	0	90.03
90.04	09004 MENTAL HEALTH O/P	381,702	18,124,890	0.021060	243,849	5,135	90.04
90.05	09005 WOMENS CLINIC	0	0	0.000000	0	0	90.05
90.06	09006 WOUND CARE	24,723	3,127,867	0.007904	19,604	155	90.06
91.00	09100 EMERGENCY	3,225,424	245,963,657	0.013113	23,327,690	305,896	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,706,645	52,907,704	0.051158	6,020,652	308,005	92.00
200.00	Total (lines 50 through 199)	45,130,714	5,841,827,490		565,433,267	4,099,721	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet D  
Part III  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description				Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS
				1A	1.00	2A	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00
Cost Center Description				Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
				4.00	5.00	6.00	7.00	8.00	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	94,298	0.00	26,507	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	8,731	0.00	2,771	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	3,125	0.00	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	7,670	0.00	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	8,324	0.00	1,155	40.00	
43.00	04300	NURSERY	0	0	4,956	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	127,104		30,433	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
32.00	03200	CORONARY CARE UNIT	0						32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet D  
Part IV  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			Title XVIII			Hospital	PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet D  
Part IV  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	436,326,227	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	99,622,664	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52,647,348	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	110,982,214	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	126,056,772	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	194,946,474	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	35,161,574	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	230,215,303	0.000000	57.00
58.00	05800	MRI	0	0	0	109,058,212	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	1,510,432,638	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	22,043,384	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	74,106,930	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	66,902,296	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	101,257,491	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	18,197,955	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	9,380,652	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	284,073,310	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	37,542,268	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	494,292,215	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	300,700,202	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,123,632,793	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	11,378,294	0.000000	74.00
75.01	07501	CARDIAC REHAB	0	0	0	3,012,603	0.000000	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0.000000	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0.000000	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	2,401,166	0.000000	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	19,505,631	0.000000	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	47,826,756	0.000000	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0.000000	90.02
90.03	09003	CANTERA	0	0	0	0	0.000000	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	18,124,890	0.000000	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0.000000	90.05
90.06	09006	WOUND CARE	0	0	0	3,127,867	0.000000	90.06
91.00	09100	EMERGENCY	0	0	0	245,963,657	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	52,907,704	0.000000	92.00
200.00	Total (lines 50 through 199)		0	0	0	5,841,827,490		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet D  
Part IV  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	53,999,893	0	58,150,201	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	5,203,465	0	19,602,412	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	54,493	0	30,381	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	14,199,762	0	14,475,942	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	11,945,039	0	13,595,996	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	12,322,090	0	62,111,885	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	2,352,889	0	11,485,124	0	56.00
57.00	05700	CT SCAN	0.000000	27,854,392	0	42,213,325	0	57.00
58.00	05800	MRI	0.000000	8,289,018	0	20,246,216	0	58.00
60.00	06000	LABORATORY	0.000000	49,044,878	0	33,469,159	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,791,068	0	969,963	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000	2,602,674	0	9,550,176	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	18,613,357	0	902,906	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,837,961	0	543,422	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,683,281	0	63,668	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	2,583,775	0	34,206	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	39,900,478	0	53,359,931	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,901,039	0	4,660,631	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	82,297,434	0	63,586,631	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	80,365,851	0	48,954,027	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	100,059,982	0	255,945,428	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	4,443,367	0	493,340	0	74.00
75.01	07501	CARDIAC REHAB	0.000000	4,043	0	1,176,791	0	75.01
75.02	07502	SLEEP LAB	0.000000	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0.000000	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0.000000	14,283	0	878,877	0	75.04
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	78,128	0	1,388,256	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0.000000	3,378,832	0	11,326,702	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	0	90.02
90.03	09003	CANTERA	0.000000	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0.000000	243,849	0	592,484	0	90.04
90.05	09005	WOMENS CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	WOUND CARE	0.000000	19,604	0	1,030,282	0	90.06
91.00	09100	EMERGENCY	0.000000	23,327,690	0	25,918,130	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	6,020,652	0	7,847,166	0	92.00
200.00		Total (lines 50 through 199)		565,433,267	0	764,603,658	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet D  
Part V  
Date/Time Prepared:  
1/28/2023 6:30 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.122968	58,150,201	0	0	7,150,614	50.00
51.00	05100	RECOVERY ROOM	0.148102	19,602,412	0	0	2,903,156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.342050	30,381	0	0	10,392	52.00
53.00	05300	ANESTHESIOLOGY	0.042905	14,475,942	0	0	621,090	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132558	13,595,996	0	0	1,802,258	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122753	62,111,885	0	0	7,624,420	55.00
56.00	05600	RADIOISOTOPE	0.102084	11,485,124	0	0	1,172,447	56.00
57.00	05700	CT SCAN	0.021571	42,213,325	0	0	910,584	57.00
58.00	05800	MRI	0.063145	20,246,216	0	0	1,278,447	58.00
60.00	06000	LABORATORY	0.116551	33,469,159	0	0	3,900,864	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.325637	969,963	0	0	315,856	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.024002	9,550,176	0	0	229,223	64.00
65.00	06500	RESPIRATORY THERAPY	0.140290	902,906	0	0	126,669	65.00
66.00	06600	PHYSICAL THERAPY	0.191564	543,422	0	0	104,100	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.166311	63,668	0	0	10,589	67.00
68.00	06800	SPEECH PATHOLOGY	0.194054	34,206	0	0	6,638	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064148	53,359,931	0	0	3,422,933	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.111021	4,660,631	0	0	517,428	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.093148	63,586,631	0	0	5,922,968	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.160433	48,954,027	112,454	0	7,853,841	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.120785	255,945,428	0	116,324	30,914,369	73.00
74.00	07400	RENAL DIALYSIS	0.363427	493,340	0	0	179,293	74.00
75.01	07501	CARDIAC REHAB	0.304023	1,176,791	0	0	357,772	75.01
75.02	07502	SLEEP LAB	0.000000	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0.000000	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0.614588	878,877	0	0	540,147	75.04
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.274477	1,388,256	0	0	381,044	90.00
90.01	09001	PATIENT TREATMENT CENTER	0.094744	11,326,702	0	0	1,073,137	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	0	90.02
90.03	09003	CANTERA	0.000000	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0.170260	592,484	0	0	100,876	90.04
90.05	09005	WOMENS CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	WOUND CARE	0.112480	1,030,282	0	0	115,886	90.06
91.00	09100	EMERGENCY	0.137716	25,918,130	0	0	3,569,341	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.438367	7,847,166	0	0	3,439,939	92.00
200.00		Subtotal (see instructions)		764,603,658	112,454	116,324	86,556,321	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		764,603,658	112,454	116,324	86,556,321	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet D  
Part V  
Date/Time Prepared:  
1/28/2023 6:30 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
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
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
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	18,041	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,050		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.01	07501	CARDIAC REHAB	0	0		75.01
75.02	07502	SLEEP LAB	0	0		75.02
75.03	07503	INPATIENT DIALYSIS	0	0		75.03
75.04	07504	PAIN MANAGEMENT	0	0		75.04
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0		90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0		90.02
90.03	09003	CANTERA	0	0		90.03
90.04	09004	MENTAL HEALTH O/P	0	0		90.04
90.05	09005	WOMENS CLINIC	0	0		90.05
90.06	09006	WOUND CARE	0	0		90.06
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)	18,041	14,050		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	18,041	14,050		202.00

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0242

Period:

Worksheet D

Component CCN: 14-S242

From 09/01/2021

Part II

To 08/31/2022

Date/Time Prepared:

1/28/2023 6:30 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,687,987	436,326,227	0.015328	12,262	188	50.00
51.00	05100 RECOVERY ROOM	1,095,667	99,622,664	0.010998	158,517	1,743	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,904,333	52,647,348	0.036171	0	0	52.00
53.00	05300 ANESTHESIOLOGY	245,475	110,982,214	0.002212	36,645	81	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,311,432	126,056,772	0.018336	32,141	589	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,840,111	194,946,474	0.014569	17,640	257	55.00
56.00	05600 RADIOISOTOPE	279,351	35,161,574	0.007945	0	0	56.00
57.00	05700 CT SCAN	425,551	230,215,303	0.001848	71,223	132	57.00
58.00	05800 MRI	426,953	109,058,212	0.003915	26,700	105	58.00
60.00	06000 LABORATORY	7,791,260	1,510,432,638	0.005158	462,403	2,385	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	316,554	22,043,384	0.014360	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	89,177	74,106,930	0.001203	30,131	36	64.00
65.00	06500 RESPIRATORY THERAPY	570,178	66,902,296	0.008523	36,576	312	65.00
66.00	06600 PHYSICAL THERAPY	1,136,338	101,257,491	0.011222	8,648	97	66.00
67.00	06700 OCCUPATIONAL THERAPY	107,959	18,197,955	0.005932	3,207	19	67.00
68.00	06800 SPEECH PATHOLOGY	78,764	9,380,652	0.008396	5,632	47	68.00
69.00	06900 ELECTROCARDIOLOGY	2,311,205	284,073,310	0.008136	40,743	331	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	358,901	37,542,268	0.009560	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,478,535	494,292,215	0.002991	29,651	89	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,549,471	300,700,202	0.005153	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,148,290	1,123,632,793	0.003692	662,434	2,446	73.00
74.00	07400 RENAL DIALYSIS	115,985	11,378,294	0.010194	0	0	74.00
75.01	07501 CARDIAC REHAB	28,506	3,012,603	0.009462	0	0	75.01
75.02	07502 SLEEP LAB	0	0	0.000000	0	0	75.02
75.03	07503 INPATIENT DIALYSIS	0	0	0.000000	0	0	75.03
75.04	07504 PAIN MANAGEMENT	203,778	2,401,166	0.084866	0	0	75.04
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,691,499	19,505,631	0.086718	0	0	90.00
90.01	09001 PATIENT TREATMENT CENTER	598,960	47,826,756	0.012524	92	1	90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0	0	0.000000	0	0	90.02
90.03	09003 CANTERA	0	0	0.000000	0	0	90.03
90.04	09004 MENTAL HEALTH O/P	381,702	18,124,890	0.021060	292,051	6,151	90.04
90.05	09005 WOMENS CLINIC	0	0	0.000000	0	0	90.05
90.06	09006 WOUND CARE	24,723	3,127,867	0.007904	0	0	90.06
91.00	09100 EMERGENCY	3,225,424	245,963,657	0.013113	376,204	4,933	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	52,907,704	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	42,424,069	5,841,827,490		2,302,900	19,942	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part IV Date/Time Prepared: 1/28/2023 6:30 pm	
				Title XVIII		Subprovider - IPF	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
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.01	07501	CARDIAC REHAB	0	0	0	0	0
75.02	07502	SLEEP LAB	0	0	0	0	0
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0
75.04	07504	PAIN MANAGEMENT	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	0
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0
90.03	09003	CANTERA	0	0	0	0	0
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	0
90.05	09005	WOMENS CLINIC	0	0	0	0	0
90.06	09006	WOUND CARE	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
200.00		Total (lines 50 through 199)	0	0	0	0	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part IV Date/Time Prepared: 1/28/2023 6:30 pm
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	436,326,227	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	99,622,664	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52,647,348	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	110,982,214	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	126,056,772	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	194,946,474	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	35,161,574	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	230,215,303	0.000000	57.00
58.00 05800 MRI	0	0	0	109,058,212	0.000000	58.00
60.00 06000 LABORATORY	0	0	0	1,510,432,638	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	22,043,384	0.000000	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00 06400 INTRAVENOUS THERAPY	0	0	0	74,106,930	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	66,902,296	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	101,257,491	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	18,197,955	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	9,380,652	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	284,073,310	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	37,542,268	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	494,292,215	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	300,700,202	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1,123,632,793	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	11,378,294	0.000000	74.00
75.01 07501 CARDIAC REHAB	0	0	0	3,012,603	0.000000	75.01
75.02 07502 SLEEP LAB	0	0	0	0	0.000000	75.02
75.03 07503 INPATIENT DIALYSIS	0	0	0	0	0.000000	75.03
75.04 07504 PAIN MANAGEMENT	0	0	0	2,401,166	0.000000	75.04
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	19,505,631	0.000000	90.00
90.01 09001 PATIENT TREATMENT CENTER	0	0	0	47,826,756	0.000000	90.01
90.02 09002 REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0.000000	90.02
90.03 09003 CANTERA	0	0	0	0	0.000000	90.03
90.04 09004 MENTAL HEALTH O/P	0	0	0	18,124,890	0.000000	90.04
90.05 09005 WOMENS CLINIC	0	0	0	0	0.000000	90.05
90.06 09006 WOUND CARE	0	0	0	3,127,867	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	245,963,657	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	52,907,704	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	5,841,827,490		200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part IV Date/Time Prepared: 1/28/2023 6:30 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	12,262	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	158,517	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	36,645	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	32,141	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	17,640	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	71,223	0	0	0	57.00
58.00	05800 MRI	0.000000	26,700	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	462,403	0	3,257	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	0.000000	30,131	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	36,576	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	8,648	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,207	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	5,632	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	40,743	0	458	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	29,651	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	662,434	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.01	07501 CARDIAC REHAB	0.000000	0	0	0	0	75.01
75.02	07502 SLEEP LAB	0.000000	0	0	0	0	75.02
75.03	07503 INPATIENT DIALYSIS	0.000000	0	0	0	0	75.03
75.04	07504 PAIN MANAGEMENT	0.000000	0	0	0	0	75.04
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PATIENT TREATMENT CENTER	0.000000	92	0	0	0	90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	0	90.02
90.03	09003 CANTERA	0.000000	0	0	0	0	90.03
90.04	09004 MENTAL HEALTH O/P	0.000000	292,051	0	2,102	0	90.04
90.05	09005 WOMENS CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 WOUND CARE	0.000000	0	0	0	0	90.06
91.00	09100 EMERGENCY	0.000000	376,204	0	8,631	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		2,302,900	0	14,448	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0242

Period:

Worksheet D

Component CCN: 14-S242

From 09/01/2021

Part V

To 08/31/2022

Date/Time Prepared:

1/28/2023 6:30 pm

Title XVIII

Subprovider -

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.122968	0	0	0
51.00	05100	RECOVERY ROOM	0.148102	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.342050	0	0	0
53.00	05300	ANESTHESIOLOGY	0.042905	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132558	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122753	0	0	0
56.00	05600	RADIOISOTOPE	0.102084	0	0	0
57.00	05700	CT SCAN	0.021571	0	0	0
58.00	05800	MRI	0.063145	0	0	0
60.00	06000	LABORATORY	0.116551	3,257	0	380
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.325637	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0.024002	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.140290	0	0	0
66.00	06600	PHYSICAL THERAPY	0.191564	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.166311	0	0	0
68.00	06800	SPEECH PATHOLOGY	0.194054	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.064148	458	0	29
70.00	07000	ELECTROENCEPHALOGRAPHY	0.111021	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.093148	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.160433	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.120785	0	0	0
74.00	07400	RENAL DIALYSIS	0.363427	0	0	0
75.01	07501	CARDIAC REHAB	0.304023	0	0	0
75.02	07502	SLEEP LAB	0.000000	0	0	0
75.03	07503	INPATIENT DIALYSIS	0.000000	0	0	0
75.04	07504	PAIN MANAGEMENT	0.614588	0	0	0
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.274477	0	0	0
90.01	09001	PATIENT TREATMENT CENTER	0.094744	0	0	0
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0
90.03	09003	CANTERA	0.000000	0	0	0
90.04	09004	MENTAL HEALTH O/P	0.170260	2,102	0	358
90.05	09005	WOMENS CLINIC	0.000000	0	0	0
90.06	09006	WOUND CARE	0.112480	0	0	0
91.00	09100	EMERGENCY	0.137716	8,631	0	1,189
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.438367	0	0	0
200.00		Subtotal (see instructions)		14,448	0	1,956
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	
202.00		Net Charges (line 200 - line 201)		14,448	0	1,956

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0242

Period:

Worksheet D

Component CCN: 14-S242

From 09/01/2021  
To 08/31/2022Part V  
Date/Time Prepared:  
1/28/2023 6:30 pm

Title XVIII

Subprovider -  
IPF

PPS

Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
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
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	75.01
75.02	07502	SLEEP LAB	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	90.02
90.03	09003	CANTERA	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	90.04
90.05	09005	WOMENS CLINIC	0	0	90.05
90.06	09006	WOUND CARE	0	0	90.06
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	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet D  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

			Title XIX		Hospital	Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	15,524,041	0	15,524,041	94,298	164.63	30.00
31.00	INTENSIVE CARE UNIT	2,847,157		2,847,157	8,731	326.10	31.00
32.00	CORONARY CARE UNIT	718,265		718,265	3,125	229.84	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,050,965		1,050,965	7,670	137.02	35.00
40.00	SUBPROVIDER - IPF	2,876,580	0	2,876,580	8,324	345.58	40.00
43.00	NURSERY	642,979		642,979	4,956	129.74	43.00
200.00	Total (lines 30 through 199)	23,659,987		23,659,987	127,104		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,547	583,943				30.00
31.00	INTENSIVE CARE UNIT	360	117,396				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
35.00	NEONATAL INTENSIVE CARE UNIT	115	15,757				35.00
40.00	SUBPROVIDER - IPF	550	190,069				40.00
43.00	NURSERY	1,941	251,825				43.00
200.00	Total (lines 30 through 199)	6,513	1,158,990				200.00

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet D  
Part II  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,687,987	436,326,227	0.015328	0	0	50.00
51.00	05100 RECOVERY ROOM	1,095,667	99,622,664	0.010998	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,904,333	52,647,348	0.036171	0	0	52.00
53.00	05300 ANESTHESIOLOGY	245,475	110,982,214	0.002212	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,311,432	126,056,772	0.018336	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,840,111	194,946,474	0.014569	0	0	55.00
56.00	05600 RADIOISOTOPE	279,351	35,161,574	0.007945	0	0	56.00
57.00	05700 CT SCAN	425,551	230,215,303	0.001848	0	0	57.00
58.00	05800 MRI	426,953	109,058,212	0.003915	0	0	58.00
60.00	06000 LABORATORY	7,791,260	1,510,432,638	0.005158	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	316,554	22,043,384	0.014360	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	89,177	74,106,930	0.001203	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	570,178	66,902,296	0.008523	0	0	65.00
66.00	06600 PHYSICAL THERAPY	1,136,338	101,257,491	0.011222	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	107,959	18,197,955	0.005932	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	78,764	9,380,652	0.008396	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,311,205	284,073,310	0.008136	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	358,901	37,542,268	0.009560	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,478,535	494,292,215	0.002991	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,549,471	300,700,202	0.005153	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,148,290	1,123,632,793	0.003692	0	0	73.00
74.00	07400 RENAL DIALYSIS	115,985	11,378,294	0.010194	0	0	74.00
75.01	07501 CARDIAC REHAB	28,506	3,012,603	0.009462	0	0	75.01
75.02	07502 SLEEP LAB	0	0	0.000000	0	0	75.02
75.03	07503 INPATIENT DIALYSIS	0	0	0.000000	0	0	75.03
75.04	07504 PAIN MANAGEMENT	203,778	2,401,166	0.084866	0	0	75.04
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,691,499	19,505,631	0.086718	0	0	90.00
90.01	09001 PATIENT TREATMENT CENTER	598,960	47,826,756	0.012524	0	0	90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0	0	0.000000	0	0	90.02
90.03	09003 CANTERA	0	0	0.000000	0	0	90.03
90.04	09004 MENTAL HEALTH O/P	381,702	18,124,890	0.021060	0	0	90.04
90.05	09005 WOMENS CLINIC	0	0	0.000000	0	0	90.05
90.06	09006 WOUND CARE	24,723	3,127,867	0.007904	0	0	90.06
91.00	09100 EMERGENCY	3,225,424	245,963,657	0.013113	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,706,645	52,907,704	0.051158	0	0	92.00
200.00	Total (lines 50 through 199)	45,130,714	5,841,827,490		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet D  
Part III  
Date/Time Prepared:  
1/28/2023 6:30 pm

				Title XIX		Hospital		Cost	
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	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	94,298	0.00	3,547	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	8,731	0.00	360	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	3,125	0.00	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	7,670	0.00	115	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	8,324	0.00	550	40.00	
43.00	04300	NURSERY	0	0	4,956	0.00	1,941	43.00	
200.00		Total (lines 30 through 199)	0	0	127,104		6,513	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
32.00	03200	CORONARY CARE UNIT	0						32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet D  
Part IV  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description			Title XIX			Hospital		Cost
			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
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet D  
Part IV  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		Title XIX			Hospital		Cost	
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	436,326,227	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	99,622,664	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52,647,348	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	110,982,214	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	126,056,772	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	194,946,474	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	35,161,574	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	230,215,303	0.000000	57.00
58.00	05800	MRI	0	0	0	109,058,212	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	1,510,432,638	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	22,043,384	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	74,106,930	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	66,902,296	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	101,257,491	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	18,197,955	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	9,380,652	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	284,073,310	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	37,542,268	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	494,292,215	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	300,700,202	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,123,632,793	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	11,378,294	0.000000	74.00
75.01	07501	CARDIAC REHAB	0	0	0	3,012,603	0.000000	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0.000000	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0.000000	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	2,401,166	0.000000	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	19,505,631	0.000000	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	47,826,756	0.000000	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0.000000	90.02
90.03	09003	CANTERA	0	0	0	0	0.000000	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	18,124,890	0.000000	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0.000000	90.05
90.06	09006	WOUND CARE	0	0	0	3,127,867	0.000000	90.06
91.00	09100	EMERGENCY	0	0	0	245,963,657	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	52,907,704	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	5,841,827,490		200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet D  
Part IV  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0.000000	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0.000000	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0.000000	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0.000000	0	0	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0.000000	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	0	90.02
90.03	09003	CANTERA	0.000000	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0.000000	0	0	0	0	90.04
90.05	09005	WOMENS CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	WOUND CARE	0.000000	0	0	0	0	90.06
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet D-1

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		94,298	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		94,298	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)		77,857	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)		26,507	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		133,024,110	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)		133,024,110	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		133,024,110	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,410.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		37,392,895	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)		37,392,895	41.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet D-1

Date/Time Prepared:  
1/28/2023 6:30 pm

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)	PPS
		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	27,495,694	8,731	3,149.20	2,771	8,726,433	43.00
44.00	CORONARY CARE UNIT	8,223,802	3,125	2,631.62	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	14,717,240	7,670	1,918.81	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					67,746,552	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					113,865,880	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)					5,267,470	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,099,721	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,367,191	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					104,498,689	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)					16,441	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,410.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					23,192,990	89.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet D-1

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	15,524,041	133,024,110	0.116701	23,192,990	2,706,645	90.00
91.00	Nursing Program cost	0	133,024,110	0.000000	23,192,990	0	91.00
92.00	Allied health cost	0	133,024,110	0.000000	23,192,990	0	92.00
93.00	All other Medical Education	0	133,024,110	0.000000	23,192,990	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2021 To 08/31/2022	Worksheet D-1 Date/Time Prepared: 1/28/2023 6:30 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,324	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,324	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)		8,324	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)		1,155	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		20,063,352	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)		20,063,352	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		20,063,352	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,410.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,783,897	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,783,897	41.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

Period:

Worksheet D-1

Component CCN: 14-S242

From 09/01/2021

Date/Time Prepared:

To 08/31/2022

1/28/2023 6:30 pm

Title XVIII

Subprovider -

PPS

Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					286,172	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,070,069	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)					399,145	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					19,942	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					419,087	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,650,982	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

Period:

Worksheet D-1

Component CCN: 14-S242

From 09/01/2021

Date/Time Prepared:

To 08/31/2022

1/28/2023 6:30 pm

Title XVIII

Subprovider -

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	2,876,580	20,063,352	0.143375	0	0	90.00
91.00 Nursing Program cost	0	20,063,352	0.000000	0	0	91.00
92.00 Allied health cost	0	20,063,352	0.000000	0	0	92.00
93.00 All other Medical Education	0	20,063,352	0.000000	0	0	93.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet D-1

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		Title XIX	Hospital	Cost	
				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			94,298	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			94,298	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)			77,857	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			3,547	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)			4,956	15.00
16.00	Nursery days (title V or XIX only)			1,941	16.00
SWING BED ADJUSTMENT					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			133,024,110	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)			133,024,110	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			133,024,110	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,410.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,003,682	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			5,003,682	41.00



## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet D-1

Date/Time Prepared:  
1/28/2023 6:30 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	4,401,553	4,956	888.13	1,941	1,723,860	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	27,495,694	8,731	3,149.20	360	1,133,712	43.00
44.00	CORONARY CARE UNIT	8,223,802	3,125	2,631.62	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	14,717,240	7,670	1,918.81	115	220,663	47.00
Cost Center Description						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)					8,081,917	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
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)					16,441	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,410.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					23,192,990	89.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet D-1

Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	15,524,041	133,024,110	0.116701	23,192,990	2,706,645	90.00
91.00	Nursing Program cost	0	133,024,110	0.000000	23,192,990	0	91.00
92.00	Allied health cost	0	133,024,110	0.000000	23,192,990	0	92.00
93.00	All other Medical Education	0	133,024,110	0.000000	23,192,990	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2021 To 08/31/2022	Worksheet D-1 Date/Time Prepared: 1/28/2023 6:30 pm
		Title XIX	Subprovider - IPF	Cost
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)		8,324	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,324	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)		8,324	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)		550	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)		4,956	15.00
16.00	Nursery days (title V or XIX only)		1,941	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)		20,063,352	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)		20,063,352	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)		20,063,352	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)		2,410.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,325,665	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)		1,325,665	41.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

Period:

Worksheet D-1

Component CCN: 14-S242

From 09/01/2021

Date/Time Prepared:

To 08/31/2022

1/28/2023 6:30 pm

			Title XIX		Subprovider - IPF		Cost	
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT		0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	NEONATAL INTENSIVE CARE UNIT		0	0	0.00	0	0	47.00
Cost Center Description							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)						1,325,665	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0242 Component CCN: 14-S242		Period: From 09/01/2021 To 08/31/2022	Worksheet D-1 Date/Time Prepared: 1/28/2023 6:30 pm	
		Title XIX		Subprovider - IPF	Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,876,580	20,063,352	0.143375	0	0	90.00
91.00 Nursing Program cost	0	20,063,352	0.000000	0	0	91.00
92.00 Allied health cost	0	20,063,352	0.000000	0	0	92.00
93.00 All other Medical Education	0	20,063,352	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0242	Period: From 09/01/2021 To 08/31/2022	Worksheet D-3 Date/Time Prepared: 1/28/2023 6:30 pm
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		79,426,406	30.00
31.00	03100	INTENSIVE CARE UNIT		20,026,048	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.122968	53,999,893	50.00
51.00	05100	RECOVERY ROOM	0.148102	5,203,465	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.342050	54,493	52.00
53.00	05300	ANESTHESIOLOGY	0.042905	14,199,762	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132558	11,945,039	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122997	12,322,090	55.00
56.00	05600	RADIOISOTOPE	0.102084	2,352,889	56.00
57.00	05700	CT SCAN	0.021571	27,854,392	57.00
58.00	05800	MRI	0.063145	8,289,018	58.00
60.00	06000	LABORATORY	0.116551	49,044,878	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.325637	4,791,068	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.024002	2,602,674	64.00
65.00	06500	RESPIRATORY THERAPY	0.140290	18,613,357	65.00
66.00	06600	PHYSICAL THERAPY	0.191564	3,837,961	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.166311	2,683,281	67.00
68.00	06800	SPEECH PATHOLOGY	0.194054	2,583,775	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064148	39,900,478	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.111181	4,901,039	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.093148	82,297,434	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.160433	80,365,851	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.120785	100,059,982	73.00
74.00	07400	RENAL DIALYSIS	0.363427	4,443,367	74.00
75.01	07501	CARDIAC REHAB	0.304023	4,043	75.01
75.02	07502	SLEEP LAB	0.000000	0	75.02
75.03	07503	INPATIENT DIALYSIS	0.000000	0	75.03
75.04	07504	PAIN MANAGEMENT	0.614588	14,283	75.04
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.274477	78,128	90.00
90.01	09001	PATIENT TREATMENT CENTER	0.094744	3,378,832	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000	0	90.02
90.03	09003	CANTERA	0.000000	0	90.03
90.04	09004	MENTAL HEALTH O/P	0.170260	243,849	90.04
90.05	09005	WOMENS CLINIC	0.000000	0	90.05
90.06	09006	WOUND CARE	0.112480	19,604	90.06
91.00	09100	EMERGENCY	0.137716	23,327,690	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.438367	6,020,652	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		565,433,267	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)		565,433,267	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0242	Period: From 09/01/2021 To 08/31/2022	Worksheet D-3	
		Component CCN: 14-S242		Date/Time Prepared: 1/28/2023 6:30 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000 SUBPROVIDER - IPF		5,329,139		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.122968	12,262	1,508	50.00
51.00	05100 RECOVERY ROOM	0.148102	158,517	23,477	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.342050	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.042905	36,645	1,572	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.132558	32,141	4,261	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.122997	17,640	2,170	55.00
56.00	05600 RADIOISOTOPE	0.102084	0	0	56.00
57.00	05700 CT SCAN	0.021571	71,223	1,536	57.00
58.00	05800 MRI	0.063145	26,700	1,686	58.00
60.00	06000 LABORATORY	0.116551	462,403	53,894	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.325637	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	0.024002	30,131	723	64.00
65.00	06500 RESPIRATORY THERAPY	0.140290	36,576	5,131	65.00
66.00	06600 PHYSICAL THERAPY	0.191564	8,648	1,657	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.166311	3,207	533	67.00
68.00	06800 SPEECH PATHOLOGY	0.194054	5,632	1,093	68.00
69.00	06900 ELECTROCARDIOLOGY	0.064148	40,743	2,614	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.111181	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.093148	29,651	2,762	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.160433	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.120785	662,434	80,012	73.00
74.00	07400 RENAL DIALYSIS	0.363427	0	0	74.00
75.01	07501 CARDIAC REHAB	0.304023	0	0	75.01
75.02	07502 SLEEP LAB	0.000000	0	0	75.02
75.03	07503 INPATIENT DIALYSIS	0.000000	0	0	75.03
75.04	07504 PAIN MANAGEMENT	0.614588	0	0	75.04
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.274477	0	0	90.00
90.01	09001 PATIENT TREATMENT CENTER	0.094744	92	9	90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	90.02
90.03	09003 CANTERA	0.000000	0	0	90.03
90.04	09004 MENTAL HEALTH O/P	0.170260	292,051	49,725	90.04
90.05	09005 WOMENS CLINIC	0.000000	0	0	90.05
90.06	09006 WOUND CARE	0.112480	0	0	90.06
91.00	09100 EMERGENCY	0.137716	376,204	51,809	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.438367	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,302,900	286,172	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)		2,302,900		202.00

## CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet E  
Part A  
Date/Time Prepared:  
1/28/2023 6:30 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			5,958,413	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			69,271,346	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)			523,769	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			4,037,980	2.04
3.00	Managed Care Simulated Payments			34,213,658	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			301.04	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			1.31	30.00
31.00	Percentage of Medicaid patient days (see instructions)			16.93	31.00
32.00	Sum of lines 30 and 31			18.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)			4.61	33.00
34.00	Disproportionate share adjustment (see instructions)			867,023	34.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part A Date/Time Prepared: 1/28/2023 6:30 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		11,236,367	11,974,993	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		923,539	10,990,744	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		11,914,283		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		92,572,814		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			92,572,814	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			6,624,367	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			988,424	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)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			100,185,605	59.00
60.00	Primary payer payments			33,361	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			100,152,244	61.00
62.00	Deductibles billed to program beneficiaries			6,503,748	62.00
63.00	Coinurance billed to program beneficiaries			297,644	63.00
64.00	Allowable bad debts (see instructions)			1,048,393	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			681,455	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			637,782	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			94,032,307	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
70.01	OTHER ADJUSTMENT PER PS&R			0	70.01
70.02	SEQUESTRATION ADJUSTMENT			0	70.02
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)			-4,536	70.93
70.94	HRR adjustment amount (see instructions)			-6,017	70.94
70.95	Recovery of accelerated depreciation			0	70.95

## CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet E  
Part A  
Date/Time Prepared:  
1/28/2023 6:30 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	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)		94,021,754		71.00
71.01	Sequestration adjustment (see instructions)		554,728		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments		93,232,082		72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)		0		73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		234,944		74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,192,478		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		4,028,618		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		762,245		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part B Date/Time Prepared: 1/28/2023 6:30 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		32,091	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		86,556,321	2.00
3.00	OPPS payments		75,629,026	3.00
4.00	Outlier payment (see instructions)		426,427	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		32,091	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		228,778	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)		228,778	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis 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)		228,778	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		196,687	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)		32,091	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)		76,055,453	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		12,107,289	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)		63,980,255	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)		63,980,255	30.00
31.00	Primary payer payments		1,374	31.00
32.00	Subtotal (line 30 minus line 31)		63,978,881	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		968,129	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		629,284	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		503,559	36.00
37.00	Subtotal (see instructions)		64,608,165	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	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)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		64,608,165	40.00
40.01	Sequestration adjustment (see instructions)		381,188	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		64,156,524	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)		70,453	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		871,221	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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet E  
Part B  
Date/Time Prepared:  
1/28/2023 6:30 pm

Title XVIII

Hospital

PPS

1.00

MEDICARE PART B ANCILLARY COSTS

200.00 Part B Combined Billed Days

0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part B Date/Time Prepared: 1/28/2023 6:30 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,956	2.00
3.00	OPPS payments		2,435	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		2,435	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)		12	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)		2,423	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)		2,423	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,423	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,423	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,423	40.00
40.01	Sequestration adjustment (see instructions)		14	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		2,400	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)		9	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: 14-0242 Component CCN: 14-S242	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part B Date/Time Prepared: 1/28/2023 6:30 pm
Title XVIII	Subprovider - IPF	PPS
		1.00
MEDICARE PART B ANCILLARY COSTS		
200.00	Part B Combined Billed Days	200.00

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet E-1  
Part I  
Date/Time Prepared:  
1/28/2023 6:30 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		93,242,243		64,213,284	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	05/11/2022	10,161	05/11/2022	56,760	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)		-10,161		-56,760	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)		93,232,082		64,156,524	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		234,944		70,453	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		93,467,026		64,226,977	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0242

Period:

Worksheet E-1

Component CCN: 14-S242

From 09/01/2021

Part I

To 08/31/2022

Date/Time Prepared:

1/28/2023 6:30 pm

Title XVIII

Subprovider -

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					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		1,097,686		2,400	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)		0		0	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)		1,097,686		2,400	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		57,774		9	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,155,460		2,409	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2021 To 08/31/2022	Worksheet E-3 Part II Date/Time Prepared: 1/28/2023 6:30 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,164,192 1.00
2.00	Net IPF PPS Outlier Payments			72,302 2.00
3.00	Net IPF PPS ECT Payments			20,658 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	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 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	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 6.00
7.00	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 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			22,805,479 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,257,152 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,257,152 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,257,152 18.00
19.00	Deductibles			131,512 19.00
20.00	Subtotal (line 18 minus line 19)			1,125,640 20.00
21.00	Coinurance			22,472 21.00
22.00	Subtotal (line 20 minus line 21)			1,103,168 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			91,000 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			59,150 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			49,288 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,162,318 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,162,318 31.00
31.01	Sequestration adjustment (see instructions)			6,858 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,097,686 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			57,774 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			72,302 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

## CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet E-3  
Part VII  
Date/Time Prepared:  
1/28/2023 6:30 pm

		Title XIX	Hospital		Cost	
			Inpatient	Outpatient		
			1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES						
COMPUTATION OF NET COST OF COVERED SERVICES						
1.00	Inpatient hospital /SNF/NF services		8,081,917			1.00
2.00	Medical and other services			0		2.00
3.00	Organ acquisition (certified transplant centers only)		0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		8,081,917	0		4.00
5.00	Inpatient primary payer payments		0			5.00
6.00	Outpatient primary payer payments			0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		8,081,917	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES						
Reasonable Charges						
8.00	Routine service charges		0			8.00
9.00	Ancillary service charges		0	0		9.00
10.00	Organ acquisition charges, net of revenue		0			10.00
11.00	Incentive from target amount computation		0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0		12.00
CUSTOMARY CHARGES						
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)		0	0		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		8,081,917	0		18.00
19.00	Interns and Residents (see instructions)		0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.						
22.00	Other than outlier payments		0	0		22.00
23.00	Outlier payments		0	0		23.00
24.00	Program capital payments		0			24.00
25.00	Capital exception payments (see instructions)		0			25.00
26.00	Routine and Ancillary service other pass through costs		0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0			28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
30.00	Excess of reasonable cost (from line 18)		8,081,917	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0		31.00
32.00	Deductibles		0	0		32.00
33.00	Coinurance		0	0		33.00
34.00	Allowable bad debts (see instructions)		0	0		34.00
35.00	Utilization review		0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0		37.00
38.00	Subtotal (line 36 ± line 37)		0	0		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0		40.00
41.00	Interim payments		0	0		41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0		43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2021 To 08/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 1/28/2023 6:30 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	1,325,665		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	1,325,665	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	1,325,665	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	1,325,665	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	1,325,665	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet G

Date/Time Prepared:  
1/28/2023 6:30 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>					
1.00 Cash on hand in banks	1,506,776,890	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	92,412,910	0	0	0	4.00
5.00 Other receivable	3,957,610	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	12,551,580	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	31,884,930	0	0	0	9.00
10.00 Due from other funds	43,580,350	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	1,691,164,270	0	0	0	11.00
<b>FIXED ASSETS</b>					
12.00 Land	35,273,260	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	655,200,710	0	0	0	15.00
16.00 Accumulated depreciation	-197,278,048	0	0	0	16.00
17.00 Leasehold improvements	16,124,340	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	173,193,710	0	0	0	19.00
20.00 Accumulated depreciation	-116,080,612	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)	566,433,360	0	0	0	30.00
<b>OTHER ASSETS</b>					
31.00 Investments	300,600,190	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	82,539,830	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	383,140,020	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	2,640,737,650	0	0	0	36.00
<b>CURRENT LIABILITIES</b>					
37.00 Accounts payable	10,618,190	0	0	0	37.00
38.00 Salaries, wages, and fees payable	29,081,550	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	746,970	0	0	0	43.00
44.00 Other current liabilities	248,035,290	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	288,482,000	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	164,911,650	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	164,911,650	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	453,393,650	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>					
52.00 General fund balance	2,187,344,000				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	2,187,344,000	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	2,640,737,650	0	0	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet G-1

Date/Time Prepared:  
1/28/2023 6:30 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,981,705,690		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		223,593,561				2.00
3.00	Total (sum of line 1 and line 2)		2,205,299,251		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	NET ASSETS RELEASED	0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		2,205,299,251		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	NET EQUITY TRANSFERS	17,955,251		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		17,955,251		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,187,344,000		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	NET ASSETS RELEASED		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	NET EQUITY TRANSFERS		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: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
1/28/2023 6:30 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	283,143,155		283,143,155	1.00
2.00	SUBPROVIDER - IPF	45,022,417		45,022,417	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	328,165,572		328,165,572	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	65,603,972		65,603,972	11.00
12.00	CORONARY CARE UNIT	21,870,624		21,870,624	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	67,109,366		67,109,366	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	154,583,962		154,583,962	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	482,749,534		482,749,534	17.00
18.00	Ancillary services	1,185,384,906	3,111,600,087	4,296,984,993	18.00
19.00	Outpatient services	396,865,394	1,086,269,185	1,483,134,579	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,064,999,834	4,197,869,272	6,262,869,106	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,011,522,677		29.00
30.00	BAD DEBTS	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)		1,011,522,677		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet G-3

Date/Time Prepared:  
1/28/2023 6:30 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	6,262,869,106	1.00
2.00	Less contractual allowances and discounts on patients' accounts	5,079,132,260	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,183,736,846	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,011,522,677	4.00
5.00	Net income from service to patients (line 3 minus line 4)	172,214,169	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	TRAINING PROGRAM	81,864	24.00
24.01	WORKSHOPS CONFERENCES ETC	0	24.01
24.02	NON-GOVT GRANT REVENUE	383,844	24.02
24.03	FEDERAL GRANT REVENUE	14,394	24.03
24.04	STATE GRANT REVENUE	0	24.04
24.05	NET ASSETS REL FR RESTR - OP	1,621,694	24.05
24.06	DIETARY GUEST TRAYS	0	24.06
24.07	FEINBERG CAFETERIA REVENUE	0	24.07
24.08	CDH CAFETERIA REVENUE	2,401,668	24.08
24.09	BUILDING RENT NON NMFF/NU	3,672,199	24.09
24.10	INTERCOMPANY RENT INCOME	16,023,450	24.10
24.11	IC CORP REVENUE	6,167,890	24.11
24.12	CORPORATE BILLING ADJUSTMENT	11,455,291	24.12
24.13	SHARED SERVICES INCOME ELO04	171,675	24.13
24.15	INSTYMEDS REVENUE	0	24.15
24.16	OTHER SERVICE REVENUE	454,543	24.16
24.18	RECOVERY LIVING REVENUE	0	24.18
24.19	NON-PATIENT MEDICAL SUPPLIES	23,615	24.19
24.20	GIFT SHOP SALES - BED TOWER	310,178	24.20
24.21	GIFT SHOP SALES - MOTHER/BABY	0	24.21
24.22	AUXILIARY - BABY PHOTOS	0	24.22
24.23	GIFT SHOP SALES	0	24.23
24.25	COST OF CONSIGNMENT SALE	0	24.25
24.26	NEWSPAPER	0	24.26
24.27	OTHER OPERATING INCOME	3,548,626	24.27
24.50	COVID-19 PHE Funding	7,538,226	24.50
25.00	Total other income (sum of lines 6-24)	53,869,157	25.00
26.00	Total (line 5 plus line 25)	226,083,326	26.00
27.00	NON OPERATING	2,489,765	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2,489,765	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	223,593,561	29.00

## CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0242

Period:  
From 09/01/2021  
To 08/31/2022Worksheet L  
Parts I-III  
Date/Time Prepared:  
1/28/2023 6:30 pm

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	5,729,916	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	679,006	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)	269.39	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)	1.31	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	16.93	8.00
9.00	Sum of lines 7 and 8	18.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)	3.76	10.00
11.00	Disproportionate share adjustment (see instructions)	215,445	11.00
12.00	Total prospective capital payments (see instructions)	6,624,367	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