

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

FORM APPROVED
OMB NO. 0938-0050
EXPIRES: 09-30-2028

COMMUNITY MEDICAL CENTER

Provider CCN: 31-0041

Period:

From: 01/01/2025

To: 12/31/2025

Run Date Time:

5/14/2026 10:41

MCRIF32

2552-10

Version:

25.3.181.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

**Worksheet S
Parts I, II & III****PART I - COST REPORT STATUS**

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

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY MEDICAL CENTER, 31-0041 {Provider Name(s) and Number(s)} for the cost reporting period beginning 01/01/2025 and ending 12/31/2025 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	<i>Richard Henwood</i>	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:	RICHARD HENWOOD		2
3	Signatory Title:	VP CORP REIMBURSEMENT		3
4	Signature Date:	(Dated when report is electronically signed.)		4

PART III - SETTLEMENT SUMMARY

		Title XVIII					
		Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
1.00	HOSPITAL	0	-7,443,845	3,719,643	0	-1,785,286	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	0	0		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	544	-8,258		0	7.00
200.00	TOTAL	0	-7,443,301	3,711,385	0	-1,785,286	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplemental to Form CMS 2552-10, Worksheet S-12, is OMB 0938-1486. The time required to complete this information collection is estimated to be 685 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s), or suggestions for improving this 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.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I

PART I - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX IDENTIFICATION DATA

Hospital and Hospital Health Care Complex Address:											
1.00	Street:	99 ROUTE 37S	P.O. Box:								1.00
2.00	City:	TOMS RIVER	State:	NJ	ZIP Code:	08755-6423	County	OCEAN			2.00
Hospital and Hospital-Based Component Identification:											
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	V	XVIII	XIX		
3.00	Hospital	COMMUNITY MEDICAL CENTER	310041	29484	1 - General Short Term	07/01/1967	N	P	T	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF									5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF									7.00	
8.00	Swing Beds - NF									8.00	
9.00	Hospital-Based SNF	COMMUNITY MEDICAL CENTER	315490	29484		02/10/2005	N	P	O	9.00	
10.00	Hospital-Based NF									10.00	
11.00	Hospital-Based OLT/C									11.00	
12.00	Hospital-Based HHA									12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice									14.00	
15.00	Hospital-Based Health Clinic - RHC									15.00	
16.00	Hospital-Based Health Clinic - FQHC									16.00	
17.00	Hospital-Based (CMHC) I									17.00	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	From: 01/01/2025	To: 12/31/2025								20.00
21.00	Type of Control (see instructions)	2 - Voluntary Nonprofit, Other									21.00
Inpatient PPS Information											
		1.00	2.00	3.00							
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.	N	N		22.00						
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01						
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02						
22.03	Did this hospital receive a geographic redesignation from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015 or FY2025? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	N	22.03						
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				22.04						
22.05	Did this hospital receive a geographic reclassification from urban to rural in accordance with 42 CFR 412.103? Enter in column 1, "Y" for yes or "N" for no. If column 1 is Y, enter the effective date of the geographic reclassification in column 2.	N			22.05						
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	Y		23.00						

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,035	1,258	27	51	12,172	379	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 Status	Date of Geographic Reclassification	
						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
							1.00	
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
						Beginning:	Ending:	
						1.00	2.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
Prospective Payment System (PPS)-Capital								
				V	XVIII	XIX		
				1.00	2.00	3.00		
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)			N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.			N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.			N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.			N	N	N		48.00

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Worksheet S-2
Part I

Teaching Hospitals						
		V	XVIII	XIX		
		1.00	2.00	3.00		
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.	Y	Y			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.	Y				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
				1.00		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)			N		63.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I

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.

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

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
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)		1.80	63.38	0.027616	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)	INTERNAL MEDICINE	1400	0.61	38.17	0.015730

Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)

		1.00	
68.00	For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		68.00

Inpatient Psychiatric Facility PPS

		1.00	2.00	3.00	
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00

Inpatient Rehabilitation Facility PPS

		N			75.00
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.				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

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Worksheet S-2
Part I

Long Term Care Hospital PPS				
			1.00	
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00
		Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
		1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.	N	0	88.00
		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
		1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00		0 89.00
Title V and XIX Services				
			V	XIX
			1.00	2.00
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y 90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y 91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N 92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N 93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	Y 94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	10.00 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	Y 96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	5.80 97.00
			V	XIX
			1.00	2.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y 98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y 98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y 98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N 98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N 98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y 98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y 98.06
Rural Providers				
			1.00	2.00
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
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)			107.01
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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I

		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110.00
				1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N		111.00
		1.00	2.00	3.00		
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	5,608,995		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
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.		Y	N		123.00
124.00	Did the hospital incur cost, either directly or through a contract with an outside supplier, to establish and maintain access to no less than a 6-month buffer stock of one or more essential medicines according to 42 CFR 412.113(g)? Enter "Y" for yes or "N" for no.		N			124.00
Certified Transplant Center Information						
			1.00	2.00		
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	Removed and reserved					133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
			1.00	2.00		
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	H53560		140.00
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: RWJBARNABAS HEALTH	Contractor's Name: NOVITAS SOLUTIONS	Contractor's Number: 12001			141.00
142.00	Street: 95 OLD SHORT HILLS ROAD	P.O. Box:				142.00
143.00	City: WEST ORANGE	State: NJ	Zip Code: 07052			143.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I

		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.		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			
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)						
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
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
Multicampus						
		1.00				
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00
	Name	County	State	Zip Code	CBSA	FTE/Campus
	0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
		1.00				
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
		Beginning	Ending			
		1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170.00
		1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N				0

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HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Worksheet S-2
Part II

PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.

COMPLETED BY ALL HOSPITALS

		Y/N	Date		
		1.00	2.00		

Provider Organization and Operation

1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	

Financial Data and Reports

4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/01/2026	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	

Approved Educational Activities

6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	

Bad Debts

12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.		N		14.00

Bed Complement

15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00

PS&R Data

16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, in columns 2 and 4, from the PS&R used to prepare this cost report, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date.(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, in columns 2 and 4, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	Y	04/01/2026	Y	04/01/2026	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00
		Description	Y/N	Date	Y/N	Date
		0	1.00	2.00	3.00	4.00
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

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HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Worksheet S-2
Part II

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
			1.00	
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	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.	RICHARD	HENWOOD	VP OF CORPORATE REIMBURSEMENT
42.00	Enter the employer/company name of the cost report preparer.	RWJBARNABAS HEALTH		
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	732-923-8074	RICH.HENWOOD@RWJBH.ORG	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Worksheet S-3
Part I

	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
PART I - STATISTICAL DATA										
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	267	97,455	0.00	0	28,581	874	70,907	1.00
2.00	HMO and other (see instructions)						38,735	11,793		2.00
3.00	HMO IPF Subprovider						0	0		3.00
4.00	HMO IRF Subprovider						0	0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	0	0	0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0		0	0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		267	97,455	0.00	0	28,581	874	70,907	7.00
8.00	INTENSIVE CARE UNIT	31.00	165	60,225	0.00	0	20,798	779	44,922	8.00
9.00	CORONARY CARE UNIT									9.00
10.00	BURN INTENSIVE CARE UNIT									10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	12	4,380	0.00	0	1,426	0	3,448	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)									12.00
13.00	NURSERY	43.00				0		2,409	4,839	13.00
14.00	Total (see instructions)		444	162,060	0.00	0	50,805	4,062	124,116	14.00
15.00	CAH visits					0	0	0	0	15.00
15.10	REH hours and visits				0.00	0	0	0	0	15.10
16.00	SUBPROVIDER - IPF									16.00
17.00	SUBPROVIDER - IRF									17.00
18.00	SUBPROVIDER									18.00
19.00	SKILLED NURSING FACILITY	44.00	25	9,125		0	4,265	0	7,807	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							0	24.10
25.00	CMHC - CMHC									25.00
26.00	RURAL HEALTH CLINIC									26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	0	0	0	26.25
27.00	Total (sum of lines 14-26)		469							27.00
28.00	Observation Bed Days					0		0	125	28.00
29.00	Ambulance Trips						0			29.00
30.00	Employee discount days (see instruction)								1,079	30.00
31.00	Employee discount days - IRF								0	31.00
32.00	Labor & delivery days (see instructions)		0	0			0	67	1,204	32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								0	32.01
33.00	LTCH non-covered days						0			33.00
33.01	LTCH site neutral days and discharges						0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care									34.00

COMMUNITY MEDICAL CENTER			Period:	Run Date Time:
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Worksheet S-3
Part I

	Component	Full Time Equivalents			Discharges					
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients		
		9.00	10.00	11.00	12.00	13.00	14.00	15.00		
PART I - STATISTICAL DATA										
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)				0	8,364	529	24,898		1.00
2.00	HMO and other (see instructions)					6,323	3,885			2.00
3.00	HMO IPF Subprovider						0			3.00
4.00	HMO IRF Subprovider						0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF									5.00
6.00	Hospital Adults & Peds. Swing Bed NF									6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)									7.00
8.00	INTENSIVE CARE UNIT									8.00
9.00	CORONARY CARE UNIT									9.00
10.00	BURN INTENSIVE CARE UNIT									10.00
11.00	SURGICAL INTENSIVE CARE UNIT									11.00
12.00	OTHER SPECIAL CARE (SPECIFY)									12.00
13.00	NURSERY									13.00
14.00	Total (see instructions)	103.95	2,058.54	0.00	0	8,364	529	24,898		14.00
15.00	CAH visits									15.00
15.10	REH hours and visits									15.10
16.00	SUBPROVIDER - IPF									16.00
17.00	SUBPROVIDER - IRF									17.00
18.00	SUBPROVIDER									18.00
19.00	SKILLED NURSING FACILITY	0.00	43.13	0.00						19.00
20.00	NURSING FACILITY									20.00
21.00	OTHER LONG TERM CARE									21.00
22.00	HOME HEALTH AGENCY									22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)									23.00
24.00	HOSPICE									24.00
24.10	HOSPICE (non-distinct part)									24.10
25.00	CMHC - CMHC									25.00
26.00	RURAL HEALTH CLINIC									26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00						26.25
27.00	Total (sum of lines 14-26)	103.95	2,101.67	0.00						27.00
28.00	Observation Bed Days									28.00
29.00	Ambulance Trips									29.00
30.00	Employee discount days (see instruction)									30.00
31.00	Employee discount days - IRF									31.00
32.00	Labor & delivery days (see instructions)									32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33.00	LTCH non-covered days					0				33.00
33.01	LTCH site neutral days and discharges					0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care									34.00

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HOSPITAL WAGE INDEX INFORMATION

Worksheet S-3
Part II

PART II - WAGE DATA

		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	
SALARIES								
1.00	Total salaries (see instructions)	200.00	208,886,652	-2,887,944	205,998,708	4,372,403.00	47.11	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		260,112	0	260,112	905.00	287.42	4.00
4.01	Physicians - Part A - Teaching		63,003	0	63,003	146.00	431.53	4.01
5.00	Physician and Non Physician-Part B		736,725	0	736,725	7,792.00	94.55	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	8,821,097	8,821,097	239,448.00	36.84	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	4,657,940	-336	4,657,604	90,768.16	51.31	9.00
10.00	Excluded area salaries (see instructions)		345,140	77,270	422,410	17,340.77	24.36	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		7,202,808	0	7,202,808	59,819.00	120.41	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		4,169,845	0	4,169,845	9,106.00	457.92	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		48,789,623	0	48,789,623	577,385.05	84.50	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
15.01	Home office Physicians Part A - Administrative		0	0	0	0.00	0.00	15.01
15.02	Home office contract Physicians Part A - Administrative		0	0	0	0.00	0.00	15.02
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		59,211,333	0	59,211,333			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		1,524,772	0	1,524,772			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		538	0	538			22.00
22.01	Physician Part A - Teaching		21,028	0	21,028			22.01
23.00	Physician Part B		29,336	0	29,336			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		881,536	0	881,536			25.00
25.50	Home office wage-related (core)		9,335,738	0	9,335,738			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	406,826	-4,120	402,706	6,852.83	58.76	26.00
27.00	Administrative & General	5.00	13,289,824	-1,553,553	11,736,271	178,394.82	65.79	27.00
28.00	Administrative & General under contract (see inst.)		2,430,831	0	2,430,831	9,798.00	248.09	28.00
29.00	Maintenance & Repairs	6.00	290,172	0	290,172	6,170.39	47.03	29.00
30.00	Operation of Plant	7.00	4,725,709	0	4,725,709	150,693.95	31.36	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	3,511,272	0	3,511,272	179,724.29	19.54	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	4,013,620	-919,966	3,093,654	127,506.03	24.26	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00

HOSPITAL WAGE INDEX INFORMATION

Worksheet S-3
Part II

PART II - WAGE DATA								
		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	
36.00	Cafeteria	11.00	0	916,378	916,378	37,725.00	24.29	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,745,093	0	4,745,093	74,050.01	64.08	38.00
39.00	Central Services and Supply	14.00	2,311,389	0	2,311,389	81,443.94	28.38	39.00
40.00	Pharmacy	15.00	7,305,776	-1,364	7,304,412	129,283.55	56.50	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	3,447,477	0	3,447,477	64,913.17	53.11	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

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HOSPITAL WAGE INDEX INFORMATION

Worksheet S-3
Part III

PART III - HOSPITAL WAGE INDEX SUMMARY								
		Worksheet A Line Number	Amount Reported	Reclassification 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	
1.00	Net salaries (see instructions)		210,517,755	-11,709,041	198,808,714	4,134,815.00	48.08	1.00
2.00	Excluded area salaries (see instructions)		5,003,080	76,934	5,080,014	108,108.93	46.99	2.00
3.00	Subtotal salaries (line 1 minus line 2)		205,514,675	-11,785,975	193,728,700	4,026,706.07	48.11	3.00
4.00	Subtotal other wages & related costs (see inst.)		60,162,276	0	60,162,276	646,310.05	93.09	4.00
5.00	Subtotal wage-related costs (see inst.)		68,547,609	0	68,547,609	0.00	35.38	5.00
6.00	Total (sum of lines 3 thru 5)		334,224,560	-11,785,975	322,438,585	4,673,016.12	69.00	6.00
7.00	Total overhead cost (see instructions)		46,477,989	-1,562,625	44,915,364	1,046,555.98	42.92	7.00

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HOSPITAL WAGE RELATED COSTS

Worksheet S-3
Part IV

PART IV - WAGE RELATED COSTS		
Part A - Core List		
		Amount Reported
		1.00
RETIREMENT COST		
1.00	401K Employer Contributions	8,570,564 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	397,314 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,800,140 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	2,109,618 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)	29,818,299 8.02
8.03	Health Insurance (Purchased)	0 8.03
9.00	Prescription Drug Plan	0 9.00
10.00	Dental, Hearing and Vision Plan	427,343 10.00
11.00	Life Insurance (If employee is owner or beneficiary)	150,686 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)	905,879 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	408,671 14.00
15.00	Workers' Compensation Insurance	1,315,187 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0 16.00
TAXES		
17.00	FICA-Employers Portion Only	14,972,117 17.00
18.00	Medicare Taxes - Employers Portion Only	0 18.00
19.00	Unemployment Insurance	219,149 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	573,538 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	61,668,505 24.00
Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	25.00

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

Worksheet S-3
Part V

PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
		Contract Labor	Benefit Cost	
		1.00	2.00	
1.00	Total facility's contract labor and benefit cost	7,202,808	61,668,505	1.00
2.00	Hospital	7,202,808	61,668,505	2.00
3.00	SUBPROVIDER - IPF			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	0	0	8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	0	18.00

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Worksheet S-10
Parts I - II

PART I - HOSPITAL AND HOSPITAL COMPLEX DATA

Uncompensated and Indigent Care Cost-to-Charge Ratio

		1.00	
1.00	Cost to charge ratio (see instructions)	0.169185	1.00
Medicaid (see instructions for each line)			
2.00	Net revenue from Medicaid	47,710,201	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	3,049,990	5.00
6.00	Medicaid charges	364,610,212	6.00
7.00	Medicaid cost (line 1 times line 6)	61,686,579	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)	10,926,388	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)			
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)	0	12.00
Other state or local government indigent care program (see instructions for each line)			
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)	0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)			
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	10,926,388	19.00
Uncompensated care cost (see instructions for each line)			
		Uninsured patients	Insured patients
		1.00	2.00
			Total (col. 1 + col. 2)
			3.00
20.00	Charity care charges and uninsured discounts (see instructions)	94,902,324	1,535,963
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	16,056,050	289,427
22.00	Payments received from patients for amounts previously written off as charity care	0	0
23.00	Cost of charity care (see instructions)	16,056,050	289,427
			1.00
24.00	Does the amount on line 20 col. 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
25.01	Charges for insured patients' liability (see instructions)	1,500,377	25.01
26.00	Bad debt amount (see instructions)	22,978,817	26.00
27.00	Medicare reimbursable bad debts (see instructions)	1,468,545	27.00
27.01	Medicare allowable bad debts (see instructions)	2,259,299	27.01
28.00	Non-Medicare bad debt amount (see instructions)	20,719,518	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)	4,296,186	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)	20,641,663	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	31,568,051	31.00

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Worksheet S-10
Parts I - II

PART II - HOSPITAL DATA					
Uncompensated and Indigent Care Cost-to-Charge Ratio					
1.00	Cost to charge ratio (see instructions)		1.00		
			0.167388		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid				2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid				5.00
6.00	Medicaid charges				6.00
7.00	Medicaid cost (line 1 times line 6)				7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)				8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP				9.00
10.00	Stand-alone CHIP charges				10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)				11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)				12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)				13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)				14.00
15.00	State or local indigent care program cost (line 1 times line 14)				15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)				16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care				17.00
18.00	Government grants, appropriations or transfers for support of hospital operations				18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)				19.00
Uncompensated care cost (see instructions for each line)					
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges and uninsured discounts (see instructions)	94,902,324	1,533,595	96,435,919	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	15,885,510	284,363	16,169,873	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (see instructions)	15,885,510	284,363	16,169,873	23.00
				1.00	
24.00	Does the amount on line 20 col. 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
25.01	Charges for insured patients' liability (see instructions)			1,500,377	25.01
26.00	Bad debt amount (see instructions)			22,932,688	26.00
27.00	Medicare reimbursable bad debts (see instructions)			1,468,545	27.00
27.01	Medicare allowable bad debts (see instructions)			2,259,299	27.01
28.00	Non-Medicare bad debt amount (see instructions)			20,673,389	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			4,251,231	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			20,421,104	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			20,421,104	31.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments (See A-8)	Net Expenses For Allocation	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS-BLDG & FIXT		14,534,733	14,534,733	2,339,939	16,874,672	-21,117	16,853,555	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		13,414,903	13,414,903	1,996,835	15,411,738	-19,491	15,392,247	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	406,826	35,839,591	36,246,417	3,949,815	40,196,232	2,040,089	42,236,321	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,289,824	126,540,752	139,830,576	-3,496,369	136,334,207	-8,736,978	127,597,229	5.00
6.00	00600	MAINTENANCE & REPAIRS	290,172	859,738	1,149,910	0	1,149,910	0	1,149,910	6.00
7.00	00700	OPERATION OF PLANT	4,725,709	10,263,527	14,989,236	-16,178	14,973,058	-151,018	14,822,040	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,558,028	1,558,028	0	1,558,028	8.00
9.00	00900	HOUSEKEEPING	3,511,272	2,357,132	5,868,404	-101,892	5,766,512	0	5,766,512	9.00
10.00	01000	DIETARY	4,013,620	3,825,142	7,838,762	-1,821,292	6,017,470	-371	6,017,099	10.00
11.00	01100	CAFETERIA	0	0	0	1,789,724	1,789,724	-1,616,545	173,179	11.00
13.00	01300	NURSING ADMINISTRATION	4,745,093	747,437	5,492,530	-106,489	5,386,041	-12,074	5,373,967	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,311,389	3,245,462	5,556,851	-1,042,661	4,514,190	-33,250	4,480,940	14.00
15.00	01500	PHARMACY	7,305,776	50,580,683	57,886,459	-48,661,184	9,225,275	-2,387	9,222,888	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,447,477	2,450,058	5,897,535	0	5,897,535	-26,682	5,870,853	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	8,821,097	8,821,097	0	8,821,097	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	10,607,436	4,431,965	15,039,401	-10,038,614	5,000,787	-32,487	4,968,300	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENT	130,547	32,967	163,514	77,270	240,784	-2,638	238,146	23.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	38,590,578	15,149,839	53,740,417	-5,292,406	48,448,011	-194,503	48,253,508	30.00
31.00	03100	INTENSIVE CARE UNIT	29,213,568	5,996,358	35,209,926	-1,614,027	33,595,899	-2,487,878	31,108,021	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,946,825	1,052,820	4,999,645	-665,530	4,334,115	-2,670	4,331,445	34.00
43.00	04300	NURSERY	1,521,045	6,888	1,527,933	2,690,013	4,217,946	-586	4,217,360	43.00
44.00	04400	SKILLED NURSING FACILITY	4,657,940	1,946,335	6,604,275	-1,292,701	5,311,574	-43,349	5,268,225	44.00
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	11,608,910	33,381,560	44,990,470	-30,143,533	14,846,937	-533,706	14,313,231	50.00
51.00	05100	RECOVERY ROOM	1,983,754	143,824	2,127,578	-2,252	2,125,326	-5,877	2,119,449	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,707,335	1,029,507	5,736,842	-662,672	5,074,170	-3,735	5,070,435	52.00
52.01	03190	OP INFUSION	1,810,446	377,428	2,187,874	-273,760	1,914,114	-3,560	1,910,554	52.01
53.00	05300	ANESTHESIOLOGY	122,268	3,955,298	4,077,566	-635,408	3,442,158	-3,181,027	261,131	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,769,870	6,339,364	15,109,234	-3,039,288	12,069,946	-2,219,915	9,850,031	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,333,814	772,570	5,106,384	655,670	5,762,054	-99,792	5,662,262	55.00
56.00	05600	RADIOISOTOPE	575,006	1,765,403	2,340,409	57,614	2,398,023	-373	2,397,650	56.00
57.00	05700	CT SCAN	2,432,936	1,005,495	3,438,431	232,443	3,670,874	-6,598	3,664,276	57.00
58.00	05800	MRI	1,031,754	228,575	1,260,329	98,816	1,359,145	-3,283	1,355,862	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,744,629	10,623,282	14,367,911	-9,132,981	5,234,930	-36,428	5,198,502	59.00
60.00	06000	LABORATORY	0	21,322,373	21,322,373	150,478	21,472,851	-696,599	20,776,252	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,460,840	1,295,510	5,756,350	-407,588	5,348,762	-5,680	5,343,082	65.00
66.00	06600	PHYSICAL THERAPY	2,242,958	48,942	2,291,900	-1,900	2,290,000	-7,686	2,282,314	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,336,957	1,692	1,338,649	18,254	1,356,903	-1,137	1,355,766	67.00
68.00	06800	SPEECH PATHOLOGY	422,396	1,649	424,045	3,011	427,056	-1,126	425,930	68.00
69.00	06900	ELECTROCARDIOLOGY	3,045,867	995,894	4,041,761	-209,435	3,832,326	-323,499	3,508,827	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,496,877	1,007,962	2,504,839	-25,282	2,479,557	-524,813	1,954,744	70.00
70.01	07001	SLEEP LAB	25,000	0	25,000	41,113	66,113	-66,113	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,755,995	28,755,995	-2,014	28,753,981	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,501,723	23,501,723	-2,474	23,499,249	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	48,583,791	48,583,791	-4,384	48,579,407	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	355,978	355,978	0	355,978	0	355,978	75.00
76.97	07697	CARDIAC REHABILITATION	737,887	49,510	787,397	-7,173	780,224	-7,803	772,421	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	29,208	29,208	-19,874	9,334	-314	9,020	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	0	78.00

COMMUNITY MEDICAL CENTER			Period:	Run Date Time:	5/14/2026 10:41
Provider CCN: 31-0041			From: 01/01/2025	MCRIF32	2552-10
			To: 12/31/2025	Version:	25.3.181.0

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments (See A-8)	Net Expenses For Allocation	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	691,420	473,493	1,164,913	-400,847	764,066	-14,406	749,660	90.00
91.00	09100	EMERGENCY	17,426,767	4,248,931	21,675,698	-2,199,662	19,476,036	-110,030	19,366,006	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART								92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	2,949,271	263,457	3,212,728	-156,879	3,055,849	-825	3,055,024	92.01
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS										
113.00	11300	INTEREST EXPENSE		3,853,752	3,853,752	-3,853,752	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	208,672,059	386,846,987	595,519,046	0	595,519,046	-19,207,132	576,311,914	118.00
NONREIMBURSABLE COST CENTERS										
194.00	07950	MISCELLANEOUS	0	0	0	0	0	0	0	194.00
194.01	07951	PUBLIC RELATIONS	0	357	357	0	357	0	357	194.01
194.03	07952	LIGHTHOUSE	58,874	617	59,491	0	59,491	0	59,491	194.03
194.04	07953	KIDS & FAMILY	0	0	0	0	0	0	0	194.04
194.05	07954	OTHER NON REIMBURABLE	155,719	163,447	319,166	0	319,166	0	319,166	194.05
194.06	07955	GRANTS/TRIALS	0	2,140,854	2,140,854	0	2,140,854	0	2,140,854	194.06
194.07	07956	RETAIL PHARMACY	0	0	0	0	0	0	0	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	208,886,652	389,152,262	598,038,914	0	598,038,914	-19,207,132	578,831,782	200.00

COMMUNITY MEDICAL CENTER				Period:	Run Date Time:
Provider CCN: 31-0041				From: 01/01/2025	5/14/2026 10:41
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					Version: 25.3.181.0

RECLASSIFICATIONS

Worksheet A-6

Increases					Decreases						
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other		Wkst. A-7 Ref.	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	10.00		
A - MEDICAL SURGICAL SUPPLIES											
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	28,755,995	ADMINISTRATIVE & GENERAL	5.00	0	14,871	0	1.00	
2.00		0.00	0	0	OPERATION OF PLANT	7.00	0	16,178	0	2.00	
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	101,892	0	3.00	
4.00		0.00	0	0	DIETARY	10.00	0	6,199	0	4.00	
5.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	106,382	0	5.00	
6.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	917,305	0	6.00	
7.00		0.00	0	0	PHARMACY	15.00	0	60,831	0	7.00	
8.00		0.00	0	0	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	4,791	0	8.00	
9.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	2,403,319	0	9.00	
10.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	1,369,104	0	10.00	
11.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	638,654	0	11.00	
12.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	149,127	0	12.00	
13.00		0.00	0	0	OPERATING ROOM	50.00	0	13,089,502	0	13.00	
14.00		0.00	0	0	RECOVERY ROOM	51.00	0	66,359	0	14.00	
15.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	428,708	0	15.00	
16.00		0.00	0	0	OP INFUSION	52.01	0	180,698	0	16.00	
17.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	630,739	0	17.00	
18.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,641,375	0	18.00	
19.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	50,277	0	19.00	
20.00		0.00	0	0	RADIOISOTOPE	56.00	0	4,017	0	20.00	
21.00		0.00	0	0	CT SCAN	57.00	0	166,446	0	21.00	
22.00		0.00	0	0	MRI	58.00	0	23,714	0	22.00	
23.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	3,637,864	0	23.00	
24.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	464,606	0	24.00	
25.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	14,321	0	25.00	
26.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	246,497	0	26.00	
27.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	59,153	0	27.00	
28.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	7,178	0	28.00	
29.00		0.00	0	0	CLINIC	90.00	0	239,960	0	29.00	
30.00		0.00	0	0	EMERGENCY	91.00	0	1,904,331	0	30.00	
31.00		0.00	0	0	OBSERVATION BEDS-DISTINCT	92.01	0	111,597	0	31.00	
Totals			0	28,755,995			0	28,755,995			
B - IMPLANTABLES											
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		23,501,723	CENTRAL SERVICES & SUPPLY	14.00		5,563	0	1.00	
2.00		0.00	0	0	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00		10,257	0	2.00	
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00		2,204	0	3.00	
4.00		0.00	0	0	INTENSIVE CARE UNIT	31.00		15,166	0	4.00	
5.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00		7,343	0	5.00	
6.00		0.00	0	0	SKILLED NURSING FACILITY	44.00		57	0	6.00	
7.00		0.00	0	0	OPERATING ROOM	50.00		17,083,235	0	7.00	
8.00		0.00	0	0	RECOVERY ROOM	51.00		60	0	8.00	
9.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00		48	0	9.00	
10.00		0.00	0	0	ANESTHESIOLOGY	53.00		4,669	0	10.00	
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00		605,032	0	11.00	
12.00		0.00	0	0	RADIOISOTOPE	56.00		151	0	12.00	
13.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00		5,553,158	0	13.00	
14.00		0.00	0	0	ELECTROCARDIOLOGY	69.00		8,634	0	14.00	
15.00		0.00	0	0	CLINIC	90.00		196,623	0	15.00	
16.00		0.00	0	0	EMERGENCY	91.00		9,523	0	16.00	
Totals			0	23,501,723			0	23,501,723			
C - DRUGS AND IV SOLUTIONS											
1.00	DRUGS CHARGED TO PATIENTS	73.00		48,583,791	NURSING ADMINISTRATION	13.00		107	0	1.00	

COMMUNITY MEDICAL CENTER				Period:	Run Date Time:
Provider CCN: 31-0041				From: 01/01/2025	5/14/2026 10:41
				To: 12/31/2025	MCRIF32 2552-10 Version: 25.3.181.0

RECLASSIFICATIONS

Worksheet A-6

Increases					Decreases						
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00		
2.00		0.00	0	0	PHARMACY	15.00		48,523,903	0	2.00	
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00		3,538	0	3.00	
4.00		0.00	0	0	INTENSIVE CARE UNIT	31.00		1,349	0	4.00	
5.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00		11	0	5.00	
6.00		0.00	0	0	OPERATING ROOM	50.00		16,954	0	6.00	
7.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00		2,852	0	7.00	
8.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00		3	0	8.00	
9.00		0.00	0	0	RADIOISOTOPE	56.00		3,777	0	9.00	
10.00		0.00	0	0	RESPIRATORY THERAPY	65.00		5,311	0	10.00	
11.00		0.00	0	0	ELECTROCARDIOLOGY	69.00		25,190	0	11.00	
12.00		0.00	0	0	CLINIC	90.00		17	0	12.00	
13.00		0.00	0	0	EMERGENCY	91.00		757	0	13.00	
14.00		0.00	0	0	OBSERVATION BEDS-DISTINCT	92.01		22	0	14.00	
	Totals		0	48,583,791			0	48,583,791			
D - BLOOD											
1.00	LABORATORY	60.00		150,698	OPERATING ROOM	50.00		71,161	0	1.00	
2.00		0.00	0	0	OP INFUSION	52.01		77,938	0	2.00	
3.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00		1,599	0	3.00	
	Totals		0	150,698			0	150,698			
E - INTEREST EXPENSE											
1.00	CAP REL COSTS-BLDG & FIXT	1.00		2,004,078	INTEREST EXPENSE	113.00		3,853,752	11	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00		1,849,674		0.00	0	0	11	2.00	
	Totals		0	3,853,752			0	3,853,752			
F - PROPERTY INSURANCE											
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	335,861	ADMINISTRATIVE & GENERAL	5.00	0	483,022	12	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	147,161		0.00	0	0	12	2.00	
	Totals		0	483,022			0	483,022			
G - RADIOLOGY RNS											
1.00	RADIOLOGY-THERAPEUTIC	55.00	706,878	0	RADIOLOGY-DIAGNOSTIC	54.00	783,653	0	0	1.00	
2.00	RADIOISOTOPE	56.00	76,775	0		0.00	0	0	0	2.00	
	Totals		783,653	0			783,653	0			
H - DIETARY											
1.00	CAFETERIA	11.00	916,378	873,346	DIETARY	10.00	916,378	873,346	0	1.00	
	Totals		916,378	873,346			916,378	873,346			
J - LINEN											
1.00	LAUNDRY & LINEN SERVICE	8.00		1,558,028	DIETARY	10.00		25,369	0	1.00	
2.00	PHARMACY	15.00		820	CENTRAL SERVICES & SUPPLY	14.00		119,793	0	2.00	
3.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00		308	ADULTS & PEDIATRICS	30.00		377,265	0	3.00	
4.00	RADIOLOGY-THERAPEUTIC	55.00		101	INTENSIVE CARE UNIT	31.00		279,765	0	4.00	
5.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00		25,227	0	5.00	
6.00		0.00	0	0	SKILLED NURSING FACILITY	44.00		25,275	0	6.00	
7.00		0.00	0	0	OPERATING ROOM	50.00		86,522	0	7.00	
8.00		0.00	0	0	RECOVERY ROOM	51.00		17,177	0	8.00	
9.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00		45,737	0	9.00	
10.00		0.00	0	0	OP INFUSION	52.01		15,124	0	10.00	
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00		91,435	0	11.00	
12.00		0.00	0	0	RADIOISOTOPE	56.00		12,171	0	12.00	
13.00		0.00	0	0	MRI	58.00		11,483	0	13.00	
14.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00		12,769	0	14.00	
15.00		0.00	0	0	LABORATORY	60.00		220	0	15.00	
16.00		0.00	0	0	PHYSICAL THERAPY	66.00		12,653	0	16.00	
17.00		0.00	0	0	ELECTROCARDIOLOGY	69.00		15,515	0	17.00	
18.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00		8,752	0	18.00	

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RECLASSIFICATIONS

Worksheet A-6

Increases					Decreases						
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00		
19.00		0.00	0	0	HYPERBARIC OXYGEN THERAPY	76.98		19,874	0	19.00	
20.00		0.00	0	0	EMERGENCY	91.00		311,871	0	20.00	
21.00		0.00	0	0	OBSERVATION BEDS-DISTINCT	92.01		45,260	0	21.00	
	Totals		0	1,559,257			0	1,559,257			
K - MOTHER BABY											
1.00	NURSERY	43.00	2,364,941	324,484	ADULTS & PEDIATRICS	30.00	2,364,941	324,484	0	1.00	
	Totals		2,364,941	324,484			2,364,941	324,484			
M - MALPRACTICE											
1.00	SKILLED NURSING FACILITY	44.00		26,078	ADMINISTRATIVE & GENERAL	5.00		232,290	0	1.00	
2.00	CARDIAC CATHETERIZATION	59.00		19,186		0.00	0	0	0	2.00	
3.00	ELECTROCARDIOLOGY	69.00		68,600		0.00	0	0	0	3.00	
4.00	ELECTROENCEPHALOGRAPHY	70.00		41,603		0.00	0	0	0	4.00	
5.00	SLEEP LAB	70.01		41,113		0.00	0	0	0	5.00	
6.00	CLINIC	90.00		35,710		0.00	0	0	0	6.00	
	Totals		0	232,290			0	232,290			
N - BENEFITS DIRECTLY ASSIGNED											
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,949,815	ADMINISTRATIVE & GENERAL	5.00	0	66,925	0	1.00	
2.00		0.00	0	0	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	2,642,603	0	2.00	
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	62,527	0	3.00	
4.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	1,164,485	0	4.00	
5.00		0.00	0	0	EMERGENCY	91.00	0	13,275	0	5.00	
	Totals		0	3,949,815			0	3,949,815			
Q - TRANSPORT											
1.00	ADULTS & PEDIATRICS	30.00	71,669	1,479	ADMINISTRATIVE & GENERAL	5.00	1,276,168	26,335	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	50,319	1,038		0.00	0	0	0	2.00	
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	5,590	115		0.00	0	0	0	3.00	
4.00	NURSERY	43.00	576	12		0.00	0	0	0	4.00	
5.00	SKILLED NURSING FACILITY	44.00	19,757	408		0.00	0	0	0	5.00	
6.00	OPERATING ROOM	50.00	199,720	4,121		0.00	0	0	0	6.00	
7.00	RECOVERY ROOM	51.00	79,699	1,645		0.00	0	0	0	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	27,055	558		0.00	0	0	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	83,339	1,720		0.00	0	0	0	9.00	
10.00	RADIOLOGY-THERAPEUTIC	55.00	558	12		0.00	0	0	0	10.00	
11.00	RADIOISOTOPE	56.00	936	19		0.00	0	0	0	11.00	
12.00	CT SCAN	57.00	390,824	8,065		0.00	0	0	0	12.00	
13.00	MRI	58.00	131,304	2,709		0.00	0	0	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	50,580	1,044		0.00	0	0	0	14.00	
15.00	RESPIRATORY THERAPY	65.00	61,069	1,260		0.00	0	0	0	15.00	
16.00	PHYSICAL THERAPY	66.00	24,567	507		0.00	0	0	0	16.00	
17.00	OCCUPATIONAL THERAPY	67.00	17,885	369		0.00	0	0	0	17.00	
18.00	SPEECH PATHOLOGY	68.00	2,950	61		0.00	0	0	0	18.00	
19.00	ELECTROCARDIOLOGY	69.00	17,441	360		0.00	0	0	0	19.00	
20.00	ELECTROENCEPHALOGRAPHY	70.00	999	21		0.00	0	0	0	20.00	
21.00	CARDIAC REHABILITATION	76.97	5	0		0.00	0	0	0	21.00	
22.00	CLINIC	90.00	42	1		0.00	0	0	0	22.00	
23.00	EMERGENCY	91.00	39,284	811		0.00	0	0	0	23.00	
	Totals		1,276,168	26,335			1,276,168	26,335			
R - PHARMACY RESIDENTS											
1.00	PARAMED ED PRGM-PHARMACY RESIDENT	23.00	77,270	0	PHARMACY	15.00	0	77,270	0	1.00	
	Totals		77,270	0			0	77,270			
W - WAGE INDEX											
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		4,120	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,120		0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00		230,194	ADMINISTRATIVE & GENERAL	5.00	230,194		0	2.00	

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RECLASSIFICATIONS

Worksheet A-6

	Increases				Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
3.00	DIETARY	10.00		3,588	DIETARY	10.00	3,588		0	3.00
4.00	PHARMACY	15.00		1,364	PHARMACY	15.00	1,364		0	4.00
5.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00		1,197,730	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	1,197,730		0	5.00
6.00	ADULTS & PEDIATRICS	30.00		420,280	ADULTS & PEDIATRICS	30.00	420,280		0	6.00
7.00	INTENSIVE CARE UNIT	31.00		167,511	INTENSIVE CARE UNIT	31.00	167,511		0	7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00		47,941	SURGICAL INTENSIVE CARE UNIT	34.00	47,941		0	8.00
9.00	NURSERY	43.00		11,634	NURSERY	43.00	11,634		0	9.00
10.00	SKILLED NURSING FACILITY	44.00		20,093	SKILLED NURSING FACILITY	44.00	20,093		0	10.00
11.00	OPERATING ROOM	50.00		7,923	OPERATING ROOM	50.00	7,923		0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00		11,594	DELIVERY ROOM & LABOR ROOM	52.00	11,594		0	12.00
13.00	OP INFUSION	52.01		115,404	OP INFUSION	52.01	115,404		0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00		81,948	RADIOLOGY-DIAGNOSTIC	54.00	81,948		0	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00		123,892	RADIOLOGY-THERAPEUTIC	55.00	123,892		0	15.00
16.00	CT SCAN	57.00		8,464	CT SCAN	57.00	8,464		0	16.00
17.00	RESPIRATORY THERAPY	65.00		46,548	RESPIRATORY THERAPY	65.00	46,548		0	17.00
18.00	CARDIAC REHABILITATION	76.97		62,530	CARDIAC REHABILITATION	76.97	62,530		0	18.00
19.00	EMERGENCY	91.00		403,907	EMERGENCY	91.00	403,907		0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	1,451		CARDIAC CATHETERIZATION	59.00		1,451	0	20.00
	Totals		1,451	2,966,665			2,966,665	1,451		
X - OB SUPPORT										
1.00	ADULTS & PEDIATRICS	30.00	207,408	8,384	DELIVERY ROOM & LABOR ROOM	52.00	207,408	8,384	0	1.00
	Totals		207,408	8,384			207,408	8,384		
Y - INTERN & RESIDENT SALARY RECLASS										
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	8,821,097	0	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	8,821,097	0	0	1.00
	Totals		8,821,097	0			8,821,097	0		
AB - HBP TEACH PART A										
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	90,259	1,199,018	ADMINISTRATIVE & GENERAL	5.00	47,191	1,199,018	0	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	43,068	0	0	2.00
	Totals		90,259	1,199,018			90,259	1,199,018		
AC - RESIDENT MALPRACTICE										
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	150,549	ADMINISTRATIVE & GENERAL	5.00	0	150,549	0	1.00
	Totals		0	150,549			0	150,549		
500.00	TOTAL RECLASSIFICATIONS (sum of columns 4 and 5 must equal sum of columns 8 and 9)		14,538,625	116,619,124			17,426,569	113,731,180		500.00

- (1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
(2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, line as appropriate.

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RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7
Part I

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	Land	1,338,461	196,356	0	196,356	0	1,534,817	0	1.00
2.00	Land Improvements	3,118,444	0	0	0	16,708	3,101,736	2,173,115	2.00
3.00	Buildings and Fixtures	357,095,810	25,956,302	0	25,956,302	340,810	382,711,302	59,178,264	3.00
4.00	Building Improvements	17,860,652	0	0	0	0	17,860,652	5,183,612	4.00
5.00	Fixed Equipment	80,505,638	0	0	0	9,696,483	70,809,155	59,812,602	5.00
6.00	Movable Equipment	227,956,192	4,118,364	0	4,118,364	24,175,911	207,898,645	85,435,891	6.00
7.00	HIT designated Assets	0	0	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	687,875,197	30,271,022	0	30,271,022	34,229,912	683,916,307	211,783,484	8.00
9.00	Reconciling Items	0	0	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	687,875,197	30,271,022	0	30,271,022	34,229,912	683,916,307	211,783,484	10.00

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		9.00	10.00	11.00	12.00	13.00	14.00	15.00	
1.00	CAP REL COSTS-BLDG & FIXT	14,534,733	0	0	0	0	0	14,534,733	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	13,414,903	0	0	0	0	0	13,414,903	2.00
3.00	Total (sum of lines 1-2)	27,949,636	0	0	0	0	0	27,949,636	3.00

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS

	Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL					
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	CAP REL COSTS-BLDG & FIXT	474,138,957	0	474,138,957	0.689280	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	213,736,239	0	213,736,239	0.310720	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	687,875,196	0	687,875,196	1.000000	0	0	0	0	3.00

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		9.00	10.00	11.00	12.00	13.00	14.00	15.00	
1.00	CAP REL COSTS-BLDG & FIXT	14,534,733	0	1,982,961	335,861	0	0	16,853,555	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	13,414,903	0	1,830,183	147,161	0	0	15,392,247	2.00
3.00	Total (sum of lines 1-2)	27,949,636	0	3,813,144	483,022	0	0	32,245,802	3.00

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ADJUSTMENTS TO EXPENSES

Worksheet A-8

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
	Description (1)	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-21,117	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-19,491	CAP REL COSTS-MVBLE EQUIP	2.00	11	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)	B	-61,010	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	B	-35,847	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	B	-4,250	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-21,572,139			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	16,679,777			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,616,545	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		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	B	-55,370	OPERATION OF PLANT	7.00	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	*** Cost Center Deleted ***	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	MED & DENTAL STAFF OTHER REV	B	-33,250	CENTRAL SERVICES & SUPPLY	14.00	0	33.00
33.01	GARNISHEE SERVICE CHARGE REV	B	-4,172	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02	OUTREACH LAB	B	-424,296	LABORATORY	60.00	0	33.02
33.03	OTHER MISCELLANEOUS REVENUE	B	-268,707	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	OTHER MISCELLANEOUS REVENUE	B	-300	OPERATION OF PLANT	7.00	0	33.04
33.05	OTHER MISCELLANEOUS REVENUE	B	-20,000	ADULTS & PEDIATRICS	30.00	0	33.05
33.06	OTHER MISCELLANEOUS REVENUE	B	-3,813	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	33.06
33.07	OTHER MISCELLANEOUS REVENUE	B	-122,600	OPERATING ROOM	50.00	0	33.07
33.08	OTHER MISCELLANEOUS REVENUE	B	-1,345	RADIOLOGY-DIAGNOSTIC	54.00	0	33.08
33.09	OTHER MISCELLANEOUS REVENUE	B	-259,650	LABORATORY	60.00	0	33.09
33.10	EMPLOYEE - HEALTH PAYMENTS	B	-13,633	ADULTS & PEDIATRICS	30.00	0	33.10
33.11	EMPLOYEE - HEALTH PAYMENTS	B	-4,636	INTENSIVE CARE UNIT	31.00	0	33.11
33.12	EMPLOYEE - HEALTH PAYMENTS	B	-571	SURGICAL INTENSIVE CARE UNIT	34.00	0	33.12
33.13	EMPLOYEE - HEALTH PAYMENTS	B	-437	NURSERY	43.00	0	33.13
33.14	EMPLOYEE - HEALTH PAYMENTS	B	-121	SKILLED NURSING FACILITY	44.00	0	33.14
33.15	EMPLOYEE - HEALTH PAYMENTS	B	-9,341	OPERATING ROOM	50.00	0	33.15
33.16	EMPLOYEE - HEALTH PAYMENTS	B	-1,962	RECOVERY ROOM	51.00	0	33.16
33.17	EMPLOYEE - HEALTH PAYMENTS	B	-2,577	DELIVERY ROOM & LABOR ROOM	52.00	0	33.17
33.18	EMPLOYEE - HEALTH PAYMENTS	B	-1,122	OP INFUSION	52.01	0	33.18
33.19	EMPLOYEE - HEALTH PAYMENTS	B	-2,027	ANESTHESIOLOGY	53.00	0	33.19

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ADJUSTMENTS TO EXPENSES

Worksheet A-8

	Description (1)	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	
33.20	EMPLOYEE - HEALTH PAYMENTS	B	-7,326	RADIOLOGY-DIAGNOSTIC	54.00	0	33.20
33.21	EMPLOYEE - HEALTH PAYMENTS	B	-3,704	RADIOLOGY-THERAPEUTIC	55.00	0	33.21
33.22	EMPLOYEE - HEALTH PAYMENTS	B	-373	RADIOISOTOPE	56.00	0	33.22
33.23	EMPLOYEE - HEALTH PAYMENTS	B	-4,709	CT SCAN	57.00	0	33.23
33.24	EMPLOYEE - HEALTH PAYMENTS	B	-3,283	MRI	58.00	0	33.24
33.25	EMPLOYEE - HEALTH PAYMENTS	B	-2,967	CARDIAC CATHETERIZATION	59.00	0	33.25
33.26	EMPLOYEE - HEALTH PAYMENTS	B	-12,653	LABORATORY	60.00	0	33.26
33.27	EMPLOYEE - HEALTH PAYMENTS	B	-675	RESPIRATORY THERAPY	65.00	0	33.27
33.28	EMPLOYEE - HEALTH PAYMENTS	B	-208	PHYSICAL THERAPY	66.00	0	33.28
33.29	EMPLOYEE - HEALTH PAYMENTS	B	-207	OCCUPATIONAL THERAPY	67.00	0	33.29
33.30	EMPLOYEE - HEALTH PAYMENTS	B	-52	SPEECH PATHOLOGY	68.00	0	33.30
33.31	EMPLOYEE - HEALTH PAYMENTS	B	-4,058	ELECTROCARDIOLOGY	69.00	0	33.31
33.32	EMPLOYEE - HEALTH PAYMENTS	B	-1,090	ELECTROENCEPHALOGRAPHY	70.00	0	33.32
33.33	EMPLOYEE - HEALTH PAYMENTS	B	-2,014	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33.33
33.34	EMPLOYEE - HEALTH PAYMENTS	B	-2,474	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	33.34
33.35	EMPLOYEE - HEALTH PAYMENTS	B	-4,384	DRUGS CHARGED TO PATIENTS	73.00	0	33.35
33.36	EMPLOYEE - HEALTH PAYMENTS	B	-150	CARDIAC REHABILITATION	76.97	0	33.36
33.37	EMPLOYEE - HEALTH PAYMENTS	B	-314	HYPERBARIC OXYGEN THERAPY	76.98	0	33.37
33.38	EMPLOYEE - HEALTH PAYMENTS	B	-547	CLINIC	90.00	0	33.38
33.39	EMPLOYEE - HEALTH PAYMENTS	B	-16,418	EMERGENCY	91.00	0	33.39
33.40	EMPLOYEE - HEALTH PAYMENTS	B	-240	OBSERVATION BEDS-DISTINCT	92.01	0	33.40
33.41	EMPLOYEE - HEALTH PAYMENTS	B	-34	OBSERVATION BEDS-DISTINCT	92.01	0	33.41
33.42	RENTAL INCOME	B	-845,801	ADMINISTRATIVE & GENERAL	5.00	0	33.42
33.43	FOUNDATION SUBSIDY	B	-65,357	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.43
33.44	FOUNDATION SUBSIDY	B	-8,402	ADMINISTRATIVE & GENERAL	5.00	0	33.44
33.45	FOUNDATION SUBSIDY	B	-55,251	OPERATION OF PLANT	7.00	0	33.45
33.46	FOUNDATION SUBSIDY	B	-11,578	NURSING ADMINISTRATION	13.00	0	33.46
33.47	FOUNDATION SUBSIDY	B	-129	PHARMACY	15.00	0	33.47
33.48	FOUNDATION SUBSIDY	B	-2,689	SOCIAL SERVICE	17.00	0	33.48
33.49	FOUNDATION SUBSIDY	B	-10,257	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	33.49
33.50	FOUNDATION SUBSIDY	B	-13,020	ADULTS & PEDIATRICS	30.00	0	33.50
33.51	FOUNDATION SUBSIDY	B	6,888	INTENSIVE CARE UNIT	31.00	0	33.51
33.52	FOUNDATION SUBSIDY	B	-1,422	SURGICAL INTENSIVE CARE UNIT	34.00	0	33.52
33.53	FOUNDATION SUBSIDY	B	-149	NURSERY	43.00	0	33.53
33.54	FOUNDATION SUBSIDY	B	-1,247	SKILLED NURSING FACILITY	44.00	0	33.54
33.55	FOUNDATION SUBSIDY	B	-401,070	OPERATING ROOM	50.00	0	33.55
33.56	FOUNDATION SUBSIDY	B	-3,915	RECOVERY ROOM	51.00	0	33.56
33.57	FOUNDATION SUBSIDY	B	-1,099	DELIVERY ROOM & LABOR ROOM	52.00	0	33.57
33.58	FOUNDATION SUBSIDY	B	-2,438	OP INFUSION	52.01	0	33.58
33.59	FOUNDATION SUBSIDY	B	-65,901	RADIOLOGY-DIAGNOSTIC	54.00	0	33.59
33.60	FOUNDATION SUBSIDY	B	-95,410	RADIOLOGY-THERAPEUTIC	55.00	0	33.60
33.61	FOUNDATION SUBSIDY	B	-1,889	CT SCAN	57.00	0	33.61
33.62	FOUNDATION SUBSIDY	B	-2,608	CARDIAC CATHETERIZATION	59.00	0	33.62
33.63	FOUNDATION SUBSIDY	B	-5,005	RESPIRATORY THERAPY	65.00	0	33.63
33.64	FOUNDATION SUBSIDY	B	-6,761	PHYSICAL THERAPY	66.00	0	33.64
33.65	FOUNDATION SUBSIDY	B	-177	OCCUPATIONAL THERAPY	67.00	0	33.65
33.66	FOUNDATION SUBSIDY	B	-920	SPEECH PATHOLOGY	68.00	0	33.66
33.67	FOUNDATION SUBSIDY	B	-209,127	ELECTROCARDIOLOGY	69.00	0	33.67
33.68	FOUNDATION SUBSIDY	B	-6,140	ELECTROENCEPHALOGRAPHY	70.00	0	33.68
33.69	FOUNDATION SUBSIDY	B	-7,653	CARDIAC REHABILITATION	76.97	0	33.69
33.70	FOUNDATION SUBSIDY	B	-1,974	CLINIC	90.00	0	33.70
33.71	FOUNDATION SUBSIDY	B	-4,503	EMERGENCY	91.00	0	33.71
33.72	FOUNDATION SUBSIDY	B	-220	OBSERVATION BEDS-DISTINCT	92.01	0	33.72

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ADJUSTMENTS TO EXPENSES

Worksheet A-8

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
	Description (1)	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.
		1.00	2.00	3.00	4.00	5.00
33.73	INTERCOMPANY RENTAL INCOME	B	-2,505,184	ADMINISTRATIVE & GENERAL	5.00	0 33.73
33.74	INTERCOMPANY RENTAL INCOME	B	-234,649	RADIOLOGY-DIAGNOSTIC	54.00	0 33.74
33.75	NON ALLOWABLE ENTERTAINMENT	A	-14,209	ADMINISTRATIVE & GENERAL	5.00	0 33.75
33.76	NON ALLOWABLE ENTERTAINMENT	A	-371	DIETARY	10.00	0 33.76
33.77	NON ALLOWABLE ENTERTAINMENT	A	-496	NURSING ADMINISTRATION	13.00	0 33.77
33.78	NON ALLOWABLE ENTERTAINMENT	A	-2,258	PHARMACY	15.00	0 33.78
33.79	NON ALLOWABLE ENTERTAINMENT	A	-1,870	SOCIAL SERVICE	17.00	0 33.79
33.80	NON ALLOWABLE ENTERTAINMENT	A	-18,417	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0 33.80
33.81	NON ALLOWABLE ENTERTAINMENT	A	-2,638	PARAMED ED PRGM-PHARMACY RESIDENT	23.00	0 33.81
33.82	NON ALLOWABLE ENTERTAINMENT	A	-5,191	ADULTS & PEDIATRICS	30.00	0 33.82
33.83	NON ALLOWABLE ENTERTAINMENT	A	-4,090	INTENSIVE CARE UNIT	31.00	0 33.83
33.84	NON ALLOWABLE ENTERTAINMENT	A	-677	SURGICAL INTENSIVE CARE UNIT	34.00	0 33.84
33.85	NON ALLOWABLE ENTERTAINMENT	A	-46	SKILLED NURSING FACILITY	44.00	0 33.85
33.86	NON ALLOWABLE ENTERTAINMENT	A	-695	OPERATING ROOM	50.00	0 33.86
33.87	NON ALLOWABLE ENTERTAINMENT	A	-59	DELIVERY ROOM & LABOR ROOM	52.00	0 33.87
33.88	NON ALLOWABLE ENTERTAINMENT	A	-678	RADIOLOGY-THERAPEUTIC	55.00	0 33.88
33.89	NON ALLOWABLE ENTERTAINMENT	A	-717	PHYSICAL THERAPY	66.00	0 33.89
33.90	NON ALLOWABLE ENTERTAINMENT	A	-753	OCCUPATIONAL THERAPY	67.00	0 33.90
33.91	NON ALLOWABLE ENTERTAINMENT	A	-154	SPEECH PATHOLOGY	68.00	0 33.91
33.92	NON ALLOWABLE ENTERTAINMENT	A	-1,580	ELECTROENCEPHALOGRAPHY	70.00	0 33.92
33.93	NON ALLOWABLE ENTERTAINMENT	A	-400	CLINIC	90.00	0 33.93
33.94	NON ALLOWABLE ENTERTAINMENT	A	-609	EMERGENCY	91.00	0 33.94
33.95	NON ALLOWABLE ENTERTAINMENT	A	-331	OBSERVATION BEDS-DISTINCT	92.01	0 33.95
33.96	COMMUNITY BENEFIT	A	-22,123	SOCIAL SERVICE	17.00	0 33.96
33.97	LOBBYING EXPENSE	A	-27,514	ADMINISTRATIVE & GENERAL	5.00	0 33.97
33.98	BHMG/MMG	A	-8,831,905	ADMINISTRATIVE & GENERAL	5.00	0 33.98
33.99	NURSE PRACTITIONERS (INCLUDES FRINGES)	A	176,455	ADMINISTRATIVE & GENERAL	5.00	0 33.99
34.00	PENSION ADMINISTRATION COSTS	A	2,109,618	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 34.00
34.01	HBP	A	-41,935	SKILLED NURSING FACILITY	44.00	0 34.01
34.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.02
34.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.03
34.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.04
34.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.05
34.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.06
34.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.07
34.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.08
34.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.09
34.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.10
34.11	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.11
34.12	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.12
34.13	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.13
34.14	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.14
34.15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.15
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-19,207,132			50.00

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

(2) Basis for adjustment (see instructions)

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

B. Amount Received - if cost cannot be determined

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

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

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

Worksheet A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	93,490,902	74,006,598	19,484,304	0	1.00
2.00	0.00			0	0	0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	COMMUNITY MEDICAL CENTER AUXILIARY	3,935	3,935	0	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	COMMUNITY MEDICAL CENTER FOUNDATION	45,179	45,179	0	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	SAINT BARNABAS CORPORATION	638,850	638,850	0	0	3.02
3.03	5.00	ADMINISTRATIVE & GENERAL	BHMG PHYSICIANS	6,843,059	9,647,586	-2,804,527	0	3.03
4.00	0.00			0	0	0	0	4.00
5.00	TOTALS (sum of lines 1 through 4) Transfer column 6, line 5, to Worksheet A-8, column 2, line 12.			101,021,925	84,342,148	16,679,777		5.00

* The amounts on lines 1 through 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 have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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.

			Related Organization(s) and/or Home Office				
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1.00	2.00	3.00	4.00	5.00	6.00	
6.00	A		0.00	RWJ BARNABAS HEALTH	100.00	HEALTHCARE	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

(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.
G. Other (financial or non-financial) specify:

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PROVIDER BASED PHYSICIAN ADJUSTMENT

Worksheet A-8-2

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	14,269,641	9,755,914	4,513,727	211,500	9,875	1,004,117	50,206	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	142,659	142,659	0	197,500	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	2,486,040	2,486,040	0	197,501	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	14,800	0	14,800	246,400	125	14,808	740	4.00
5.00	53.00	AGGREGATE-ANESTHESIOLOGY	3,179,000	3,179,000	0	211,500	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	1,910,694	1,910,694	0	271,900	0	0	0	6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	30,853	30,853	0	0	0	0	0	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	110,314	110,314	0	211,500	0	0	0	8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	516,003	516,003	0	0	0	0	0	9.00
10.00	70.01	AGGREGATE-SLEEP LAB	66,113	66,113	0	0	0	0	0	10.00
11.00	90.00	AGGREGATE-CLINIC	14,356	11,485	2,871	211,500	28	2,847	142	11.00
12.00	91.00	AGGREGATE-EMERGENCY	88,500	88,500	0	211,500	0	0	0	12.00
200.00		TOTAL	22,828,973	18,297,575	4,531,398		10,028	1,021,772	51,088	200.00

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PROVIDER BASED PHYSICIAN ADJUSTMENT

Worksheet A-8-2

	Wkst. A Line #	Cost Center/Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	743,070	235,046	1,239,163	3,274,564	13,030,478	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	0	142,659	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	0	2,486,040	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	14,808	0	0	4.00
5.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	0	3,179,000	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	1,910,694	6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	0	30,853	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	19,186	0	0	0	110,314	8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	68,600	0	0	0	516,003	9.00
10.00	70.01	AGGREGATE-SLEEP LAB	0	0	41,603	0	0	0	66,113	10.00
11.00	90.00	AGGREGATE-CLINIC	0	0	41,113	8,222	11,069	0	11,485	11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	35,710	0	0	0	88,500	12.00
200.00		TOTAL	0	0	949,282	243,268	1,265,040	3,274,564	21,572,139	200.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIV E & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	16,853,555	16,853,555					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,392,247		15,392,247				2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	42,236,321	169,994	0	42,406,315			4.00
5.00	ADMINISTRATIVE & GENERAL	127,597,229	1,099,222	7,841,384	2,420,723	138,958,558	138,958,558	5.00
6.00	MAINTENANCE & REPAIRS	1,149,910	52,323	23,820	59,851	1,285,904	406,225	6.00
7.00	OPERATION OF PLANT	14,822,040	261,678	1,614,117	974,725	17,672,560	5,582,868	7.00
8.00	LAUNDRY & LINEN SERVICE	1,558,028	0	0	0	1,558,028	492,190	8.00
9.00	HOUSEKEEPING	5,766,512	192,019	25,919	724,235	6,708,685	2,119,314	9.00
10.00	DIETARY	6,017,099	340,933	139,157	638,097	7,135,286	2,254,080	10.00
11.00	CAFETERIA	173,179	283,733	0	189,012	645,924	204,051	11.00
13.00	NURSING ADMINISTRATION	5,373,967	138,783	499,699	978,723	6,991,172	2,208,553	13.00
14.00	CENTRAL SERVICES & SUPPLY	4,480,940	652,228	273,716	476,747	5,883,631	1,858,674	14.00
15.00	PHARMACY	9,222,888	170,278	331,883	1,506,608	11,231,657	3,548,148	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	5,870,853	0	0	711,077	6,581,930	2,079,271	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	8,821,097	0	0	1,819,439	10,640,536	3,361,409	21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	4,968,300	387,246	11,654	140,023	5,507,223	1,739,765	22.00
23.00	PARAMED ED PRGM-PHARMACY RESIDENT	238,146	0	0	42,864	281,010	88,773	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	48,253,508	3,518,727	120,444	7,433,975	59,326,654	18,741,611	30.00
31.00	INTENSIVE CARE UNIT	31,108,021	1,937,679	88,437	6,001,419	39,135,556	12,363,157	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	4,331,445	149,418	4,962	805,337	5,291,162	1,671,510	34.00
43.00	NURSERY	4,217,360	210,141	0	799,243	5,226,744	1,651,160	43.00
44.00	SKILLED NURSING FACILITY	5,268,225	271,588	0	960,677	6,500,490	2,053,544	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	14,313,231	1,071,566	1,836,497	2,434,014	19,655,308	6,209,230	50.00
51.00	RECOVERY ROOM	2,119,449	152,910	8,577	425,608	2,706,544	855,013	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,070,435	492,396	76,202	931,344	6,570,377	2,075,622	52.00
52.01	OP INFUSION	1,910,554	263,031	0	349,619	2,523,204	797,095	52.01
53.00	ANESTHESIOLOGY	261,131	31,463	4,859	25,219	322,672	101,934	53.00
54.00	RADIOLOGY-DIAGNOSTIC	9,850,031	682,621	395,441	1,647,524	12,575,617	3,972,713	54.00
55.00	RADIOLOGY-THERAPEUTIC	5,662,262	456,339	674,398	1,014,254	7,807,253	2,466,358	55.00
56.00	RADIOISOTOPE	2,397,650	15,731	0	134,629	2,548,010	804,932	56.00
57.00	CT SCAN	3,664,276	23,597	0	580,683	4,268,556	1,348,462	57.00
58.00	MRI	1,355,862	93,319	25,472	239,892	1,714,545	541,635	58.00
59.00	CARDIAC CATHETERIZATION	5,198,502	664,058	229,975	783,099	6,875,634	2,172,054	59.00
60.00	LABORATORY	20,776,252	418,646	357,810	0	21,552,708	6,808,630	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	5,343,082	59,213	215,796	923,088	6,541,179	2,066,398	65.00
66.00	PHYSICAL THERAPY	2,282,314	168,484	31,623	467,700	2,950,121	931,961	66.00
67.00	OCCUPATIONAL THERAPY	1,355,766	8,432	0	279,450	1,643,648	519,238	67.00
68.00	SPEECH PATHOLOGY	425,930	26,366	0	87,732	540,028	170,598	68.00
69.00	ELECTROCARDIOLOGY	3,508,827	139,853	185,572	631,838	4,466,090	1,410,865	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,954,744	291,976	113,506	308,952	2,669,178	843,209	70.00
70.01	SLEEP LAB	0	0	0	5,157	5,157	1,629	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	28,753,981	0	0	0	28,753,981	9,083,555	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	23,499,249	0	0	0	23,499,249	7,423,554	72.00
73.00	DRUGS CHARGED TO PATIENTS	48,579,407	0	0	0	48,579,407	15,346,526	73.00
75.00	ASC (NON-DISTINCT PART)	355,978	0	0	0	355,978	112,456	75.00
76.97	CARDIAC REHABILITATION	772,421	76,958	0	139,300	988,679	312,330	76.97
76.98	HYPERBARIC OXYGEN THERAPY	9,020	81,804	14,517	0	105,341	33,278	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	78.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIV E & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	749,660	0	0	142,621	892,281	281,877	90.00
91.00	EMERGENCY	19,366,006	1,798,802	245,577	3,519,238	24,929,623	7,875,417	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
92.01	OBSERVATION BEDS-DISTINCT	3,055,024	0	0	608,317	3,663,341	1,157,271	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
102.00	OPIOID TREATMENT PROGRAM	0	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	576,311,914	16,853,555	15,391,014	42,362,053	576,266,419	138,148,143	118.00
NONREIMBURSABLE COST CENTERS								
194.00	MISCELLANEOUS	0	0	0	0	0	0	194.00
194.01	PUBLIC RELATIONS	357	0	0	0	357	113	194.01
194.03	LIGHTHOUSE	59,491	0	0	12,143	71,634	22,630	194.03
194.04	KIDS & FAMILY	0	0	0	0	0	0	194.04
194.05	OTHER NON REIMBURABLE	319,166	0	1,233	32,119	352,518	111,363	194.05
194.06	GRANTS/TRIALS	2,140,854	0	0	0	2,140,854	676,309	194.06
194.07	RETAIL PHARMACY	0	0	0	0	0	0	194.07
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)	578,831,782	16,853,555	15,392,247	42,406,315	578,831,782	138,958,558	202.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

	Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS	1,692,129						6.00
7.00	OPERATION OF PLANT	28,508	23,283,936					7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	2,050,218				8.00
9.00	HOUSEKEEPING	20,919	292,786	0	9,141,704			9.00
10.00	DIETARY	37,143	519,848	20,499	0	9,966,856		10.00
11.00	CAFETERIA	30,911	432,631	0	0	0	1,313,517	11.00
13.00	NURSING ADMINISTRATION	15,120	211,614	0	0	0	27,207	13.00
14.00	CENTRAL SERVICES & SUPPLY	71,057	994,505	24,033	337,141	0	29,475	14.00
15.00	PHARMACY	18,551	259,636	0	0	0	47,613	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	23,429	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	42,188	590,466	0	155,603	0	91,447	22.00
23.00	PARAMED ED PRGM-PHARMACY RESIDENT	0	0	0	0	0	1,512	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	383,345	5,365,292	549,666	4,279,097	5,595,904	291,722	30.00
31.00	INTENSIVE CARE UNIT	211,100	2,954,538	325,951	1,270,762	3,496,301	209,346	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	16,278	227,829	118,761	0	269,347	24,940	34.00
43.00	NURSERY	22,894	320,420	0	0	0	7,558	43.00
44.00	SKILLED NURSING FACILITY	29,588	414,113	36,857	0	605,304	32,498	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	116,741	1,633,905	126,174	129,670	0	81,622	50.00
51.00	RECOVERY ROOM	16,659	233,155	25,047	0	0	9,825	51.00
52.00	DELIVERY ROOM & LABOR ROOM	53,644	750,796	65,355	337,141	0	30,231	52.00
52.01	OP INFUSION	28,656	401,064	22,051	0	0	13,604	52.01
53.00	ANESTHESIOLOGY	3,428	47,974	0	0	0	1,512	53.00
54.00	RADIOLOGY-DIAGNOSTIC	74,368	1,040,848	79,797	155,603	0	58,950	54.00
55.00	RADIOLOGY-THERAPEUTIC	49,716	695,818	0	155,603	0	24,940	55.00
56.00	RADIOISOTOPE	1,714	23,987	17,748	0	0	3,023	56.00
57.00	CT SCAN	2,571	35,981	0	0	0	13,604	57.00
58.00	MRI	10,167	142,291	16,564	155,603	0	6,046	58.00
59.00	CARDIAC CATHETERIZATION	72,346	1,012,543	18,617	324,174	0	20,406	59.00
60.00	LABORATORY	45,609	638,345	3,408	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	6,451	90,287	0	0	0	29,475	65.00
66.00	PHYSICAL THERAPY	18,355	256,902	18,452	155,603	0	14,360	66.00
67.00	OCCUPATIONAL THERAPY	919	12,857	0	0	0	8,313	67.00
68.00	SPEECH PATHOLOGY	2,872	40,202	0	0	0	3,023	68.00
69.00	ELECTROCARDIOLOGY	15,236	213,245	18,797	0	0	20,406	69.00
70.00	ELECTROENCEPHALOGRAPHY	31,809	445,200	12,727	0	0	0	70.00
70.01	SLEEP LAB	0	0	0	0	0	11,336	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.97	CARDIAC REHABILITATION	8,384	117,345	0	0	0	4,535	76.97
76.98	HYPERBARIC OXYGEN THERAPY	8,912	124,733	28,980	0	0	0	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	0	6,046	90.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

	Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
91.00	EMERGENCY	195,970	2,742,780	520,734	0	0	138,305	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
92.01	OBSERVATION BEDS-DISTINCT	0	0	0	1,685,704	0	23,429	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
102.00	OPIOID TREATMENT PROGRAM	0	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,692,129	23,283,936	2,050,218	9,141,704	9,966,856	1,309,738	118.00
NONREIMBURSABLE COST CENTERS								
194.00	MISCELLANEOUS	0	0	0	0	0	0	194.00
194.01	PUBLIC RELATIONS	0	0	0	0	0	0	194.01
194.03	LIGHTHOUSE	0	0	0	0	0	0	194.03
194.04	KIDS & FAMILY	0	0	0	0	0	0	194.04
194.05	OTHER NON REIMBURABLE	0	0	0	0	0	3,779	194.05
194.06	GRANTS/TRIALS	0	0	0	0	0	0	194.06
194.07	RETAIL PHARMACY	0	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,692,129	23,283,936	2,050,218	9,141,704	9,966,856	1,313,517	202.00

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Part I

	Cost Center Description	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
		13.00	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY							10.00
11.00	CAFETERIA							11.00
13.00	NURSING ADMINISTRATION	9,453,666						13.00
14.00	CENTRAL SERVICES & SUPPLY	0	9,198,516					14.00
15.00	PHARMACY	0	100,032	15,205,637				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0			16.00
17.00	SOCIAL SERVICE	197,366	0	0	0	8,881,996		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	14,001,945	21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	254,923		22.00
23.00	PARAMED ED PRGM-PHARMACY RESIDENT	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,038,196	130,359	0	0	2,316,370	6,081,651	30.00
31.00	INTENSIVE CARE UNIT	2,173,819	86,524	0	0	1,275,570	1,131,470	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	308,591	37,706	0	0	98,361	0	34.00
43.00	NURSERY	121,184	0	0	0	138,336	0	43.00
44.00	SKILLED NURSING FACILITY	203,393	4,742	0	0	178,786	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	782,965	89,364	0	0	705,410	1,414,338	50.00
51.00	RECOVERY ROOM	146,767	377	0	0	100,660	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	347,426	16,778	0	0	324,143	0	52.00
52.01	OP INFUSION	114,009	11,454	0	0	173,152	0	52.01
53.00	ANESTHESIOLOGY	0	6,208	0	0	20,712	141,434	53.00
54.00	RADIOLOGY-DIAGNOSTIC	99,215	17,461	0	0	449,368	141,434	54.00
55.00	RADIOLOGY-THERAPEUTIC	73,067	250	0	0	300,407	0	55.00
56.00	RADIOISOTOPE	0	242	0	0	10,356	0	56.00
57.00	CT SCAN	0	531	0	0	15,534	0	57.00
58.00	MRI	0	231	0	0	61,432	0	58.00
59.00	CARDIAC CATHETERIZATION	235,272	12,629	0	0	437,148	0	59.00
60.00	LABORATORY	0	0	0	0	275,594	141,434	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	14,714	0	0	38,980	141,434	65.00
66.00	PHYSICAL THERAPY	0	56	0	0	110,913	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	5,551	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	17,357	0	68.00
69.00	ELECTROCARDIOLOGY	94,935	4,163	0	0	92,065	282,868	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	20,422	0	0	192,208	0	70.00
70.01	SLEEP LAB	23,454	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,666,209	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	3,813,249	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	15,205,637	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.97	CARDIAC REHABILITATION	50,941	98	0	0	50,662	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	53,851	0	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00

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Part I

	Cost Center Description	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
		13.00	14.00	15.00	16.00	17.00	21.00	
78.00	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	65,533	901	0	0	0	1,555,772	90.00
91.00	EMERGENCY	1,154,406	150,152	0	0	1,184,147	2,970,110	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
92.01	OBSERVATION BEDS-DISTINCT	223,127	12,847	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
102.00	OPIOID TREATMENT PROGRAM	0	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	9,453,666	9,197,699	15,205,637	0	8,881,996	14,001,945	118.00
NONREIMBURSABLE COST CENTERS								
194.00	MISCELLANEOUS	0	0	0	0	0	0	194.00
194.01	PUBLIC RELATIONS	0	0	0	0	0	0	194.01
194.03	LIGHTHOUSE	0	0	0	0	0	0	194.03
194.04	KIDS & FAMILY	0	0	0	0	0	0	194.04
194.05	OTHER NON REIMBURABLE	0	817	0	0	0	0	194.05
194.06	GRANTS/TRIALS	0	0	0	0	0	0	194.06
194.07	RETAIL PHARMACY	0	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	9,453,666	9,198,516	15,205,637	0	8,881,996	14,001,945	202.00

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Part I

		INTERNS & RESIDENTS						
	Cost Center Description	SERVICES-OTHER PRGM. COSTS	PARAMED ED PRGM-PHARMACY RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		22.00	23.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY							10.00
11.00	CAFETERIA							11.00
13.00	NURSING ADMINISTRATION							13.00
14.00	CENTRAL SERVICES & SUPPLY							14.00
15.00	PHARMACY							15.00
16.00	MEDICAL RECORDS & LIBRARY							16.00
17.00	SOCIAL SERVICE							17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD							21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	8,381,615						22.00
23.00	PARAMED ED PRGM-PHARMACY RESIDENT		371,295					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,640,498	0	109,740,365	-9,722,149	100,018,216		30.00
31.00	INTENSIVE CARE UNIT	677,302	0	65,311,396	-1,808,772	63,502,624		31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	8,064,485	0	8,064,485		34.00
43.00	NURSERY	0	0	7,488,296	0	7,488,296		43.00
44.00	SKILLED NURSING FACILITY	0	0	10,059,315	0	10,059,315		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	846,628	0	31,791,355	-2,260,966	29,530,389		50.00
51.00	RECOVERY ROOM	0	0	4,094,047	0	4,094,047		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	10,571,513	0	10,571,513		52.00
52.01	OP INFUSION	0	0	4,084,289	0	4,084,289		52.01
53.00	ANESTHESIOLOGY	84,663	0	730,537	-226,097	504,440		53.00
54.00	RADIOLOGY-DIAGNOSTIC	84,663	0	18,750,037	-226,097	18,523,940		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	11,573,412	0	11,573,412		55.00
56.00	RADIOISOTOPE	0	0	3,410,012	0	3,410,012		56.00
57.00	CT SCAN	0	0	5,685,239	0	5,685,239		57.00
58.00	MRI	0	0	2,648,514	0	2,648,514		58.00
59.00	CARDIAC CATHETERIZATION	0	0	11,180,823	0	11,180,823		59.00
60.00	LABORATORY	84,663	0	29,550,391	-226,097	29,324,294		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
65.00	RESPIRATORY THERAPY	84,663	0	9,013,581	-226,097	8,787,484		65.00
66.00	PHYSICAL THERAPY	0	0	4,456,723	0	4,456,723		66.00
67.00	OCCUPATIONAL THERAPY	0	0	2,190,526	0	2,190,526		67.00
68.00	SPEECH PATHOLOGY	0	0	774,080	0	774,080		68.00
69.00	ELECTROCARDIOLOGY	169,326	0	6,787,996	-452,194	6,335,802		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	4,214,753	0	4,214,753		70.00
70.01	SLEEP LAB	0	0	41,576	0	41,576		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	42,503,745	0	42,503,745		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	34,736,052	0	34,736,052		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	371,295	79,502,865	0	79,502,865		73.00
75.00	ASC (NON-DISTINCT PART)	0	0	468,434	0	468,434		75.00
76.97	CARDIAC REHABILITATION	0	0	1,532,974	0	1,532,974		76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	355,095	0	355,095		76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0		77.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

		INTERNS & RESIDENTS						
	Cost Center Description	SERVICES-OTHE R PRGM. COSTS	PARAMED ED PRGM-PHARMAC Y RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
78.00	CAR T-CELL IMMUNOTHERAPY	22.00	23.00	24.00	25.00	26.00		
		0	0	0	0	0		78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	931,291	0	3,733,701	-2,487,063	1,246,638		90.00
91.00	EMERGENCY	1,777,918	0	43,639,562	-4,748,028	38,891,534		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART				0			92.00
92.01	OBSERVATION BEDS-DISTINCT	0	0	6,765,719	0	6,765,719		92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES	0	0	0	0	0		95.00
102.00	OPIOID TREATMENT PROGRAM	0	0	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS								
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,381,615	371,295	575,451,408	-22,383,560	553,067,848		118.00
NONREIMBURSABLE COST CENTERS								
194.00	MISCELLANEOUS	0	0	0	0	0		194.00
194.01	PUBLIC RELATIONS	0	0	470	0	470		194.01
194.03	LIGHTHOUSE	0	0	94,264	0	94,264		194.03
194.04	KIDS & FAMILY	0	0	0	0	0		194.04
194.05	OTHER NON REIMBURABLE	0	0	468,477	0	468,477		194.05
194.06	GRANTS/TRIALS	0	0	2,817,163	0	2,817,163		194.06
194.07	RETAIL PHARMACY	0	0	0	0	0		194.07
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)	8,381,615	371,295	578,831,782	-22,383,560	556,448,222		202.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIV E & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	2A	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	0	169,994	0	169,994	169,994		4.00
5.00	ADMINISTRATIVE & GENERAL	145,582	1,099,222	7,841,384	9,086,188	9,706	9,095,894	5.00
6.00	MAINTENANCE & REPAIRS	45,603	52,323	23,820	121,746	240	26,590	6.00
7.00	OPERATION OF PLANT	18,277	261,678	1,614,117	1,894,072	3,908	365,433	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	32,217	8.00
9.00	HOUSEKEEPING	19,036	192,019	25,919	236,974	2,904	138,722	9.00
10.00	DIETARY	14,444	340,933	139,157	494,534	2,558	147,543	10.00
11.00	CAFETERIA	0	283,733	0	283,733	758	13,356	11.00
13.00	NURSING ADMINISTRATION	0	138,783	499,699	638,482	3,924	144,563	13.00
14.00	CENTRAL SERVICES & SUPPLY	95,132	652,228	273,716	1,021,076	1,912	121,662	14.00
15.00	PHARMACY	10,505	170,278	331,883	512,666	6,041	232,248	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	3,350	0	0	3,350	2,851	136,101	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	7,295	220,025	21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22,086	387,246	11,654	420,986	561	113,878	22.00
23.00	PARAMED ED PRGM-PHARMACY RESIDENT	0	0	0	0	172	5,811	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	61,267	3,518,727	120,444	3,700,438	29,771	1,226,954	30.00
31.00	INTENSIVE CARE UNIT	20,817	1,937,679	88,437	2,046,933	24,063	809,245	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	7,654	149,418	4,962	162,034	3,229	109,411	34.00
43.00	NURSERY	3,512	210,141	0	213,653	3,205	108,079	43.00
44.00	SKILLED NURSING FACILITY	9,233	271,588	0	280,821	3,852	134,417	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	1,326,064	1,071,566	1,836,497	4,234,127	9,759	406,432	50.00
51.00	RECOVERY ROOM	13,313	152,910	8,577	174,800	1,706	55,966	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	492,396	76,202	568,598	3,734	135,862	52.00
52.01	OP INFUSION	12,380	263,031	0	275,411	1,402	52,175	52.01
53.00	ANESTHESIOLOGY	57,908	31,463	4,859	94,230	101	6,672	53.00
54.00	RADIOLOGY-DIAGNOSTIC	85,899	682,621	395,441	1,163,961	6,606	260,039	54.00
55.00	RADIOLOGY-THERAPEUTIC	14,907	456,339	674,398	1,145,644	4,067	161,438	55.00
56.00	RADIOISOTOPE	9,445	15,731	0	25,176	540	52,688	56.00
57.00	CT SCAN	3,022	23,597	0	26,619	2,328	88,265	57.00
58.00	MRI	750	93,319	25,472	119,541	962	35,453	58.00
59.00	CARDIAC CATHETERIZATION	41,736	664,058	229,975	935,769	3,140	142,174	59.00
60.00	LABORATORY	0	418,646	357,810	776,456	0	445,667	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	22,939	59,213	215,796	297,948	3,701	135,258	65.00
66.00	PHYSICAL THERAPY	1,749	168,484	31,623	201,856	1,875	61,003	66.00
67.00	OCCUPATIONAL THERAPY	0	8,432	0	8,432	1,120	33,987	67.00
68.00	SPEECH PATHOLOGY	0	26,366	0	26,366	352	11,167	68.00
69.00	ELECTROCARDIOLOGY	7,274	139,853	185,572	332,699	2,533	92,350	69.00
70.00	ELECTROENCEPHALOGRAPHY	20,353	291,976	113,506	425,835	1,239	55,193	70.00
70.01	SLEEP LAB	0	0	0	0	21	107	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	594,575	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	485,917	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	1,004,525	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	7,361	75.00
76.97	CARDIAC REHABILITATION	0	76,958	0	76,958	559	20,444	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	81,804	14,517	96,321	0	2,178	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	78.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIV E & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	2A	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	994	0	0	994	572	18,451	90.00
91.00	EMERGENCY	380,366	1,798,802	245,577	2,424,745	14,110	515,495	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
92.01	OBSERVATION BEDS-DISTINCT	6,641	0	0	6,641	2,439	75,751	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
102.00	OPIOID TREATMENT PROGRAM	0	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,482,238	16,853,555	15,391,014	34,726,807	169,816	9,042,848	118.00
NONREIMBURSABLE COST CENTERS								
194.00	MISCELLANEOUS	1,461	0	0	1,461	0	0	194.00
194.01	PUBLIC RELATIONS	0	0	0	0	0	7	194.01
194.03	LIGHTHOUSE	0	0	0	0	49	1,481	194.03
194.04	KIDS & FAMILY	0	0	0	0	0	0	194.04
194.05	OTHER NON REIMBURABLE	1,395	0	1,233	2,628	129	7,289	194.05
194.06	GRANTS/TRIALS	10,796	0	0	10,796	0	44,269	194.06
194.07	RETAIL PHARMACY	0	0	0	0	0	0	194.07
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)	2,495,890	16,853,555	15,392,247	34,741,692	169,994	9,095,894	202.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS	148,576						6.00
7.00	OPERATION OF PLANT	2,503	2,265,916					7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	32,217				8.00
9.00	HOUSEKEEPING	1,837	28,493	0	408,930			9.00
10.00	DIETARY	3,261	50,590	322	0	698,808		10.00
11.00	CAFETERIA	2,714	42,102	0	0	0	342,663	11.00
13.00	NURSING ADMINISTRATION	1,328	20,594	0	0	0	7,098	13.00
14.00	CENTRAL SERVICES & SUPPLY	6,239	96,782	378	15,081	0	7,689	14.00
15.00	PHARMACY	1,629	25,267	0	0	0	12,421	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	6,112	17.00
21.00	I&R SERVICES-SALARY & FRINGES APRVD	0	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APRVD	3,704	57,462	0	6,961	0	23,856	22.00
23.00	PARAMED ED PRGM-PHARMACY RESIDENT	0	0	0	0	0	394	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	33,660	522,133	8,636	191,412	392,346	76,106	30.00
31.00	INTENSIVE CARE UNIT	18,535	287,526	5,122	56,844	245,137	54,613	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,429	22,172	1,866	0	18,885	6,506	34.00
43.00	NURSERY	2,010	31,182	0	0	0	1,972	43.00
44.00	SKILLED NURSING FACILITY	2,598	40,300	579	0	42,440	8,478	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	10,250	159,006	1,983	5,800	0	21,293	50.00
51.00	RECOVERY ROOM	1,463	22,690	394	0	0	2,563	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,710	73,065	1,027	15,081	0	7,886	52.00
52.01	OP INFUSION	2,516	39,030	347	0	0	3,549	52.01
53.00	ANESTHESIOLOGY	301	4,669	0	0	0	394	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,530	101,292	1,254	6,961	0	15,378	54.00
55.00	RADIOLOGY-THERAPEUTIC	4,365	67,715	0	6,961	0	6,506	55.00
56.00	RADIOISOTOPE	150	2,334	279	0	0	789	56.00
57.00	CT SCAN	226	3,502	0	0	0	3,549	57.00
58.00	MRI	893	13,847	260	6,961	0	1,577	58.00
59.00	CARDIAC CATHETERIZATION	6,352	98,537	293	14,501	0	5,323	59.00
60.00	LABORATORY	4,005	62,122	54	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	566	8,786	0	0	0	7,689	65.00
66.00	PHYSICAL THERAPY	1,612	25,001	290	6,961	0	3,746	66.00
67.00	OCCUPATIONAL THERAPY	81	1,251	0	0	0	2,169	67.00
68.00	SPEECH PATHOLOGY	252	3,912	0	0	0	789	68.00
69.00	ELECTROCARDIOLOGY	1,338	20,752	295	0	0	5,323	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,793	43,325	200	0	0	0	70.00
70.01	SLEEP LAB	0	0	0	0	0	2,957	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.97	CARDIAC REHABILITATION	736	11,420	0	0	0	1,183	76.97
76.98	HYPERBARIC OXYGEN THERAPY	783	12,139	455	0	0	0	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	0	1,577	90.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
91.00	EMERGENCY	17,207	266,918	8,183	0	0	36,080	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
92.01	OBSERVATION BEDS-DISTINCT	0	0	0	75,406	0	6,112	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
102.00	OPIOID TREATMENT PROGRAM	0	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	148,576	2,265,916	32,217	408,930	698,808	341,677	118.00
NONREIMBURSABLE COST CENTERS								
194.00	MISCELLANEOUS	0	0	0	0	0	0	194.00
194.01	PUBLIC RELATIONS	0	0	0	0	0	0	194.01
194.03	LIGHTHOUSE	0	0	0	0	0	0	194.03
194.04	KIDS & FAMILY	0	0	0	0	0	0	194.04
194.05	OTHER NON REIMBURABLE	0	0	0	0	0	986	194.05
194.06	GRANTS/TRIALS	0	0	0	0	0	0	194.06
194.07	RETAIL PHARMACY	0	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	148,576	2,265,916	32,217	408,930	698,808	342,663	202.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
		13.00	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY							10.00
11.00	CAFETERIA							11.00
13.00	NURSING ADMINISTRATION	815,989						13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,270,819					14.00
15.00	PHARMACY	0	13,820	804,092				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0			16.00
17.00	SOCIAL SERVICE	17,036	0	0	0	165,450		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	227,320	21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	4,749		22.00
23.00	PARAMED ED PRGM-PHARMACY RESIDENT	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	262,241	18,010	0	0	43,149		30.00
31.00	INTENSIVE CARE UNIT	187,632	11,954	0	0	23,761		31.00
34.00	SURGICAL INTENSIVE CARE UNIT	26,636	5,209	0	0	1,832		34.00
43.00	NURSERY	10,460	0	0	0	2,577		43.00
44.00	SKILLED NURSING FACILITY	17,556	655	0	0	3,330		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	67,581	12,346	0	0	13,140		50.00
51.00	RECOVERY ROOM	12,668	52	0	0	1,875		51.00
52.00	DELIVERY ROOM & LABOR ROOM	29,988	2,318	0	0	6,038		52.00
52.01	OP INFUSION	9,841	1,582	0	0	3,225		52.01
53.00	ANESTHESIOLOGY	0	858	0	0	386		53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,564	2,412	0	0	8,371		54.00
55.00	RADIOLOGY-THERAPEUTIC	6,307	35	0	0	5,596		55.00
56.00	RADIOISOTOPE	0	33	0	0	193		56.00
57.00	CT SCAN	0	73	0	0	289		57.00
58.00	MRI	0	32	0	0	1,144		58.00
59.00	CARDIAC CATHETERIZATION	20,307	1,745	0	0	8,143		59.00
60.00	LABORATORY	0	0	0	0	5,134		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
65.00	RESPIRATORY THERAPY	0	2,033	0	0	726		65.00
66.00	PHYSICAL THERAPY	0	8	0	0	2,066		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	103		67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	323		68.00
69.00	ELECTROCARDIOLOGY	8,194	575	0	0	1,715		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,821	0	0	3,580		70.00
70.01	SLEEP LAB	2,024	0	0	0	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	644,663	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	526,815	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	804,092	0	0		73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
76.97	CARDIAC REHABILITATION	4,397	14	0	0	944		76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	1,003		76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0		77.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
		13.00	14.00	15.00	16.00	17.00	21.00	
78.00	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0		78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	5,656	124	0	0	0		90.00
91.00	EMERGENCY	99,642	20,744	0	0	22,058		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
92.01	OBSERVATION BEDS-DISTINCT	19,259	1,775	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES	0	0	0	0	0		95.00
102.00	OPIOID TREATMENT PROGRAM	0	0	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS								
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	815,989	1,270,706	804,092	0	165,450	0	118.00
NONREIMBURSABLE COST CENTERS								
194.00	MISCELLANEOUS	0	0	0	0	0		194.00
194.01	PUBLIC RELATIONS	0	0	0	0	0		194.01
194.03	LIGHTHOUSE	0	0	0	0	0		194.03
194.04	KIDS & FAMILY	0	0	0	0	0		194.04
194.05	OTHER NON REIMBURABLE	0	113	0	0	0		194.05
194.06	GRANTS/TRIALS	0	0	0	0	0		194.06
194.07	RETAIL PHARMACY	0	0	0	0	0		194.07
200.00	Cross Foot Adjustments						227,320	200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	815,989	1,270,819	804,092	0	165,450	227,320	202.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	632,157					22.00
23.00	PARAMED ED PRGM-PHARMACY RESIDENT		6,377				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS			6,504,856	0	6,504,856	30.00
31.00	INTENSIVE CARE UNIT			3,771,365	0	3,771,365	31.00
34.00	SURGICAL INTENSIVE CARE UNIT			359,209	0	359,209	34.00
43.00	NURSERY			373,138	0	373,138	43.00
44.00	SKILLED NURSING FACILITY			535,026	0	535,026	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM			4,941,717	0	4,941,717	50.00
51.00	RECOVERY ROOM			274,177	0	274,177	51.00
52.00	DELIVERY ROOM & LABOR ROOM			848,307	0	848,307	52.00
52.01	OP INFUSION			389,078	0	389,078	52.01
53.00	ANESTHESIOLOGY			107,611	0	107,611	53.00
54.00	RADIOLOGY-DIAGNOSTIC			1,581,368	0	1,581,368	54.00
55.00	RADIOLOGY-THERAPEUTIC			1,408,634	0	1,408,634	55.00
56.00	RADIOISOTOPE			82,182	0	82,182	56.00
57.00	CT SCAN			124,851	0	124,851	57.00
58.00	MRI			180,670	0	180,670	58.00
59.00	CARDIAC CATHETERIZATION			1,236,284	0	1,236,284	59.00
60.00	LABORATORY			1,293,438	0	1,293,438	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.			0	0	0	63.00
65.00	RESPIRATORY THERAPY			456,707	0	456,707	65.00
66.00	PHYSICAL THERAPY			304,418	0	304,418	66.00
67.00	OCCUPATIONAL THERAPY			47,143	0	47,143	67.00
68.00	SPEECH PATHOLOGY			43,161	0	43,161	68.00
69.00	ELECTROCARDIOLOGY			465,774	0	465,774	69.00
70.00	ELECTROENCEPHALOGRAPHY			534,986	0	534,986	70.00
70.01	SLEEP LAB			5,109	0	5,109	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT			1,239,238	0	1,239,238	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS			1,012,732	0	1,012,732	72.00
73.00	DRUGS CHARGED TO PATIENTS			1,808,617	0	1,808,617	73.00
75.00	ASC (NON-DISTINCT PART)			7,361	0	7,361	75.00
76.97	CARDIAC REHABILITATION			116,655	0	116,655	76.97
76.98	HYPERBARIC OXYGEN THERAPY			112,879	0	112,879	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION			0	0	0	77.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

		INTERNS & RESIDENTS						
	Cost Center Description	SERVICES-OTHE R PRGM. COSTS	PARAMED ED PRGM-PHARMAC Y RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
78.00	CAR T-CELL IMMUNOTHERAPY	22.00	23.00	24.00	25.00	26.00		
				0	0	0		78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC			27,374	0	27,374		90.00
91.00	EMERGENCY			3,425,182	0	3,425,182		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART				0			92.00
92.01	OBSERVATION BEDS-DISTINCT			187,383	0	187,383		92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES			0	0	0		95.00
102.00	OPIOID TREATMENT PROGRAM			0	0	0		102.00
SPECIAL PURPOSE COST CENTERS								
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	33,806,630	0	33,806,630		118.00
NONREIMBURSABLE COST CENTERS								
194.00	MISCELLANEOUS			1,461	0	1,461		194.00
194.01	PUBLIC RELATIONS			7	0	7		194.01
194.03	LIGHTHOUSE			1,530	0	1,530		194.03
194.04	KIDS & FAMILY			0	0	0		194.04
194.05	OTHER NON REIMBURABLE			11,145	0	11,145		194.05
194.06	GRANTS/TRIALS			55,065	0	55,065		194.06
194.07	RETAIL PHARMACY			0	0	0		194.07
200.00	Cross Foot Adjustments	632,157	6,377	865,854	0	865,854		200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	632,157	6,377	34,741,692	0	34,741,692		202.00

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	535,663						1.00
2.00	CAP REL COSTS-MVBLE EQUIP		13,415,177					2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5,403	0	205,596,002				4.00
5.00	ADMINISTRATIVE & GENERAL	34,937	6,834,192	11,736,271	-138,958,558	439,873,224		5.00
6.00	MAINTENANCE & REPAIRS	1,663	20,760	290,172	0	1,285,904	493,660	6.00
7.00	OPERATION OF PLANT	8,317	1,406,790	4,725,709	0	17,672,560	8,317	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	1,558,028	0	8.00
9.00	HOUSEKEEPING	6,103	22,590	3,511,272	0	6,708,685	6,103	9.00
10.00	DIETARY	10,836	121,283	3,093,654	0	7,135,286	10,836	10.00
11.00	CAFETERIA	9,018	0	916,378	0	645,924	9,018	11.00
13.00	NURSING ADMINISTRATION	4,411	435,515	4,745,093	0	6,991,172	4,411	13.00
14.00	CENTRAL SERVICES & SUPPLY	20,730	238,558	2,311,389	0	5,883,631	20,730	14.00
15.00	PHARMACY	5,412	289,254	7,304,412	0	11,231,657	5,412	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	3,447,477	0	6,581,930	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	8,821,097	0	10,640,536	0	21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	12,308	10,157	678,868	0	5,507,223	12,308	22.00
23.00	PARAMED ED PRGM-PHARMACY RESIDENT	0	0	207,817	0	281,010	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	111,837	104,973	36,041,366	0	59,326,654	111,837	30.00
31.00	INTENSIVE CARE UNIT	61,586	77,078	29,096,376	0	39,135,556	61,586	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	4,749	4,325	3,904,474	0	5,291,162	4,749	34.00
43.00	NURSERY	6,679	0	3,874,928	0	5,226,744	6,679	43.00
44.00	SKILLED NURSING FACILITY	8,632	0	4,657,604	0	6,500,490	8,632	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	34,058	1,600,606	11,800,707	0	19,655,308	34,058	50.00
51.00	RECOVERY ROOM	4,860	7,475	2,063,453	0	2,706,544	4,860	51.00
52.00	DELIVERY ROOM & LABOR ROOM	15,650	66,414	4,515,388	0	6,570,377	15,650	52.00
52.01	OP INFUSION	8,360	0	1,695,042	0	2,523,204	8,360	52.01
53.00	ANESTHESIOLOGY	1,000	4,235	122,268	0	322,672	1,000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,696	344,648	7,987,608	0	12,575,617	21,696	54.00
55.00	RADIOLOGY-THERAPEUTIC	14,504	587,774	4,917,358	0	7,807,253	14,504	55.00
56.00	RADIOISOTOPE	500	0	652,717	0	2,548,010	500	56.00
57.00	CT SCAN	750	0	2,815,296	0	4,268,556	750	57.00
58.00	MRI	2,966	22,200	1,163,058	0	1,714,545	2,966	58.00
59.00	CARDIAC CATHETERIZATION	21,106	200,436	3,796,660	0	6,875,634	21,106	59.00
60.00	LABORATORY	13,306	311,851	0	0	21,552,708	13,306	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	1,882	188,078	4,475,361	0	6,541,179	1,882	65.00
66.00	PHYSICAL THERAPY	5,355	27,561	2,267,525	0	2,950,121	5,355	66.00
67.00	OCCUPATIONAL THERAPY	268	0	1,354,842	0	1,643,648	268	67.00
68.00	SPEECH PATHOLOGY	838	0	425,346	0	540,028	838	68.00
69.00	ELECTROCARDIOLOGY	4,445	161,736	3,063,308	0	4,466,090	4,445	69.00
70.00	ELECTROENCEPHALOGRAPHY	9,280	98,927	1,497,876	0	2,669,178	9,280	70.00
70.01	SLEEP LAB	0	0	25,000	0	5,157	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	28,753,981	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	23,499,249	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	48,579,407	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	355,978	0	75.00
76.97	CARDIAC REHABILITATION	2,446	0	675,362	0	988,679	2,446	76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,600	12,652	0	0	105,341	2,600	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIV E & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A	5.00	6.00	
78.00	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	691,462	0	892,281	0	90.00
91.00	EMERGENCY	57,172	214,034	17,062,144	0	24,929,623	57,172	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
92.01	OBSERVATION BEDS-DISTINCT	0	0	2,949,271	0	3,663,341	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
102.00	OPIOID TREATMENT PROGRAM	0	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	535,663	13,414,102	205,381,409	-138,958,558	437,307,861	493,660	118.00
NONREIMBURSABLE COST CENTERS								
194.00	MISCELLANEOUS	0	0	0	0	0	0	194.00
194.01	PUBLIC RELATIONS	0	0	0	0	357	0	194.01
194.03	LIGHTHOUSE	0	0	58,874	0	71,634	0	194.03
194.04	KIDS & FAMILY	0	0	0	0	0	0	194.04
194.05	OTHER NON REIMBURABLE	0	1,075	155,719	0	352,518	0	194.05
194.06	GRANTS/TRIALS	0	0	0	0	2,140,854	0	194.06
194.07	RETAIL PHARMACY	0	0	0	0	0	0	194.07
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)	16,853,555	15,392,247	42,406,315		138,958,558	1,692,129	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	31.462981	1.147376	0.206260		0.315906	3.427722	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			169,994		9,095,894	148,576	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000827		0.020678	0.300968	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

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	
		7.00	8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT	485,343						7.00
8.00	LAUNDRY & LINEN SERVICE	0	2,104,474					8.00
9.00	HOUSEKEEPING	6,103	0	2,820				9.00
10.00	DIETARY	10,836	21,041	0	476,572			10.00
11.00	CAFETERIA	9,018	0	0	0	1,738		11.00
13.00	NURSING ADMINISTRATION	4,411	0	0	0	36	1,687,681	13.00
14.00	CENTRAL SERVICES & SUPPLY	20,730	24,669	104	0	39	0	14.00
15.00	PHARMACY	5,412	0	0	0	63	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	31	35,234	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	12,308	0	48	0	121	0	22.00
23.00	PARAMED ED PRGM-PHARMACY RESIDENT	0	0	0	0	2	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	111,837	564,213	1,320	267,572	386	542,383	30.00
31.00	INTENSIVE CARE UNIT	61,586	334,577	392	167,178	277	388,073	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	4,749	121,904	0	12,879	33	55,090	34.00
43.00	NURSERY	6,679	0	0	0	10	21,634	43.00
44.00	SKILLED NURSING FACILITY	8,632	37,832	0	28,943	43	36,310	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	34,058	129,513	40	0	108	139,776	50.00
51.00	RECOVERY ROOM	4,860	25,710	0	0	13	26,201	51.00
52.00	DELIVERY ROOM & LABOR ROOM	15,650	67,084	104	0	40	62,023	52.00
52.01	OP INFUSION	8,360	22,635	0	0	18	20,353	52.01
53.00	ANESTHESIOLOGY	1,000	0	0	0	2	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,696	81,909	48	0	78	17,712	54.00
55.00	RADIOLOGY-THERAPEUTIC	14,504	0	48	0	33	13,044	55.00
56.00	RADIOISOTOPE	500	18,218	0	0	4	0	56.00
57.00	CT SCAN	750	0	0	0	18	0	57.00
58.00	MRI	2,966	17,002	48	0	8	0	58.00
59.00	CARDIAC CATHETERIZATION	21,106	19,110	100	0	27	42,001	59.00
60.00	LABORATORY	13,306	3,498	0	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	1,882	0	0	0	39	0	65.00
66.00	PHYSICAL THERAPY	5,355	18,940	48	0	19	0	66.00
67.00	OCCUPATIONAL THERAPY	268	0	0	0	11	0	67.00
68.00	SPEECH PATHOLOGY	838	0	0	0	4	0	68.00
69.00	ELECTROCARDIOLOGY	4,445	19,294	0	0	27	16,948	69.00
70.00	ELECTROENCEPHALOGRAPHY	9,280	13,064	0	0	0	0	70.00
70.01	SLEEP LAB	0	0	0	0	15	4,187	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.97	CARDIAC REHABILITATION	2,446	0	0	0	6	9,094	76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,600	29,747	0	0	0	0	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	78.00

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	
		7.00	8.00	9.00	10.00	11.00	13.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	8	11,699	90.00
91.00	EMERGENCY	57,172	534,514	0	0	183	206,086	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
92.01	OBSERVATION BEDS-DISTINCT	0	0	520	0	31	39,833	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
102.00	OPIOID TREATMENT PROGRAM	0	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	485,343	2,104,474	2,820	476,572	1,733	1,687,681	118.00
NONREIMBURSABLE COST CENTERS								
194.00	MISCELLANEOUS	0	0	0	0	0	0	194.00
194.01	PUBLIC RELATIONS	0	0	0	0	0	0	194.01
194.03	LIGHTHOUSE	0	0	0	0	0	0	194.03
194.04	KIDS & FAMILY	0	0	0	0	0	0	194.04
194.05	OTHER NON REIMBURABLE	0	0	0	0	5	0	194.05
194.06	GRANTS/TRIALS	0	0	0	0	0	0	194.06
194.07	RETAIL PHARMACY	0	0	0	0	0	0	194.07
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)	23,283,936	2,050,218	9,141,704	9,966,856	1,313,517	9,453,666	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	47.974187	0.974219	3,241.739007	20.913642	755.763521	5.601572	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,265,916	32,217	408,930	698,808	342,663	815,989	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.668690	0.015309	145.010638	1.466322	197.159379	0.483497	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

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (SQUARE FEET)	INTERNS & RESIDENTS		
	Cost Center Description					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHE R PRGM. COSTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY							10.00
11.00	CAFETERIA							11.00
13.00	NURSING ADMINISTRATION							13.00
14.00	CENTRAL SERVICES & SUPPLY	56,692,191						14.00
15.00	PHARMACY	616,514	39,151,517					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0				16.00
17.00	SOCIAL SERVICE	0	0	0	428,833			17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	99		21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	12,308		99	22.00
23.00	PARAMED ED PRGM-PHARMACY RESIDENT	0	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	803,427	0	0	111,837	43	43	30.00
31.00	INTENSIVE CARE UNIT	533,260	0	0	61,586	8	8	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	232,390	0	0	4,749	0	0	34.00
43.00	NURSERY	0	0	0	6,679	0	0	43.00
44.00	SKILLED NURSING FACILITY	29,228	0	0	8,632	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	550,767	0	0	34,058	10	10	50.00
51.00	RECOVERY ROOM	2,323	0	0	4,860	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	103,407	0	0	15,650	0	0	52.00
52.01	OP INFUSION	70,596	0	0	8,360	0	0	52.01
53.00	ANESTHESIOLOGY	38,258	0	0	1,000	1	1	53.00
54.00	RADIOLOGY-DIAGNOSTIC	107,618	0	0	21,696	1	1	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,540	0	0	14,504	0	0	55.00
56.00	RADIOISOTOPE	1,489	0	0	500	0	0	56.00
57.00	CT SCAN	3,274	0	0	750	0	0	57.00
58.00	MRI	1,421	0	0	2,966	0	0	58.00
59.00	CARDIAC CATHETERIZATION	77,835	0	0	21,106	0	0	59.00
60.00	LABORATORY	0	0	0	13,306	1	1	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	90,686	0	0	1,882	1	1	65.00
66.00	PHYSICAL THERAPY	348	0	0	5,355	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	268	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	838	0	0	68.00
69.00	ELECTROCARDIOLOGY	25,660	0	0	4,445	2	2	69.00
70.00	ELECTROENCEPHALOGRAPHY	125,866	0	0	9,280	0	0	70.00
70.01	SLEEP LAB	0	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	28,758,772	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	23,501,724	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	39,151,517	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.97	CARDIAC REHABILITATION	605	0	0	2,446	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	2,600	0	0	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (SQUARE FEET)	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHE R PRGM. COSTS (ASSIGNED TIME)	
78.00	CAR T-CELL IMMUNOTHERAPY	14.00	15.00	16.00	17.00	21.00	22.00	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	5,552	0	0	0	11	11	90.00
91.00	EMERGENCY	925,416	0	0	57,172	21	21	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
92.01	OBSERVATION BEDS-DISTINCT	79,177	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
102.00	OPIOID TREATMENT PROGRAM	0	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	56,687,153	39,151,517	0	428,833	99	99	118.00
NONREIMBURSABLE COST CENTERS								
194.00	MISCELLANEOUS	0	0	0	0	0	0	194.00
194.01	PUBLIC RELATIONS	0	0	0	0	0	0	194.01
194.03	LIGHTHOUSE	0	0	0	0	0	0	194.03
194.04	KIDS & FAMILY	0	0	0	0	0	0	194.04
194.05	OTHER NON REIMBURABLE	5,038	0	0	0	0	0	194.05
194.06	GRANTS/TRIALS	0	0	0	0	0	0	194.06
194.07	RETAIL PHARMACY	0	0	0	0	0	0	194.07
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)	9,198,516	15,205,637	0	8,881,996	14,001,945	8,381,615	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.162254	0.388379	0.000000	20.712016	141,433.787879	84,662.777778	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,270,819	804,092	0	165,450	227,320	632,157	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.022416	0.020538	0.000000	0.385815	2,296.161616	6,385.424242	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

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	PARAMED ED PRGM-PHARMAC Y RESIDENT (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00
23.00	PARAMED ED PRGM-PHARMACY RESIDENT	1,078	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	0	30.00
31.00	INTENSIVE CARE UNIT	0	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	34.00
43.00	NURSERY	0	43.00
44.00	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	50.00
51.00	RECOVERY ROOM	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	52.00
52.01	OP INFUSION	0	52.01
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	RADIOISOTOPE	0	56.00
57.00	CT SCAN	0	57.00
58.00	MRI	0	58.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	RESPIRATORY THERAPY	0	65.00
66.00	PHYSICAL THERAPY	0	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
70.01	SLEEP LAB	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,078	73.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
76.97	CARDIAC REHABILITATION	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0	78.00

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	PARAMED ED PRGM-PHARMAC Y RESIDENT (ASSIGNED TIME)		
		23.00		
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0		90.00
91.00	EMERGENCY	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	OBSERVATION BEDS-DISTINCT	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0		95.00
102.00	OPIOID TREATMENT PROGRAM	0		102.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,078		118.00
NONREIMBURSABLE COST CENTERS				
194.00	MISCELLANEOUS	0		194.00
194.01	PUBLIC RELATIONS	0		194.01
194.03	LIGHTHOUSE	0		194.03
194.04	KIDS & FAMILY	0		194.04
194.05	OTHER NON REIMBURABLE	0		194.05
194.06	GRANTS/TRIALS	0		194.06
194.07	RETAIL PHARMACY	0		194.07
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)	371,295		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	344.429499		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,377		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.915584		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

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Worksheet C

Part I

PPS

Title XVIII Hospital

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
				Total Costs	RCE Disallowance	Total Costs	Inpatient	Outpatient	Total (col. 6 + col. 7)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	ADULTS & PEDIATRICS	100,018,216		100,018,216	0	100,018,216	674,723,153		674,723,153	30.00
31.00	INTENSIVE CARE UNIT	63,502,624		63,502,624	0	63,502,624	515,639,093		515,639,093	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	8,064,485		8,064,485	0	8,064,485	53,540,137		53,540,137	34.00
43.00	NURSERY	7,488,296		7,488,296	0	7,488,296	27,972,789		27,972,789	43.00
44.00	SKILLED NURSING FACILITY	10,059,315		10,059,315	0	10,059,315	25,015,064		25,015,064	44.00
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	29,530,389		29,530,389	0	29,530,389	36,925,373	51,282,973	88,208,346	50.00
51.00	RECOVERY ROOM	4,094,047		4,094,047	0	4,094,047	10,561,306	14,238,815	24,800,121	51.00
52.00	DELIVERY ROOM & LABOR ROOM	10,571,513		10,571,513	0	10,571,513	25,727,393	9,417,014	35,144,407	52.00
52.01	OP INFUSION	4,084,289		4,084,289	0	4,084,289	149,298	24,292,817	24,442,115	52.01
53.00	ANESTHESIOLOGY	504,440		504,440	0	504,440	15,285,869	14,573,807	29,859,676	53.00
54.00	RADIOLOGY-DIAGNOSTIC	18,523,940		18,523,940	0	18,523,940	41,614,053	67,052,191	108,666,244	54.00
55.00	RADIOLOGY-THERAPEUTIC	11,573,412		11,573,412	0	11,573,412	4,588,104	92,629,821	97,217,925	55.00
56.00	RADIOISOTOPE	3,410,012		3,410,012	0	3,410,012	2,484,786	5,109,504	7,594,290	56.00
57.00	CT SCAN	5,685,239		5,685,239	0	5,685,239	76,548,219	68,814,730	145,362,949	57.00
58.00	MRI	2,648,514		2,648,514	0	2,648,514	21,429,129	15,343,155	36,772,284	58.00
59.00	CARDIAC CATHETERIZATION	11,180,823		11,180,823	0	11,180,823	38,181,732	41,143,904	79,325,636	59.00
60.00	LABORATORY	29,324,294		29,324,294	0	29,324,294	157,920,651	94,795,057	252,715,708	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	8,787,484	0	8,787,484	0	8,787,484	80,784,259	2,191,773	82,976,032	65.00
66.00	PHYSICAL THERAPY	4,456,723	0	4,456,723	0	4,456,723	17,434,357	1,818,515	19,252,872	66.00
67.00	OCCUPATIONAL THERAPY	2,190,526	0	2,190,526	0	2,190,526	13,799,653	901,462	14,701,115	67.00
68.00	SPEECH PATHOLOGY	774,080	0	774,080	0	774,080	4,119,482	967,929	5,087,411	68.00
69.00	ELECTROCARDIOLOGY	6,335,802		6,335,802	0	6,335,802	38,453,678	61,842,498	100,296,176	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,214,753		4,214,753	0	4,214,753	5,193,178	8,386,135	13,579,313	70.00
70.01	SLEEP LAB	41,576		41,576	0	41,576	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	42,503,745		42,503,745	0	42,503,745	19,409,607	14,756,645	34,166,252	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	34,736,052		34,736,052	0	34,736,052	23,620,660	21,458,149	45,078,809	72.00
73.00	DRUGS CHARGED TO PATIENTS	79,502,865		79,502,865	0	79,502,865	67,189,380	122,169,683	189,359,063	73.00
75.00	ASC (NON-DISTINCT PART)	468,434		468,434	0	468,434	0	0	0	75.00
76.97	CARDIAC REHABILITATION	1,532,974		1,532,974	0	1,532,974	3,833	3,744,607	3,748,440	76.97
76.98	HYPERBARIC OXYGEN THERAPY	355,095		355,095	0	355,095	71,146	7,351,386	7,422,532	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	0	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0		0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	1,246,638		1,246,638	0	1,246,638	166,816	17,211,275	17,378,091	90.00
91.00	EMERGENCY	38,891,534		38,891,534	0	38,891,534	140,343,927	298,183,765	438,527,692	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	176,009		176,009		176,009	201,450	736,900	938,350	92.00
92.01	OBSERVATION BEDS-DISTINCT	6,765,719		6,765,719	0	6,765,719	16,137,107	53,368,452	69,505,559	92.01
OTHER REIMBURSABLE COST CENTERS										
95.00	AMBULANCE SERVICES	0		0	0	0	0	0	0	95.00
102.00	OPIOID TREATMENT PROGRAM	0		0		0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS										
113.00	INTEREST EXPENSE									113.00
200.00	Subtotal (see instructions)	553,243,857	0	553,243,857	0	553,243,857	2,155,234,682	1,113,782,962	3,269,017,644	200.00
201.00	Less Observation Beds	176,009		176,009		176,009				201.00
202.00	Total (see instructions)	553,067,848	0	553,067,848	0	553,067,848	2,155,234,682	1,113,782,962	3,269,017,644	202.00

COMMUNITY MEDICAL CENTER	Period:	Run Date Time:	5/14/2026 10:41
Provider CCN: 31-0041	From: 01/01/2025	MCRIF32	2552-10
	To: 12/31/2025	Version:	25.3.181.0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Worksheet C
Part I
PPS

		Title XVIII	Hospital		
	Cost Center Description	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		9.00	10.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.334780	0.000000	0.334780	50.00
51.00	RECOVERY ROOM	0.165082	0.000000	0.165082	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.300802	0.000000	0.300802	52.00
52.01	OP INFUSION	0.167100	0.000000	0.167100	52.01
53.00	ANESTHESIOLOGY	0.016894	0.000000	0.016894	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.170466	0.000000	0.170466	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.119046	0.000000	0.119046	55.00
56.00	RADIOISOTOPE	0.449023	0.000000	0.449023	56.00
57.00	CT SCAN	0.039111	0.000000	0.039111	57.00
58.00	MRI	0.072025	0.000000	0.072025	58.00
59.00	CARDIAC CATHETERIZATION	0.140948	0.000000	0.140948	59.00
60.00	LABORATORY	0.116037	0.000000	0.116037	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0.000000	0.000000	63.00
65.00	RESPIRATORY THERAPY	0.105904	0.000000	0.105904	65.00
66.00	PHYSICAL THERAPY	0.231484	0.000000	0.231484	66.00
67.00	OCCUPATIONAL THERAPY	0.149004	0.000000	0.149004	67.00
68.00	SPEECH PATHOLOGY	0.152156	0.000000	0.152156	68.00
69.00	ELECTROCARDIOLOGY	0.063171	0.000000	0.063171	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.310380	0.000000	0.310380	70.00
70.01	SLEEP LAB	0.000000	0.000000	0.000000	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	1.244027	0.000000	1.244027	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.770563	0.000000	0.770563	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.419852	0.000000	0.419852	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0.000000	0.000000	75.00
76.97	CARDIAC REHABILITATION	0.408963	0.000000	0.408963	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.047840	0.000000	0.047840	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0.000000	0.000000	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0.000000	0.000000	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.071736	0.000000	0.071736	90.00
91.00	EMERGENCY	0.088687	0.000000	0.088687	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.187573	0.000000	0.187573	92.00
92.01	OBSERVATION BEDS-DISTINCT	0.097341	0.000000	0.097341	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.000000	0.000000	0.000000	95.00
102.00	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMMUNITY MEDICAL CENTER				Period:	Run Date Time:
Provider CCN: 31-0041				From: 01/01/2025	5/14/2026 10:41
				To: 12/31/2025	MCRIF32 2552-10 Version: 25.3.181.0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Worksheet C

Part I

TEFRA

		Title XIX				Hospital				
		Costs		Charges						
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	Inpatient	Outpatient	Total (col. 6 + col. 7)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	ADULTS & PEDIATRICS	100,018,216		100,018,216	0	100,018,216	674,723,153		674,723,153	30.00
31.00	INTENSIVE CARE UNIT	63,502,624		63,502,624	0	63,502,624	515,639,093		515,639,093	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	8,064,485		8,064,485	0	8,064,485	53,540,137		53,540,137	34.00
43.00	NURSERY	7,488,296		7,488,296	0	7,488,296	27,972,789		27,972,789	43.00
44.00	SKILLED NURSING FACILITY	10,059,315		10,059,315	0	10,059,315	25,015,064		25,015,064	44.00
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	29,530,389		29,530,389	0	29,530,389	36,925,373	51,282,973	88,208,346	50.00
51.00	RECOVERY ROOM	4,094,047		4,094,047	0	4,094,047	10,561,306	14,238,815	24,800,121	51.00
52.00	DELIVERY ROOM & LABOR ROOM	10,571,513		10,571,513	0	10,571,513	25,727,393	9,417,014	35,144,407	52.00
52.01	OP INFUSION	4,084,289		4,084,289	0	4,084,289	149,298	24,292,817	24,442,115	52.01
53.00	ANESTHESIOLOGY	504,440		504,440	0	504,440	15,285,869	14,573,807	29,859,676	53.00
54.00	RADIOLOGY-DIAGNOSTIC	18,523,940		18,523,940	0	18,523,940	41,614,053	67,052,191	108,666,244	54.00
55.00	RADIOLOGY-THERAPEUTIC	11,573,412		11,573,412	0	11,573,412	4,588,104	92,629,821	97,217,925	55.00
56.00	RADIOISOTOPE	3,410,012		3,410,012	0	3,410,012	2,484,786	5,109,504	7,594,290	56.00
57.00	CT SCAN	5,685,239		5,685,239	0	5,685,239	76,548,219	68,814,730	145,362,949	57.00
58.00	MRI	2,648,514		2,648,514	0	2,648,514	21,429,129	15,343,155	36,772,284	58.00
59.00	CARDIAC CATHETERIZATION	11,180,823		11,180,823	0	11,180,823	38,181,732	41,143,904	79,325,636	59.00
60.00	LABORATORY	29,324,294		29,324,294	0	29,324,294	157,920,651	94,795,057	252,715,708	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	8,787,484	0	8,787,484	0	8,787,484	80,784,259	2,191,773	82,976,032	65.00
66.00	PHYSICAL THERAPY	4,456,723	0	4,456,723	0	4,456,723	17,434,357	1,818,515	19,252,872	66.00
67.00	OCCUPATIONAL THERAPY	2,190,526	0	2,190,526	0	2,190,526	13,799,653	901,462	14,701,115	67.00
68.00	SPEECH PATHOLOGY	774,080	0	774,080	0	774,080	4,119,482	967,929	5,087,411	68.00
69.00	ELECTROCARDIOLOGY	6,335,802		6,335,802	0	6,335,802	38,453,678	61,842,498	100,296,176	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,214,753		4,214,753	0	4,214,753	5,193,178	8,386,135	13,579,313	70.00
70.01	SLEEP LAB	41,576		41,576	0	41,576	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	42,503,745		42,503,745	0	42,503,745	19,409,607	14,756,645	34,166,252	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	34,736,052		34,736,052	0	34,736,052	23,620,660	21,458,149	45,078,809	72.00
73.00	DRUGS CHARGED TO PATIENTS	79,502,865		79,502,865	0	79,502,865	67,189,380	122,169,683	189,359,063	73.00
75.00	ASC (NON-DISTINCT PART)	468,434		468,434	0	468,434	0	0	0	75.00
76.97	CARDIAC REHABILITATION	1,532,974		1,532,974	0	1,532,974	3,833	3,744,607	3,748,440	76.97
76.98	HYPERBARIC OXYGEN THERAPY	355,095		355,095	0	355,095	71,146	7,351,386	7,422,532	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	0	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0		0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	1,246,638		1,246,638	0	1,246,638	166,816	17,211,275	17,378,091	90.00
91.00	EMERGENCY	38,891,534		38,891,534	0	38,891,534	140,343,927	298,183,765	438,527,692	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	176,009		176,009		176,009	201,450	736,900	938,350	92.00
92.01	OBSERVATION BEDS-DISTINCT	6,765,719		6,765,719	0	6,765,719	16,137,107	53,368,452	69,505,559	92.01
OTHER REIMBURSABLE COST CENTERS										
95.00	AMBULANCE SERVICES	0		0	0	0	0	0	0	95.00
102.00	OPIOID TREATMENT PROGRAM	0		0		0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS										
113.00	INTEREST EXPENSE									113.00
200.00	Subtotal (see instructions)	553,243,857	0	553,243,857	0	553,243,857	2,155,234,682	1,113,782,962	3,269,017,644	200.00
201.00	Less Observation Beds	176,009		176,009		176,009				201.00
202.00	Total (see instructions)	553,067,848	0	553,067,848	0	553,067,848	2,155,234,682	1,113,782,962	3,269,017,644	202.00

COMMUNITY MEDICAL CENTER	Period:	Run Date Time:	5/14/2026 10:41
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COMPUTATION OF RATIO OF COSTS TO CHARGES

Worksheet C

Part I

TEFRA

Title XIX		Hospital			
	Cost Center Description	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		9.00	10.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.334780	0.334780	0.000000	50.00
51.00	RECOVERY ROOM	0.165082	0.165082	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.300802	0.300802	0.000000	52.00
52.01	OP INFUSION	0.167100	0.167100	0.000000	52.01
53.00	ANESTHESIOLOGY	0.016894	0.016894	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.170466	0.170466	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.119046	0.119046	0.000000	55.00
56.00	RADIOISOTOPE	0.449023	0.449023	0.000000	56.00
57.00	CT SCAN	0.039111	0.039111	0.000000	57.00
58.00	MRI	0.072025	0.072025	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0.140948	0.140948	0.000000	59.00
60.00	LABORATORY	0.116037	0.116037	0.000000	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0.000000	0.000000	63.00
65.00	RESPIRATORY THERAPY	0.105904	0.105904	0.000000	65.00
66.00	PHYSICAL THERAPY	0.231484	0.231484	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0.149004	0.149004	0.000000	67.00
68.00	SPEECH PATHOLOGY	0.152156	0.152156	0.000000	68.00
69.00	ELECTROCARDIOLOGY	0.063171	0.063171	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.310380	0.310380	0.000000	70.00
70.01	SLEEP LAB	0.000000	0.000000	0.000000	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	1.244027	1.244027	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.770563	0.770563	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.419852	0.419852	0.000000	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0.000000	0.000000	75.00
76.97	CARDIAC REHABILITATION	0.408963	0.408963	0.000000	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.047840	0.047840	0.000000	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0.000000	0.000000	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0.000000	0.000000	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.071736	0.071736	0.000000	90.00
91.00	EMERGENCY	0.088687	0.088687	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.187573	0.187573	0.000000	92.00
92.01	OBSERVATION BEDS-DISTINCT	0.097341	0.097341	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.000000	0.000000	0.000000	95.00
102.00	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMMUNITY MEDICAL CENTER		Period:	Run Date Time:
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Worksheet C
Part II
TEFRA

Title XIX Hospital

	Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	29,530,389	4,941,717	24,588,672	494,172	1,426,143	27,610,074	88,208,346	0.313010	50.00
51.00	RECOVERY ROOM	4,094,047	274,177	3,819,870	27,418	221,552	3,845,077	24,800,121	0.155043	51.00
52.00	DELIVERY ROOM & LABOR ROOM	10,571,513	848,307	9,723,206	84,831	563,946	9,922,736	35,144,407	0.282342	52.00
52.01	OP INFUSION	4,084,289	389,078	3,695,211	38,908	214,322	3,831,059	24,442,115	0.156740	52.01
53.00	ANESTHESIOLOGY	504,440	107,611	396,829	10,761	23,016	470,663	29,859,676	0.015762	53.00
54.00	RADIOLOGY-DIAGNOSTIC	18,523,940	1,581,368	16,942,572	158,137	982,669	17,383,134	108,666,244	0.159968	54.00
55.00	RADIOLOGY-THERAPEUTIC	11,573,412	1,408,634	10,164,778	140,863	589,557	10,842,992	97,217,925	0.111533	55.00
56.00	RADIOISOTOPE	3,410,012	82,182	3,327,830	8,218	193,014	3,208,780	7,594,290	0.422525	56.00
57.00	CT SCAN	5,685,239	124,851	5,560,388	12,485	322,503	5,350,251	145,362,949	0.036806	57.00
58.00	MRI	2,648,514	180,670	2,467,844	18,067	143,135	2,487,312	36,772,284	0.067641	58.00
59.00	CARDIAC CATHETERIZATION	11,180,823	1,236,284	9,944,539	123,628	576,783	10,480,412	79,325,636	0.132119	59.00
60.00	LABORATORY	29,324,294	1,293,438	28,030,856	129,344	1,625,790	27,569,160	252,715,708	0.109092	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	0.000000	63.00
65.00	RESPIRATORY THERAPY	8,787,484	456,707	8,330,777	45,671	483,185	8,258,628	82,976,032	0.099530	65.00
66.00	PHYSICAL THERAPY	4,456,723	304,418	4,152,305	30,442	240,834	4,185,447	19,252,872	0.217393	66.00
67.00	OCCUPATIONAL THERAPY	2,190,526	47,143	2,143,383	4,714	124,316	2,061,496	14,701,115	0.140227	67.00
68.00	SPEECH PATHOLOGY	774,080	43,161	730,919	4,316	42,393	727,371	5,087,411	0.142975	68.00
69.00	ELECTROCARDIOLOGY	6,335,802	465,774	5,870,028	46,577	340,462	5,948,763	100,296,176	0.059312	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,214,753	534,986	3,679,767	53,499	213,426	3,947,828	13,579,313	0.290724	70.00
70.01	SLEEP LAB	41,576	5,109	36,467	511	2,115	38,950	0	0.000000	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	42,503,745	1,239,238	41,264,507	123,924	2,393,341	39,986,480	34,166,252	1.170350	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	34,736,052	1,012,732	33,723,320	101,273	1,955,953	32,678,826	45,078,809	0.724927	72.00
73.00	DRUGS CHARGED TO PATIENTS	79,502,865	1,808,617	77,694,248	180,862	4,506,266	74,815,737	189,359,063	0.395100	73.00
75.00	ASC (NON-DISTINCT PART)	468,434	7,361	461,073	736	26,742	440,956	0	0.000000	75.00
76.97	CARDIAC REHABILITATION	1,532,974	116,655	1,416,319	11,666	82,147	1,439,161	3,748,440	0.383936	76.97
76.98	HYPERBARIC OXYGEN THERAPY	355,095	112,879	242,216	11,288	14,049	329,758	7,422,532	0.044427	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	0	0.000000	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	1,246,638	27,374	1,219,264	2,737	70,717	1,173,184	17,378,091	0.067509	90.00
91.00	EMERGENCY	38,891,534	3,425,182	35,466,352	342,518	2,057,048	36,491,968	438,527,692	0.083215	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	176,009	11,447	164,562	1,145	9,545	165,319	938,350	0.176181	92.00
92.01	OBSERVATION BEDS-DISTINCT	6,765,719	187,383	6,578,336	18,738	381,543	6,365,438	69,505,559	0.091582	92.01
OTHER REIMBURSABLE COST CENTERS										
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	0	0.000000	95.00
102.00	OPIOID TREATMENT PROGRAM	0	0	0	0	0	0	0	0.000000	102.00
SPECIAL PURPOSE COST CENTERS										
113.00	INTEREST EXPENSE									113.00
200.00	Subtotal (sum of lines 50 thru 199)	364,110,921	22,274,483	341,836,438	2,227,449	19,826,512	342,056,960	1,972,127,408		200.00
201.00	Less Observation Beds	176,009	11,447	164,562	1,145	9,545	165,319	0		201.00
202.00	Total (line 200 minus line 201)	363,934,912	22,263,036	341,671,876	2,226,304	19,816,967	341,891,641	1,972,127,408		202.00

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Worksheet D
Part I
PPS

Title XVIII Hospital

	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)	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	6,504,856	0	6,504,856	71,032	91.58	28,581	2,617,448	30.00
31.00	INTENSIVE CARE UNIT	3,771,365		3,771,365	44,922	83.95	20,798	1,745,992	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	359,209		359,209	3,448	104.18	1,426	148,561	34.00
43.00	NURSERY	373,138		373,138	4,839	77.11	0	0	43.00
44.00	SKILLED NURSING FACILITY	535,026		535,026	7,807	68.53	4,265	292,280	44.00
200.00	Total (lines 30 through 199)	11,543,594		11,543,594	132,048		55,070	4,804,281	200.00

COMMUNITY MEDICAL CENTER		Period:	Run Date Time: 5/14/2026 10:41
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Worksheet D

Part II

PPS

Title XVIII Hospital

	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	OPERATING ROOM	4,941,717	88,208,346	0.056023	32,048,900	1,795,476	50.00
51.00	RECOVERY ROOM	274,177	24,800,121	0.011055	4,197,342	46,402	51.00
52.00	DELIVERY ROOM & LABOR ROOM	848,307	35,144,407	0.024138	42,849	1,034	52.00
52.01	OP INFUSION	389,078	24,442,115	0.015918	114,444	1,822	52.01
53.00	ANESTHESIOLOGY	107,611	29,859,676	0.003604	4,971,079	17,916	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,581,368	108,666,244	0.014553	16,528,902	240,545	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,408,634	97,217,925	0.014489	1,744,114	25,270	55.00
56.00	RADIOISOTOPE	82,182	7,594,290	0.010822	1,034,876	11,199	56.00
57.00	CT SCAN	124,851	145,362,949	0.000859	32,372,735	27,808	57.00
58.00	MRI	180,670	36,772,284	0.004913	8,376,534	41,154	58.00
59.00	CARDIAC CATHETERIZATION	1,236,284	79,325,636	0.015585	21,586,747	336,429	59.00
60.00	LABORATORY	1,293,438	252,715,708	0.005118	64,118,313	328,158	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
65.00	RESPIRATORY THERAPY	456,707	82,976,032	0.005504	37,411,034	205,910	65.00
66.00	PHYSICAL THERAPY	304,418	19,252,872	0.015812	7,954,795	125,781	66.00
67.00	OCCUPATIONAL THERAPY	47,143	14,701,115	0.003207	5,784,368	18,550	67.00
68.00	SPEECH PATHOLOGY	43,161	5,087,411	0.008484	1,988,343	16,869	68.00
69.00	ELECTROCARDIOLOGY	465,774	100,296,176	0.004644	16,631,322	77,236	69.00
70.00	ELECTROENCEPHALOGRAPHY	534,986	13,579,313	0.039397	1,917,468	75,542	70.00
70.01	SLEEP LAB	5,109	0	0.000000	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	1,239,238	34,166,252	0.036271	7,922,027	287,340	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1,012,732	45,078,809	0.022466	1,479,185	33,231	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,808,617	189,359,063	0.009551	12,054,128	115,129	73.00
75.00	ASC (NON-DISTINCT PART)	7,361	0	0.000000	0	0	75.00
76.97	CARDIAC REHABILITATION	116,655	3,748,440	0.031121	1,544	48	76.97
76.98	HYPERBARIC OXYGEN THERAPY	112,879	7,422,532	0.015208	34,673	527	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	27,374	17,378,091	0.001575	134,597	212	90.00
91.00	EMERGENCY	3,425,182	438,527,692	0.007811	56,341,350	440,082	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	11,447	938,350	0.012199	119,338	1,456	92.00
92.01	OBSERVATION BEDS-DISTINCT	187,383	69,505,559	0.002696	9,244,333	24,923	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	22,274,483	1,972,127,408		346,155,340	4,296,049	200.00

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Worksheet D
Part III
PPS

Title XVIII Hospital

	Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1A	1.00	2A	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0		0	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		0	34.00
43.00	NURSERY	0	0	0	0	0		0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0			0	44.00
200.00	Total (lines 30 through 199)	0	0	0	0	0		0	200.00
	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
		6.00	7.00	8.00	9.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	71,032	0.00	28,581	0				
31.00	INTENSIVE CARE UNIT	44,922	0.00	20,798	0				
34.00	SURGICAL INTENSIVE CARE UNIT	3,448	0.00	1,426	0				
43.00	NURSERY	4,839	0.00	0	0				
44.00	SKILLED NURSING FACILITY	7,807	0.00	4,265	0				
200.00	Total (lines 30 through 199)	132,048		55,070	0				

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Worksheet D
Part IV
PPS

Title XVIII Hospital

	Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	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)	
		1.00	2A	2.00	3A	3.00	4.00	5.00	6.00	
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	0	0	0	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	0	52.00
52.01	OP INFUSION	0	0	0	0	0	0	0	0	52.01
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	0	0	0	57.00
58.00	MRI	0	0	0	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	0	70.00
70.01	SLEEP LAB	0	0	0	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	371,295	0	371,295	371,295	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	0	75.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	0	0	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	0	0	0	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS										
95.00	AMBULANCE SERVICES									95.00
200.00	Total (lines 50 through 199)	0	0	0	0	371,295	0	371,295	371,295	200.00

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Worksheet D
Part IV
PPS

Title XVIII Hospital

	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	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)		
		7.00	8.00	9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	88,208,346	0.000000	0.000000	32,048,900	0	25,226,068	0		50.00
51.00	RECOVERY ROOM	24,800,121	0.000000	0.000000	4,197,342	0	3,822,653	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	35,144,407	0.000000	0.000000	42,849	0	0	0		52.00
52.01	OP INFUSION	24,442,115	0.000000	0.000000	114,444	0	5,119,718	0		52.01
53.00	ANESTHESIOLOGY	29,859,676	0.000000	0.000000	4,971,079	0	3,909,987	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	108,666,244	0.000000	0.000000	16,528,902	0	14,293,870	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	97,217,925	0.000000	0.000000	1,744,114	0	34,036,796	0		55.00
56.00	RADIOISOTOPE	7,594,290	0.000000	0.000000	1,034,876	0	1,874,850	0		56.00
57.00	CT SCAN	145,362,949	0.000000	0.000000	32,372,735	0	20,229,877	0		57.00
58.00	MRI	36,772,284	0.000000	0.000000	8,376,534	0	4,311,043	0		58.00
59.00	CARDIAC CATHETERIZATION	79,325,636	0.000000	0.000000	21,586,747	0	21,106,727	0		59.00
60.00	LABORATORY	252,715,708	0.000000	0.000000	64,118,313	0	15,677,345	0		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0.000000	0.000000	0	0	0	0		63.00
65.00	RESPIRATORY THERAPY	82,976,032	0.000000	0.000000	37,411,034	0	530,927	0		65.00
66.00	PHYSICAL THERAPY	19,252,872	0.000000	0.000000	7,954,795	0	211,001	0		66.00
67.00	OCCUPATIONAL THERAPY	14,701,115	0.000000	0.000000	5,784,368	0	50,750	0		67.00
68.00	SPEECH PATHOLOGY	5,087,411	0.000000	0.000000	1,988,343	0	11,023	0		68.00
69.00	ELECTROCARDIOLOGY	100,296,176	0.000000	0.000000	16,631,322	0	21,178,782	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	13,579,313	0.000000	0.000000	1,917,468	0	2,100,814	0		70.00
70.01	SLEEP LAB	0	0.000000	0.000000	0	0	0	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	34,166,252	0.000000	0.000000	7,922,027	0	4,680,290	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT'S	45,078,809	0.000000	0.000000	1,479,185	0	1,193,447	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	189,359,063	0.001961	0.001961	12,054,128	23,638	35,552,216	69,718		73.00
75.00	ASC (NON-DISTINCT PART)	0	0.000000	0.000000	0	0	0	0		75.00
76.97	CARDIAC REHABILITATION	3,748,440	0.000000	0.000000	1,544	0	1,631,705	0		76.97
76.98	HYPERBARIC OXYGEN THERAPY	7,422,532	0.000000	0.000000	34,673	0	2,759,667	0		76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0.000000	0.000000	0	0	0	0		77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0	0.000000	0.000000	0	0	0	0		78.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	17,378,091	0.000000	0.000000	134,597	0	9,169,830	0		90.00
91.00	EMERGENCY	438,527,692	0.000000	0.000000	56,341,350	0	57,332,436	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	938,350	0.000000	0.000000	119,338	0	120,975	0		92.00
92.01	OBSERVATION BEDS-DISTINCT	69,505,559	0.000000	0.000000	9,244,333	0	28,528,023	0		92.01
OTHER REIMBURSABLE COST CENTERS										
95.00	AMBULANCE SERVICES									95.00
200.00	Total (lines 50 through 199)	1,972,127,408			346,155,340	23,638	314,660,820	69,718		200.00

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Worksheet D

Part V

PPS

Title XVIII

Hospital

	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.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS									
50.00	OPERATING ROOM	0.334780	25,226,068	0	0	8,445,183	0	0	50.00
51.00	RECOVERY ROOM	0.165082	3,822,653	0	0	631,051	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.300802	0	0	0	0	0	0	52.00
52.01	OP INFUSION	0.167100	5,119,718	0	0	855,505	0	0	52.01
53.00	ANESTHESIOLOGY	0.016894	3,909,987	0	0	66,055	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.170466	14,293,870	0	0	2,436,619	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.119046	34,036,796	0	0	4,051,944	0	0	55.00
56.00	RADIOISOTOPE	0.449023	1,874,850	0	0	841,851	0	0	56.00
57.00	CT SCAN	0.039111	20,229,877	0	0	791,211	0	0	57.00
58.00	MRI	0.072025	4,311,043	0	0	310,503	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.140948	21,106,727	0	0	2,974,951	0	0	59.00
60.00	LABORATORY	0.116037	15,677,345	0	0	1,819,152	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0.105904	530,927	0	0	56,227	0	0	65.00
66.00	PHYSICAL THERAPY	0.231484	211,001	0	0	48,843	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.149004	50,750	0	0	7,562	0	0	67.00
68.00	SPEECH PATHOLOGY	0.152156	11,023	0	0	1,677	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.063171	21,178,782	0	0	1,337,885	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.310380	2,100,814	0	0	652,051	0	0	70.00
70.01	SLEEP LAB	0.000000	0	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	1.244027	4,680,290	0	0	5,822,407	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.770563	1,193,447	0	0	919,626	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.419852	35,552,216	0	68,281	14,926,669	0	28,668	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	0	75.00
76.97	CARDIAC REHABILITATION	0.408963	1,631,705	0	0	667,307	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.047840	2,759,667	0	0	132,022	0	0	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
90.00	CLINIC	0.071736	9,169,830	0	0	657,807	0	0	90.00
91.00	EMERGENCY	0.088687	57,332,436	0	0	5,084,642	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.187573	120,975	0	0	22,692	0	0	92.00
92.01	OBSERVATION BEDS-DISTINCT	0.097341	28,528,023	0	0	2,776,946	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	AMBULANCE SERVICES	0.000000		0			0		95.00
200.00	Subtotal (see instructions)		314,660,820	0	68,281	56,338,388	0	28,668	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		0		201.00
202.00	Net Charges (line 200 - line 201)		314,660,820	0	68,281	56,338,388	0	28,668	202.00

COMMUNITY MEDICAL CENTER				Period:	Run Date Time:
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				Version:	25.3.181.0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Component CCN: 315490
THROUGH COSTS

Worksheet D
Part IV
PPS

Title XVIII Skilled Nursing Facility

	Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	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)	
		1.00	2A	2.00	3A	3.00	4.00	5.00	6.00	
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	0	0	0	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	0	52.00
52.01	OP INFUSION	0	0	0	0	0	0	0	0	52.01
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	0	0	0	57.00
58.00	MRI	0	0	0	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	0	70.00
70.01	SLEEP LAB	0	0	0	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	371,295	0	371,295	371,295	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	0	75.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	0	0	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	0	0	0	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS										
95.00	AMBULANCE SERVICES									95.00
200.00	Total (lines 50 through 199)	0	0	0	0	371,295	0	371,295	371,295	200.00

COMMUNITY MEDICAL CENTER					Period:	Run Date Time:	5/14/2026 10:41
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Component CCN: 315490
THROUGH COSTS

Worksheet D
Part IV
PPS

Title XVIII Skilled Nursing Facility

	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	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)		
		7.00	8.00	9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	88,208,346	0.000000	0.000000	8,244	0	0	0		50.00
51.00	RECOVERY ROOM	24,800,121	0.000000	0.000000	964	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	35,144,407	0.000000	0.000000	0	0	0	0		52.00
52.01	OP INFUSION	24,442,115	0.000000	0.000000	6,002	0	0	0		52.01
53.00	ANESTHESIOLOGY	29,859,676	0.000000	0.000000	5,945	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	108,666,244	0.000000	0.000000	160,681	0	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	97,217,925	0.000000	0.000000	0	0	0	0		55.00
56.00	RADIOISOTOPE	7,594,290	0.000000	0.000000	639	0	0	0		56.00
57.00	CT SCAN	145,362,949	0.000000	0.000000	0	0	0	0		57.00
58.00	MRI	36,772,284	0.000000	0.000000	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	79,325,636	0.000000	0.000000	0	0	0	0		59.00
60.00	LABORATORY	252,715,708	0.000000	0.000000	1,326,770	0	0	0		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0.000000	0.000000	0	0	0	0		63.00
65.00	RESPIRATORY THERAPY	82,976,032	0.000000	0.000000	158,217	0	0	0		65.00
66.00	PHYSICAL THERAPY	19,252,872	0.000000	0.000000	1,951	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	14,701,115	0.000000	0.000000	238,961	0	0	0		67.00
68.00	SPEECH PATHOLOGY	5,087,411	0.000000	0.000000	24,742	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	100,296,176	0.000000	0.000000	10,500	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	13,579,313	0.000000	0.000000	1,103	0	0	0		70.00
70.01	SLEEP LAB	0	0.000000	0.000000	0	0	0	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	34,166,252	0.000000	0.000000	42,652	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	45,078,809	0.000000	0.000000	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	189,359,063	0.001961	0.001961	277,591	544	0	0		73.00
75.00	ASC (NON-DISTINCT PART)	0	0.000000	0.000000	0	0	0	0		75.00
76.97	CARDIAC REHABILITATION	3,748,440	0.000000	0.000000	0	0	0	0		76.97
76.98	HYPERBARIC OXYGEN THERAPY	7,422,532	0.000000	0.000000	0	0	0	0		76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0.000000	0.000000	0	0	0	0		77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0	0.000000	0.000000	0	0	0	0		78.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	17,378,091	0.000000	0.000000	1,169	0	0	0		90.00
91.00	EMERGENCY	438,527,692	0.000000	0.000000	0	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	938,350	0.000000	0.000000	0	0	0	0		92.00
92.01	OBSERVATION BEDS-DISTINCT	69,505,559	0.000000	0.000000	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS										
95.00	AMBULANCE SERVICES									95.00
200.00	Total (lines 50 through 199)	1,972,127,408			2,266,131	544	0	0		200.00

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Worksheet D
Part I
TEFRA

		Title XIX		Hospital					
	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)	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	6,504,856	0	6,504,856	71,032	91.58	874	80,041	30.00
31.00	INTENSIVE CARE UNIT	3,771,365		3,771,365	44,922	83.95	779	65,397	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	359,209		359,209	3,448	104.18	0	0	34.00
43.00	NURSERY	373,138		373,138	4,839	77.11	2,409	185,758	43.00
44.00	SKILLED NURSING FACILITY	535,026		535,026	7,807	68.53	0	0	44.00
200.00	Total (lines 30 through 199)	11,543,594		11,543,594	132,048		4,062	331,196	200.00

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Worksheet D

Part II

TEFRA

		Title XIX		Hospital			
	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	OPERATING ROOM	4,941,717	88,208,346	0.056023	768,731	43,067	50.00
51.00	RECOVERY ROOM	274,177	24,800,121	0.011055	108,057	1,195	51.00
52.00	DELIVERY ROOM & LABOR ROOM	848,307	35,144,407	0.024138	1,081,141	26,097	52.00
52.01	OP INFUSION	389,078	24,442,115	0.015918	0	0	52.01
53.00	ANESTHESIOLOGY	107,611	29,859,676	0.003604	319,935	1,153	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,581,368	108,666,244	0.014553	579,953	8,440	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,408,634	97,217,925	0.014489	125,549	1,819	55.00
56.00	RADIOISOTOPE	82,182	7,594,290	0.010822	60,434	654	56.00
57.00	CT SCAN	124,851	145,362,949	0.000859	817,291	702	57.00
58.00	MRI	180,670	36,772,284	0.004913	373,967	1,837	58.00
59.00	CARDIAC CATHETERIZATION	1,236,284	79,325,636	0.015585	393,192	6,128	59.00
60.00	LABORATORY	1,293,438	252,715,708	0.005118	2,494,639	12,768	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
65.00	RESPIRATORY THERAPY	456,707	82,976,032	0.005504	1,096,096	6,033	65.00
66.00	PHYSICAL THERAPY	304,418	19,252,872	0.015812	122,577	1,938	66.00
67.00	OCCUPATIONAL THERAPY	47,143	14,701,115	0.003207	108,383	348	67.00
68.00	SPEECH PATHOLOGY	43,161	5,087,411	0.008484	36,053	306	68.00
69.00	ELECTROCARDIOLOGY	465,774	100,296,176	0.004644	430,503	1,999	69.00
70.00	ELECTROENCEPHALOGRAPHY	534,986	13,579,313	0.039397	75,906	2,990	70.00
70.01	SLEEP LAB	5,109	0	0.000000	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	1,239,238	34,166,252	0.036271	149,301	5,415	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1,012,732	45,078,809	0.022466	93,205	2,094	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,808,617	189,359,063	0.009551	445,033	4,251	73.00
75.00	ASC (NON-DISTINCT PART)	7,361	0	0.000000	0	0	75.00
76.97	CARDIAC REHABILITATION	116,655	3,748,440	0.031121	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	112,879	7,422,532	0.015208	0	0	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	27,374	17,378,091	0.001575	0	0	90.00
91.00	EMERGENCY	3,425,182	438,527,692	0.007811	1,232,708	9,629	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	11,447	938,350	0.012199	781	10	92.00
92.01	OBSERVATION BEDS-DISTINCT	187,383	69,505,559	0.002696	68,473	185	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	22,274,483	1,972,127,408		10,981,908	139,058	200.00

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Worksheet D
Part III
TEFRA

Title XIX					Hospital			TEFRA	
	Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1A	1.00	2A	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0		0	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		0	34.00
43.00	NURSERY	0	0	0	0	0		0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0			0	44.00
200.00	Total (lines 30 through 199)	0	0	0	0	0		0	200.00
	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
		6.00	7.00	8.00	9.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	71,032	0.00	874	0				30.00
31.00	INTENSIVE CARE UNIT	44,922	0.00	779	0				31.00
34.00	SURGICAL INTENSIVE CARE UNIT	3,448	0.00	0	0				34.00
43.00	NURSERY	4,839	0.00	2,409	0				43.00
44.00	SKILLED NURSING FACILITY	7,807	0.00	0	0				44.00
200.00	Total (lines 30 through 199)	132,048		4,062	0				200.00

COMMUNITY MEDICAL CENTER				Period:	Run Date Time:
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Worksheet D
Part IV
TEFRA

Title XIX Hospital										
Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	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)		
	1.00	2A	2.00	3A	3.00	4.00	5.00	6.00		
ANCILLARY SERVICE COST CENTERS										
50.00 OPERATING ROOM	0	0	0	0	0	0	0	0	50.00	
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	0	51.00	
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	0	52.00	
52.01 OP INFUSION	0	0	0	0	0	0	0	0	52.01	
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	0	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	54.00	
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	0	55.00	
56.00 RADIOISOTOPE	0	0	0	0	0	0	0	0	56.00	
57.00 CT SCAN	0	0	0	0	0	0	0	0	57.00	
58.00 MRI	0	0	0	0	0	0	0	0	58.00	
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	0	59.00	
60.00 LABORATORY	0	0	0	0	0	0	0	0	60.00	
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	0	63.00	
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	65.00	
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	0	66.00	
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	67.00	
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	68.00	
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	69.00	
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	0	70.00	
70.01 SLEEP LAB	0	0	0	0	0	0	0	0	70.01	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	0	0	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	371,295	0	371,295	371,295	73.00	
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	0	75.00	
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	0	0	76.97	
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	0	0	76.98	
77.00 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	0	0	77.00	
78.00 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS										
90.00 CLINIC	0	0	0	0	0	0	0	0	90.00	
91.00 EMERGENCY	0	0	0	0	0	0	0	0	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	0	92.00	
92.01 OBSERVATION BEDS-DISTINCT	0	0	0	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS										
95.00 AMBULANCE SERVICES									95.00	
200.00 Total (lines 50 through 199)	0	0	0	0	371,295	0	371,295	371,295	200.00	

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Worksheet D
Part IV
TEFRA

		Title XIX		Hospital					
	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	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)	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	OPERATING ROOM	88,208,346	0.000000	0.000000	768,731	0	0	0	50.00
51.00	RECOVERY ROOM	24,800,121	0.000000	0.000000	108,057	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	35,144,407	0.000000	0.000000	1,081,141	0	0	0	52.00
52.01	OP INFUSION	24,442,115	0.000000	0.000000	0	0	0	0	52.01
53.00	ANESTHESIOLOGY	29,859,676	0.000000	0.000000	319,935	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	108,666,244	0.000000	0.000000	579,953	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	97,217,925	0.000000	0.000000	125,549	0	0	0	55.00
56.00	RADIOISOTOPE	7,594,290	0.000000	0.000000	60,434	0	0	0	56.00
57.00	CT SCAN	145,362,949	0.000000	0.000000	817,291	0	0	0	57.00
58.00	MRI	36,772,284	0.000000	0.000000	373,967	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	79,325,636	0.000000	0.000000	393,192	0	0	0	59.00
60.00	LABORATORY	252,715,708	0.000000	0.000000	2,494,639	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0.000000	0.000000	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	82,976,032	0.000000	0.000000	1,096,096	0	0	0	65.00
66.00	PHYSICAL THERAPY	19,252,872	0.000000	0.000000	122,577	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	14,701,115	0.000000	0.000000	108,383	0	0	0	67.00
68.00	SPEECH PATHOLOGY	5,087,411	0.000000	0.000000	36,053	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	100,296,176	0.000000	0.000000	430,503	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	13,579,313	0.000000	0.000000	75,906	0	0	0	70.00
70.01	SLEEP LAB	0	0.000000	0.000000	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	34,166,252	0.000000	0.000000	149,301	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	45,078,809	0.000000	0.000000	93,205	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	189,359,063	0.001961	0.001961	445,033	873	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0.000000	0.000000	0	0	0	0	75.00
76.97	CARDIAC REHABILITATION	3,748,440	0.000000	0.000000	0	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	7,422,532	0.000000	0.000000	0	0	0	0	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0	0.000000	0.000000	0	0	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0	0.000000	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
90.00	CLINIC	17,378,091	0.000000	0.000000	0	0	0	0	90.00
91.00	EMERGENCY	438,527,692	0.000000	0.000000	1,232,708	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	938,350	0.000000	0.000000	781	0	0	0	92.00
92.01	OBSERVATION BEDS-DISTINCT	69,505,559	0.000000	0.000000	68,473	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	AMBULANCE SERVICES								95.00
200.00	Total (lines 50 through 199)	1,972,127,408			10,981,908	873	0	0	200.00

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COMPUTATION OF INPATIENT OPERATING COST

Worksheet D-1

Title XVIII

Hospital

PPS

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

		1.00	
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	71,032	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	71,032	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)	70,907	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)	28,581	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)	100,018,216	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)	100,018,216	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)	100,018,216	37.00

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COMPUTATION OF INPATIENT OPERATING COST

Worksheet D-1

Title XVIII

Hospital

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY**PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS**

						1.00	
38.00	Adjusted general inpatient routine service cost per diem (see instructions)					1,408.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)					40,244,049	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)					40,244,049	41.00
		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	63,502,624	44,922	1,413.62	20,798	29,400,469	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	8,064,485	3,448	2,338.89	1,426	3,335,257	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					57,980,793	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					130,960,568	49.00

PASS THROUGH COST ADJUSTMENTS

50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,512,001	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,319,687	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,831,688	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					122,128,880	53.00

TARGET AMOUNT AND LIMIT COMPUTATION

54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
55.03	CAR T-cell amount paid as an interim payment					0	55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00

PROGRAM INPATIENT ROUTINE SWING BED COST

64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00

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COMPUTATION OF INPATIENT OPERATING COST

Worksheet D-1

		Title XVIII	Hospital	PPS			
PART III - SNF, NF, AND ICF/IID ONLY							
			1.00				
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							
			1.00				
87.00	Total observation bed days (see instructions)		125	87.00			
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)		1,408.07	88.00			
89.00	Observation bed cost (line 87 x line 88) (see instructions)		176,009	89.00			
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
		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	
90.00	Capital-related cost	6,504,856	100,018,216	0.065037	176,009	11,447	90.00
91.00	Nursing Program cost	0	100,018,216	0.000000	176,009	0	91.00
92.00	Allied health cost	0	100,018,216	0.000000	176,009	0	92.00
93.00	All other Medical Education	0	100,018,216	0.000000	176,009	0	93.00

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COMPUTATION OF INPATIENT OPERATING COST

Component CCN: 315490

Worksheet D-1

Title XVIII

Skilled Nursing Facility

PPS

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

		1.00	
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	7,807	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,807	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)	7,807	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)	4,265	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)	10,059,315	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)	10,059,315	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)	10,059,315	37.00

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COMPUTATION OF INPATIENT OPERATING COST

Component CCN: 315490

Worksheet D-1

Title XVIII

Skilled Nursing Facility

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY**PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS**

						1.00	
38.00	Adjusted general inpatient routine service cost per diem (see instructions)						38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)						39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)						41.00

		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)						42.00

Intensive Care Type Inpatient Hospital Units

43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)						48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00

TARGET AMOUNT AND LIMIT COMPUTATION

54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
55.01	Permanent adjustment amount per discharge						55.01
55.02	Adjustment amount per discharge (contractor use only)						55.02
55.03	CAR T-cell amount paid as an interim payment						55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)						59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)						60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00

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COMPUTATION OF INPATIENT OPERATING COST

Component CCN: 315490

Worksheet D-1

Title XVIII

Skilled Nursing Facility

PPS

PART III - SNF, NF, AND ICF/IID ONLY

		1.00	
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	10,059,315	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	1,288.50	71.00
72.00	Program routine service cost (line 9 x line 71)	5,495,453	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	5,495,453	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	5,495,453	83.00
84.00	Program inpatient ancillary services (see instructions)	412,929	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	5,908,382	86.00

PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		1.00	
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 OBSERVATION BED PASS THROUGH COST

		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	
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing Program cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

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COMPUTATION OF INPATIENT OPERATING COST

Worksheet D-1

Title XIX

Hospital

TEFRA

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

		1.00	
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	71,032	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	71,032	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)	70,907	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)	874	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)	4,839	15.00
16.00	Nursery days (title V or XIX only)	2,409	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)	100,018,216	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)	100,018,216	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)	100,018,216	37.00

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COMPUTATION OF INPATIENT OPERATING COST

Worksheet D-1

Title XIX

Hospital

TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY**PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS**

						1.00	
38.00	Adjusted general inpatient routine service cost per diem (see instructions)					1,408.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)					1,230,653	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)					1,230,653	41.00

		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)	7,488,296	4,839	1,547.49	2,409	3,727,903	42.00

Intensive Care Type Inpatient Hospital Units

43.00	INTENSIVE CARE UNIT	63,502,624	44,922	1,413.62	779	1,101,210	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	8,064,485	3,448	2,338.89	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,927,927	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					7,987,693	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)					331,196	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					139,931	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					471,127	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,516,566	53.00

TARGET AMOUNT AND LIMIT COMPUTATION

54.00	Program discharges					529	54.00
55.00	Target amount per discharge					4,892.67	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
55.03	CAR T-cell amount paid as an interim payment					0	55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					2,588,222	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-4,928,344	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					258,822	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					3,318,171	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

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COMPUTATION OF INPATIENT OPERATING COST

Worksheet D-1

Title XIX

Hospital

TEFRA

PART III - SNF, NF, AND ICF/IID ONLY						
					1.00	
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						
					1.00	
87.00	Total observation bed days (see instructions)				125	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,408.07	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				176,009	89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
		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
90.00	Capital-related cost	6,504,856	100,018,216	0.065037	176,009	11,447
91.00	Nursing Program cost	0	100,018,216	0.000000	176,009	0
92.00	Allied health cost	0	100,018,216	0.000000	176,009	0
93.00	All other Medical Education	0	100,018,216	0.000000	176,009	0

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Worksheet D-3

		Title XVIII	Hospital	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	ADULTS & PEDIATRICS		321,214,040		30.00
31.00	INTENSIVE CARE UNIT		192,661,317		31.00
34.00	SURGICAL INTENSIVE CARE UNIT		20,728,154		34.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.334780	32,048,900	10,729,331	50.00
51.00	RECOVERY ROOM	0.165082	4,197,342	692,906	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.300802	42,849	12,889	52.00
52.01	OP INFUSION	0.167100	114,444	19,124	52.01
53.00	ANESTHESIOLOGY	0.016894	4,971,079	83,981	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.170466	16,528,902	2,817,616	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.119046	1,744,114	207,630	55.00
56.00	RADIOISOTOPE	0.449023	1,034,876	464,683	56.00
57.00	CT SCAN	0.039111	32,372,735	1,266,130	57.00
58.00	MRI	0.072025	8,376,534	603,320	58.00
59.00	CARDIAC CATHETERIZATION	0.140948	21,586,747	3,042,609	59.00
60.00	LABORATORY	0.116037	64,118,313	7,440,097	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
65.00	RESPIRATORY THERAPY	0.105904	37,411,034	3,961,978	65.00
66.00	PHYSICAL THERAPY	0.231484	7,954,795	1,841,408	66.00
67.00	OCCUPATIONAL THERAPY	0.149004	5,784,368	861,894	67.00
68.00	SPEECH PATHOLOGY	0.152156	1,988,343	302,538	68.00
69.00	ELECTROCARDIOLOGY	0.063171	16,631,322	1,050,617	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.310380	1,917,468	595,144	70.00
70.01	SLEEP LAB	0.000000	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	1.244027	7,922,027	9,855,215	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.770563	1,479,185	1,139,805	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.419852	12,054,128	5,060,950	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.97	CARDIAC REHABILITATION	0.408963	1,544	631	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.047840	34,673	1,659	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.071736	134,597	9,655	90.00
91.00	EMERGENCY	0.088687	56,341,350	4,996,745	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.187573	119,338	22,385	92.00
92.01	OBSERVATION BEDS-DISTINCT	0.097341	9,244,333	899,853	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		346,155,340	57,980,793	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)		346,155,340		202.00

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Component CCN: 315490

Worksheet D-3

Title XVIII

Skilled Nursing Facility

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	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.334780	8,244	2,760	50.00
51.00	RECOVERY ROOM	0.165082	964	159	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.300802	0	0	52.00
52.01	OP INFUSION	0.167100	6,002	1,003	52.01
53.00	ANESTHESIOLOGY	0.016894	5,945	100	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.170466	160,681	27,391	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.119046	0	0	55.00
56.00	RADIOISOTOPE	0.449023	639	287	56.00
57.00	CT SCAN	0.039111	0	0	57.00
58.00	MRI	0.072025	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.140948	0	0	59.00
60.00	LABORATORY	0.116037	1,326,770	153,954	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
65.00	RESPIRATORY THERAPY	0.105904	158,217	16,756	65.00
66.00	PHYSICAL THERAPY	0.231484	1,951	452	66.00
67.00	OCCUPATIONAL THERAPY	0.149004	238,961	35,606	67.00
68.00	SPEECH PATHOLOGY	0.152156	24,742	3,765	68.00
69.00	ELECTROCARDIOLOGY	0.063171	10,500	663	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.310380	1,103	342	70.00
70.01	SLEEP LAB	0.000000	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	1.244027	42,652	53,060	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.770563	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.419852	277,591	116,547	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.97	CARDIAC REHABILITATION	0.408963	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.047840	0	0	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.071736	1,169	84	90.00
91.00	EMERGENCY	0.088687	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.187573	0	0	92.00
92.01	OBSERVATION BEDS-DISTINCT	0.097341	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,266,131	412,929	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		2,266,131		202.00

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Worksheet D-3

		Title XIX	Hospital	TEFRA	
	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	ADULTS & PEDIATRICS		7,210,850		30.00
31.00	INTENSIVE CARE UNIT		9,404,223		31.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
43.00	NURSERY		1,936,096		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.334780	768,731	257,356	50.00
51.00	RECOVERY ROOM	0.165082	108,057	17,838	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.300802	1,081,141	325,209	52.00
52.01	OP INFUSION	0.167100	0	0	52.01
53.00	ANESTHESIOLOGY	0.016894	319,935	5,405	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.170466	579,953	98,862	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.119046	125,549	14,946	55.00
56.00	RADIOISOTOPE	0.449023	60,434	27,136	56.00
57.00	CT SCAN	0.039111	817,291	31,965	57.00
58.00	MRI	0.072025	373,967	26,935	58.00
59.00	CARDIAC CATHETERIZATION	0.140948	393,192	55,420	59.00
60.00	LABORATORY	0.116037	2,494,639	289,470	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
65.00	RESPIRATORY THERAPY	0.105904	1,096,096	116,081	65.00
66.00	PHYSICAL THERAPY	0.231484	122,577	28,375	66.00
67.00	OCCUPATIONAL THERAPY	0.149004	108,383	16,150	67.00
68.00	SPEECH PATHOLOGY	0.152156	36,053	5,486	68.00
69.00	ELECTROCARDIOLOGY	0.063171	430,503	27,195	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.310380	75,906	23,560	70.00
70.01	SLEEP LAB	0.000000	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	1.244027	149,301	185,734	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.770563	93,205	71,820	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.419852	445,033	186,848	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.97	CARDIAC REHABILITATION	0.408963	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.047840	0	0	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
78.00	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.071736	0	0	90.00
91.00	EMERGENCY	0.088687	1,232,708	109,325	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.187573	781	146	92.00
92.01	OBSERVATION BEDS-DISTINCT	0.097341	68,473	6,665	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		10,981,908	1,927,927	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)		10,981,908		202.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E

Part A

PPS

Title XVIII

Hospital

PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS

		1.00	
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)	77,655,669	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	26,862,019	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)	480,585	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	636,277	2.04
3.00	Managed Care Simulated Payments	76,660,100	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	443.66	4.00

Indirect Medical Education Adjustment

5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)	0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(c)	0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)	0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)	0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)	0.00	8.21
8.28	The amount of increase if the hospital was awarded FTE cap slots under §4122 of the CAA 2023 (see instructions)		8.28
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.28 (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.	8.07	11.00
12.00	Current year allowable FTE (see instructions)	8.07	12.00
13.00	Total allowable FTE count for the prior year.	8.47	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.	7.11	14.00
15.00	Sum of lines 12 through 14 divided by 3.	7.88	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)	95.88	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	103.76	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.233873	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.242804	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.233873	21.00
22.00	IME payment adjustment (see instructions)	12,535,329	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	9,194,229	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)	12,535,329	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	9,194,229	29.01

Disproportionate Share Adjustment

30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	2.23	30.00
31.00	Percentage of Medicaid patient days (see instructions)	12.60	31.00
32.00	Sum of lines 30 and 31	14.83	32.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E

Part A

PPS

Title XVIII

Hospital

PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS

		1.00	
33.00	Allowable disproportionate share percentage (see instructions)	0.00	33.00
34.00	Disproportionate share adjustment (see instructions)	0	34.00
Uncompensated Care Payment Adjustment			
		Prior to 10/1	On/After 10/1
		1.00	2.00
35.00	Total uncompensated care amount (see instructions)	0	0
35.01	Factor 3 (see instructions)	0.000000000	0.000000000
35.02	Hospital UCP, including supplemental UCP (see instructions)	0	0
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	0	0
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	0	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
41.00	Total ESRD Medicare discharges (see instructions)	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	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	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0	46.00
47.00	Subtotal (see instructions)	118,169,879	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)	127,364,108	49.00
50.00	Payment for inpatient program capital (from Wkst. I., Pt. I and Pt. II, as applicable)	9,132,204	50.00
51.00	Exception payment for inpatient program capital (Wkst. I., Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	7,658,342	52.00
53.00	Nursing and Allied Health Managed Care payment	78,135	53.00
54.00	Special add-on payments for new technologies	15,600	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
55.01	Cellular therapy acquisition cost (see instructions)	0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	23,638	58.00
59.00	Total (sum of amounts on lines 49 through 58)	144,272,027	59.00
60.00	Primary payer payments	33,688	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	144,238,339	61.00
62.00	Deductibles billed to program beneficiaries	9,418,216	62.00
63.00	Coinsurance billed to program beneficiaries	746,604	63.00
64.00	Allowable bad debts (see instructions)	1,310,212	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	851,638	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	532,668	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	134,925,157	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)	0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)	0	70.75
70.76	Essential medicines payment adjustment amount (see instructions)	0	70.76
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)		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)	-573,203	70.93

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E

Part A

PPS

Title XVIII		Hospital		Amount	
				1.00	
70.94	HRR adjustment amount (see instructions)			-2,318,596	70.94
70.95	Recovery of accelerated depreciation			0	70.95
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3	0	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)			132,033,358	71.00
71.01	Sequestration adjustment (see instructions)			2,640,667	71.01
71.02	Demonstration payment adjustment amount after sequestration			340,555	71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments			136,495,981	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)			-7,443,845	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			12,744,539	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
HSP Bonus Payment Amount					
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
100.00	HSP bonus amount (see instructions)	0	0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0		104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

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LOW VOLUME CALCULATION EXHIBIT 4

Worksheet E
Part A Exhibit 4
PPS

		Title XVIII		Hospital					
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	77,655,669	0	77,655,669		77,655,669	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	26,862,019	0		26,862,019	26,862,019	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00						2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	480,585	0	480,585		480,585	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	636,277	0		636,277	636,277	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	76,660,100	0	57,458,616	19,201,484	76,660,100	4.00	
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.233873	0.233873	0.233873	0.233873		5.00	
6.00	IME payment adjustment (see instructions)	22.00	12,535,329	0	9,313,633	3,221,696	12,535,329	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	9,194,229	0	6,891,299	2,302,930	9,194,229	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	12,535,329	0	9,313,633	3,221,696	12,535,329	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	9,194,229	0	6,891,299	2,302,930	9,194,229	9.01	
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00	
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01	
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	118,169,879	0	87,449,887	30,719,992	118,169,879	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	127,364,108	0	94,341,186	33,022,922	127,364,108	15.00	
16.00	Payment for inpatient program capital (from Wkst. I, Pt. I, if applicable)	50.00	9,132,204	0	6,754,980	2,377,224	9,132,204	16.00	
17.00	Special add-on payments for new technologies	54.00	15,600	0	15,600	0	15,600	17.00	
17.01	Net organ aquisition cost							17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00	
19.00	SUBTOTAL			0	101,111,766	35,400,146	136,511,912	19.00	
		W/S L, line	(Amounts from L)						
		0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	8,085,622	0	5,998,002	2,087,620	8,085,622	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	56,902	0	22,822	34,080	56,902	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0919	0.0919	0.0919	0.0919		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	743,069	0	551,217	191,852	743,069	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0305	0.0305	0.0305	0.0305		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	246,611	0	182,939	63,672	246,611	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	9,132,204	0	6,754,980	2,377,224	9,132,204	26.00	
		W/S E, Part A line	(Amounts to E, Part A)						
		0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor				0.000000	0.000000		27.00	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00	
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00	
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00	

COMMUNITY MEDICAL CENTER	Period: From: 01/01/2025 To: 12/31/2025	Run Date Time: 5/14/2026 10:41 MCRIF32 Version: 25.3.181.0
Provider CCN: 31-0041		

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Worksheet E
Part A Exhibit 5
PPS

		Title XVIII		Hospital			
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	77,655,669	77,655,669		77,655,669	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	26,862,019		26,862,019	26,862,019	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	480,585	480,585		480,585	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	636,277		636,277	636,277	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	76,660,100	57,458,616	19,201,484	76,660,100	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.233873	0.233873	0.233873		5.00
6.00	IME payment adjustment (see instructions)	22.00	12,535,329	9,313,633	3,221,696	12,535,329	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	9,194,229	6,891,299	2,302,930	9,194,229	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	12,535,329	9,313,633	3,221,696	12,535,329	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	9,194,229	6,891,299	2,302,930	9,194,229	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	118,169,879	87,449,887	30,719,992	118,169,879	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	127,364,108	94,341,186	33,022,922	127,364,108	15.00
16.00	Payment for inpatient program capital (from Wkst. I., Pt. I, if applicable)	50.00	9,132,204	6,754,980	2,377,224	9,132,204	16.00
17.00	Special add-on payments for new technologies	54.00	15,600	15,600	0	15,600	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			101,111,766	35,400,146	136,511,912	19.00
		Wkst. I, line	(Amt. from Wkst. I.)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	8,085,622	5,998,002	2,087,620	8,085,622	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	56,902	22,822	34,080	56,902	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0919	0.0919	0.0919		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	743,069	551,217	191,852	743,069	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0305	0.0305	0.0305		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	246,611	182,939	63,672	246,611	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,132,204	6,754,980	2,377,224	9,132,204	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-573,203	-406,444	-166,759	-573,203	30.00

COMMUNITY MEDICAL CENTER	Period:	Run Date Time:
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		Version: 25.3.181.0

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Worksheet E
Part A Exhibit 5
PPS

		Title XVIII		Hospital			
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-2,318,596	-1,778,669	-539,927	-2,318,596	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

COMMUNITY MEDICAL CENTER	Period:	Run Date Time:	5/14/2026 10:41
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	To: 12/31/2025	Version:	25.3.181.0

CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E
Part B
PPS

Title XVIII Hospital

PART B - MEDICAL AND OTHER HEALTH SERVICES			
		1.00	
1.00	Medical and other services (see instructions)	28,668	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	56,268,670	2.00
3.00	OPPS or REH payments	56,840,689	3.00
4.00	Outlier payment (see instructions)	58,971	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 including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200	69,718	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	28,668	11.00
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable charges			
12.00	Ancillary service charges	68,281	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)	68,281	14.00
Customary charges			
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	68,281	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	39,613	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)	28,668	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)	56,969,378	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)	10,215,171	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)	46,782,875	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	3,086,634	28.00
28.50	REH facility payment amount (see instructions)		28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)	49,869,509	30.00
31.00	Primary payer payments	15,086	31.00
32.00	Subtotal (line 30 minus line 31)	49,854,423	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)	949,087	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	616,907	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	455,314	36.00
37.00	Subtotal (see instructions)	50,471,330	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-835	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.75	N95 respirator payment adjustment amount (see instructions)	0	39.75
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	50,472,165	40.00
40.01	Sequestration adjustment (see instructions)	1,009,443	40.01
40.02	Demonstration payment adjustment amount after sequestration	96,016	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	45,647,063	41.00
41.01	Interim payments-PARHM		41.01

COMMUNITY MEDICAL CENTER	Period:	Run Date Time:	5/14/2026 10:41
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CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E
Part B
PPS

Title XVIII Hospital

PART B - MEDICAL AND OTHER HEALTH SERVICES			
		1.00	
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	3,719,643	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
TO BE COMPLETED BY CONTRACTOR			
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
WORKSHEET OVERRIDE VALUES			
		Overrides	
112.00	Override of Ancillary service charges (line 12)	0	112.00
MEDICARE PART B ANCILLARY COSTS			
200.00	Part B Combined Billed Days	0	200.00

COMMUNITY MEDICAL CENTER	Period:	Run Date Time:	5/14/2026 10:41
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CALCULATION OF REIMBURSEMENT SETTLEMENT

Component CCN: 315490

Worksheet E

Part B

Title XVIII

Skilled Nursing Facility

PPS

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1.00	
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	OPPS or REH payments		3.00
4.00	Outlier payment (see instructions)		4.00
4.01	Outlier reconciliation amount (see instructions)		4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		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 including REH direct graduate medical education 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

COMPUTATION OF LESSER OF COST OR CHARGES**Reasonable charges**

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

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)	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)	0	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)		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)	0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
28.50	REH facility payment amount (see instructions)		28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	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)	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)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.75	N95 respirator payment adjustment amount (see instructions)	0	39.75
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	0	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	8,258	41.00
41.01	Interim payments-PARHM		41.01

COMMUNITY MEDICAL CENTER	Period:	Run Date Time:	5/14/2026 10:41
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CALCULATION OF REIMBURSEMENT SETTLEMENT

Component CCN: 315490

Worksheet E
Part B
PPS

Title XVIII Skilled Nursing Facility

PART B - MEDICAL AND OTHER HEALTH SERVICES			
		1.00	
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	-8,258	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
TO BE COMPLETED BY CONTRACTOR			
90.00	Original outlier amount (see instructions)		90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		91.00
92.00	The rate used to calculate the Time Value of Money		92.00
93.00	Time Value of Money (see instructions)		93.00
94.00	Total (sum of lines 91 and 93)		94.00
WORKSHEET OVERRIDE VALUES			
		Overrides	
112.00	Override of Ancillary service charges (line 12)	0	112.00
MEDICARE PART B ANCILLARY COSTS			
200.00	Part B Combined Billed Days		200.00

COMMUNITY MEDICAL CENTER		Period:	Run Date Time:
Provider CCN: 31-0041		From: 01/01/2025	5/14/2026 10:41
		To: 12/31/2025	MCRIF32 2552-10
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

Part I

PPS

		Title XVIII		Hospital		
		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		131,693,180		45,647,063	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	12/18/2025	671,455		0	3.01
3.02		09/18/2025	4,131,346		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)		4,802,801		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)		136,495,981		45,647,063	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		0		3,719,643	6.01
6.02	SETTLEMENT TO PROGRAM		7,443,845		0	6.02
7.00	Total Medicare program liability (see instructions)		129,052,136		49,366,706	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00
(1) On lines 3, 5, and 6, where an amount is due "Provider to Program", show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.						

COMMUNITY MEDICAL CENTER		Period:	Run Date Time:
Provider CCN: 31-0041		From: 01/01/2025	5/14/2026 10:41
		To: 12/31/2025	MCRIF32 2552-10
			Version: 25.3.181.0

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Component CCN: 315490

Worksheet E-1

Part I

Title XVIII

Skilled Nursing Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,273,673		8,258	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,273,673		8,258	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		544		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		8,258	6.02
7.00	Total Medicare program liability (see instructions)		3,274,217		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

(1) On lines 3, 5, and 6, where an amount is due "Provider to Program", show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Component CCN: 315490

Worksheet E-3**Part VI**

Title XVIII Skilled Nursing Facility

PPS

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES			
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)			
		1.00	
1.00	Resource Utilization Group Payment (RUGS)	3,393,696	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	544	3.00
4.00	Subtotal (sum of lines 1 through 3)	3,394,240	4.00
COMPUTATION OF NET COST OF COVERED SERVICES			
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	53,213	7.00
8.00	Allowable bad debts (see instructions)	0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	0	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)	3,341,027	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	14.50
14.98	Recovery of accelerated depreciation.	0	14.98
14.99	Demonstration payment adjustment amount before sequestration	0	14.99
15.00	Subtotal (see instructions)	3,341,027	15.00
15.01	Sequestration adjustment (see instructions)	66,810	15.01
15.02	Demonstration payment adjustment amount after sequestration	0	15.02
15.75	Sequestration for non-claims based amounts (see instructions)	0	15.75
16.00	Interim payments	3,273,673	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)	544	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2	0	19.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E-3

Part VII

TEFRA

Title XIX

Hospital

COMPUTATION OF NET COST OF COVERED SERVICES				
		Inpatient	Outpatient	
		1.00	2.00	
1.00	Inpatient hospital/SNF/NF services	3,318,171		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	3,318,171	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)	3,318,171	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	18,551,169		8.00
9.00	Ancillary service charges	10,981,908	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)	29,533,077	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)	29,533,077	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	26,214,906	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	3,318,171	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	3,318,171	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	3,318,171	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	3,318,171	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	3,318,171	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)	3,318,171	0	40.00
41.00	Interim payments	4,110,809	992,648	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-792,638	-992,648	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
OVERRIDES				
109.00	Override Ancillary service charges (line 9)	0	0	109.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Component CCN: 315490

Worksheet E-3

Part VII

Title XIX

Skilled Nursing Facility

Cost

COMPUTATION OF NET COST OF COVERED SERVICES				
		Inpatient	Outpatient	
		1.00	2.00	
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	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)	0	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)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	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	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)	0	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	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	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
OVERRIDES				
109.00	Override Ancillary service charges (line 9)	0	0	109.00

COMMUNITY MEDICAL CENTER	Period: From: 01/01/2025 To: 12/31/2025	Run Date Time: 5/14/2026 10:41 MCRIF32 Version: 25.3.181.0
Provider CCN: 31-0041		

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT
MEDICAL EDUCATION COSTS

Worksheet E-4

Title XVIII

Hospital

PPS

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
			1.00	
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		0.00	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)		0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	4.21
4.28	The amount of increase if the hospital was awarded FTE cap slots under §4122 of the CAA 2023 (see instructions)			4.28
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.28)		0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		0.00	6.00
7.00	Enter the lesser of line 5 or line 6		0.00	7.00
		Primary Care	Other	Total
		1.00	2.00	3.00
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	0.00	0.00	0.00
10.00	Weighted dental and podiatric resident FTE count for the current year		8.07	10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		8.07	10.01
11.00	Total weighted FTE count	0.00	8.07	11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	8.47	12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	7.11	13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	7.88	14.00
15.00	Adjustment for residents in initial years of new programs	38.98	56.40	15.00
15.01	Unweighted adjustment for residents in initial years of new programs	38.98	56.90	15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	16.01
17.00	Adjusted rolling average FTE count	38.98	64.28	17.00
18.00	Per resident amount	141,440.69	141,440.69	18.00
18.01	Per resident amount under §131 of the CAA 2021	0.00	0.00	18.01
19.00	Approved amount for resident costs	5,513,358	9,091,808	14,605,166
				1.00
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00
24.00	Multiply line 22 time line 23			0
25.00	Total direct GME amount (sum of lines 19 and 24)			14,605,166
COMPUTATION OF PROGRAM PATIENT LOAD				
		Inpatient Part A	Managed Care	Total
		1.00	2.00	3.00
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	50,805	38,735	26.00
27.00	Total Inpatient Days (see instructions)	120,481	120,481	27.00
28.00	Ratio of inpatient days to total inpatient days	0.421685	0.321503	28.00
29.00	Program direct GME amount	6,158,779	4,695,605	10,854,384
29.01	Percent reduction for MA DGME		2.33	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		109,408	109,408
31.00	Net Program direct GME amount			10,744,976

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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Worksheet E-4

Title XVIII		Hospital	PPS
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)			
		1.00	
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
Part A Reasonable Cost			
37.00	Reasonable cost (see instructions)	139,850,261	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	33,688	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	139,816,573	41.00
Part B Reasonable Cost			
42.00	Reasonable cost (see instructions)	56,367,056	42.00
43.00	Primary payer payments (see instructions)	15,086	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	56,351,970	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	196,168,543	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.712737	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.287263	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48.00	Total program GME payment (line 31)	10,744,976	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	7,658,342	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	3,086,634	50.00

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OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT

Worksheet E-5

Title XVIII

PPS

TO BE COMPLETED BY CONTRACTOR			
		1.00	
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)	0	1.00
2.00	Capital outlier from Wkst. I, Pt. I, line 2	0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)	0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)	0	4.00
5.00	The rate used to calculate the time value of money (see instructions)	0.00	5.00
6.00	Time value of money for operating expenses (see instructions)	0	6.00
7.00	Time value of money for capital related expenses (see instructions)	0	7.00

COMMUNITY MEDICAL CENTER		Period:	Run Date Time: 5/14/2026 10:41
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BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Worksheet G

	Assets (Omit Cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	10,025	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	76,284,536	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-16,537,504	0	0	0	6.00
7.00	Inventory	12,279,260	0	0	0	7.00
8.00	Prepaid expenses	5,155,775	0	0	0	8.00
9.00	Other current assets	51,017,886	0	0	0	9.00
10.00	Due from other funds	312,666,917	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	440,876,895	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,534,817	0	0	0	12.00
13.00	Land improvements	3,101,736	0	0	0	13.00
14.00	Accumulated depreciation	-2,519,132	0	0	0	14.00
15.00	Buildings	382,711,302	0	0	0	15.00
16.00	Accumulated depreciation	-169,974,677	0	0	0	16.00
17.00	Leasehold improvements	17,860,652	0	0	0	17.00
18.00	Accumulated depreciation	-7,296,452	0	0	0	18.00
19.00	Fixed equipment	70,809,155	0	0	0	19.00
20.00	Accumulated depreciation	-65,842,523	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	207,898,645	0	0	0	23.00
24.00	Accumulated depreciation	-123,566,336	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)	314,717,187	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	500	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	29,696,305	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	29,696,805	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	785,290,887	0	0	0	36.00

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

Worksheet G

	Liabilities and Fund Balances (Omit cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT LIABILITIES						
37.00	Accounts payable	20,232,863	0	0	0	37.00
38.00	Salaries, wages, and fees payable	23,696,728	0	0	0	38.00
39.00	Payroll taxes payable	1,715	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	77,529	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	657,193	0	0	0	43.00
44.00	Other current liabilities	48,997,046	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	93,663,074	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	161,610,650	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	161,610,650	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	255,273,724	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	530,017,163				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)	530,017,163	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	785,290,887	0	0	0	60.00

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STATEMENT OF CHANGES IN FUND BALANCES

Worksheet G-1

		General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		452,520,838		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		77,006,444							2.00
3.00	Total (sum of line 1 and line 2)		529,527,282		0		0		0	3.00
4.00	OTHER CHANGES IN NET ASSETS	2,599,499		0		0		0		4.00
5.00		0		0		0		0		5.00
6.00		0		0		0		0		6.00
7.00		0		0		0		0		7.00
8.00		0		0		0		0		8.00
9.00		0		0		0		0		9.00
10.00	Total additions (sum of line 4-9)		2,599,499		0		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		532,126,781		0		0		0	11.00
12.00	NON-OPERATING REVENUE	2,109,618		0		0		0		12.00
13.00		0		0		0		0		13.00
14.00		0		0		0		0		14.00
15.00		0		0		0		0		15.00
16.00		0		0		0		0		16.00
17.00		0		0		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		2,109,618		0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		530,017,163		0		0		0	19.00

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2
Parts I & II

PART I - PATIENT REVENUES					
	REVENUE CENTER	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
General Inpatient Routine Services					
1.00	Hospital	709,418,882		709,418,882	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	25,072,760		25,072,760	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)	734,491,642		734,491,642	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	517,854,423		517,854,423	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	53,813,032		53,813,032	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	571,667,455		571,667,455	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,306,159,097		1,306,159,097	17.00
18.00	Ancillary services	708,941,646	769,133,285	1,478,074,931	18.00
19.00	Outpatient services	158,081,929	376,542,105	534,624,034	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	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)	2,173,182,672	1,145,675,390	3,318,858,062	28.00

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2
Parts I & II

PART II - OPERATING EXPENSES				
		1.00	2.00	
29.00	Operating expenses (per Wkst. A, column 3, line 200)		598,038,914	29.00
30.00	ADD (SPECIFY)	0		30.00
31.00		0		31.00
32.00		0		32.00
33.00		0		33.00
34.00		0		34.00
35.00		0		35.00
36.00	Total additions (sum of lines 30-35)		0	36.00
37.00	DEDUCT (SPECIFY)	0		37.00
38.00		0		38.00
39.00		0		39.00
40.00		0		40.00
41.00		0		41.00
42.00	Total deductions (sum of lines 37-41)		0	42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		598,038,914	43.00

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STATEMENT OF REVENUES AND EXPENSES

Worksheet G-3

	Description		
		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,318,858,062	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,653,944,555	2.00
3.00	Net patient revenues (line 1 minus line 2)	664,913,507	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	598,038,914	4.00
5.00	Net income from service to patients (line 3 minus line 4)	66,874,593	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	OTHER OPERATING REVENUE	8,277,049	24.00
24.01	FEMA C-19	1,854,802	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	10,131,851	25.00
26.00	Total (line 5 plus line 25)	77,006,444	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	77,006,444	29.00

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CALCULATION OF CAPITAL PAYMENT

Worksheet L
Parts I-III
PPS

Title XVIII Hospital

PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
		1.00	
1.00	Capital DRG other than outlier	8,085,622	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	56,902	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)	333.04	3.00
4.00	Number of interns & residents (see instructions)	103.76	4.00
5.00	Indirect medical education percentage (see instructions)	9.19	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)	743,069	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	2.23	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	12.60	8.00
9.00	Sum of lines 7 and 8	14.83	9.00
10.00	Allowable disproportionate share percentage (see instructions)	3.05	10.00
11.00	Disproportionate share adjustment (see instructions)	246,611	11.00
12.00	Total prospective capital payments (see instructions)	9,132,204	12.00
PART II - PAYMENT UNDER REASONABLE COST			
		1.00	
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
PART III - COMPUTATION OF EXCEPTION PAYMENTS			
		1.00	
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