

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

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 4/6/2023 1:09 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 4/6/2023	Time: 1:09 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by INDIANA UNIVERSITY HEALTH (15-0056) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 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	Frank Runion	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Frank Runion		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronic)		4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	6,976,714	2,343,459	0	1.00
2.00	SUBPROVIDER - IPF	0	14,391	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
9.00	HOME HEALTH AGENCY I	0	0	-1	0	9.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0	0	11.00
200.00	TOTAL	0	6,991,105	2,343,458	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 674 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 4/6/2023 1:09 pm		
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1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1701 N SENATE AVE			PO Box:						1.00	
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46202		County: MARI ON		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital -Based Component Identification:											
3.00	Hospital		INDIANA UNIVERSITY HEALTH	150056	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF		INDIANA UNIVERSITY HEALTH IPF	15S056	26900	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital -Based SNF										9.00
10.00	Hospital -Based NF										10.00
11.00	Hospital -Based OLTC										11.00
12.00	Hospital -Based HHA		INDIANA UNIVERSITY HEALTH HOME CARE	157158	26900		08/05/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital -Based Hospice		INDIANA UNIVERSITY HEALTH HOSPI CE	151511	26900		07/01/1966				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		RI LEY HOSPITAL RENAL SERVICES	153522	26900		04/09/2007				18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021	12/31/2021		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00	3.00		

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 4/6/2023 1:09 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	24,989	8,020	1,091	1,932	106,178	261		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		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	Y		40.00	
						V	XVIII	XIX		
						1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	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
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y			56.00
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	

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		V	XVIII	XIX	
		1.00	2.00	3.00	
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)		23.05	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.07	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.09	1	60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.10	1	60.04

		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)	Y			22.00	22.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 4/6/2023 1:09 pm
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			1.00	
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ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00	62.01

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

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

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		12.21	424.72	0.027945	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)	FAMILY MEDICINE	1350		4.91	24.93	0.164544	65.00
65.01		INTERNAL MEDICINE GENERAL	1400		0.99	50.83	0.019105	65.01
65.02		INTERNAL MEDICINE GERIATRIC	1408		0.30	0.95	0.240000	65.02
65.03		INTERNAL MEDICINE & PEDIATRICS	1450		1.73	28.56	0.057115	65.03
65.04		OBSTETRICS & GYNECOLOGY	1750		0.30	25.95	0.011429	65.04
65.05		PEDIATRICS GENERAL	2000		1.24	62.64	0.019411	65.05
65.06		PEDIATRIC/EMERGENCY MEDICINE	2800		0.00	0.00	0.000000	65.06

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

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		10.33	508.41	0.019914	66.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0056

Period:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
					1.00	2.00	3.00		
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)	FAMILY MEDICINE	1350	3.68	31.58	0.104368	67.00		
67.01		INTERNAL MEDICINE GENERAL	1400	0.46	45.61	0.009985	67.01		
67.02		INTERNAL MEDICINE GERIATRIC	1408	0.24	0.98	0.196721	67.02		
67.03		INTERNAL MEDICINE & PEDIATRICS	1450	5.59	26.03	0.176787	67.03		
67.04		OBSTETRICS & GYNECOLOGY	1750	0.19	22.74	0.008286	67.04		
67.05		PEDIATRICS GENERAL	2000	6.36	61.97	0.093078	67.05		
						1.00			
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?					Y	68.00		
						1.00			
Inpatient Psychiatric Facility PPS									
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					Y		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N	N	0	71.00
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N	N	0	76.00
						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.						N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.						N	81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.						N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 4/6/2023 1:09 pm	
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				0 88.00
		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00			0 89.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	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					
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)		N		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)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 4/6/2023 1:09 pm		
		Physical	Occupational	Speech	Respiratory			
		1.00	2.00	3.00	4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	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	
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	
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.						113.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.					N	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.					N	116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.					N	117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.					1	118.00	
		Premiums	Losses	Insurance				
		1.00	2.00	3.00				
118.01	List amounts of malpractice premiums and paid losses:	3,415,065		0	0	118.01		
						1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.					N	118.02	
119.00	DO NOT USE THIS LINE						119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.					N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.					Y	121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.					Y	5.06	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.						123.00	
Certified Transplant Center Information								
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.					Y	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.					10/17/1996	126.00	

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		1.00	2.00				
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.	10/17/1996				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.	03/11/1993				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.	02/02/1995				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.	07/01/1999				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.	06/07/2005				131.00	
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 WEST 10TH STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202			143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	Y			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 4/6/2023 1:09 pm
			1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.00	169.00
			Beginni ng	Endi ng
			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)		Y	4,892
				171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 4/6/2023 1:09 pm	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
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.			Y			15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/04/2022	Y	04/04/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 4/6/2023 1:09 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	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.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	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.			N	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			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	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.			Y	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.			Y	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.			Y	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.			Y	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	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.			Y	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.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 4/6/2023 1:09 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR - GOVERNMENT PROGRAMS		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Component	Worksheet A Line No.	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visits / Trips		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	940	343,230	0.00	0	1.00	
2.00 HMO and other (see instructions)						2.00	
3.00 HMO IPF Subprovider						3.00	
4.00 HMO IRF Subprovider						4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00	
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		940	343,230	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	66	24,255	0.00	0	8.00	
9.00 CORONARY CARE UNIT	32.00	70	25,550	0.00	0	9.00	
9.01 NEONATAL INTENSIVE CARE UNIT	32.01	99	36,155	0.00	0	9.01	
10.00 BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0	10.00	
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00	
11.02 UH SURG 61C	34.02	18	6,570	0.00	0	11.02	
11.03 UH NS 31C	34.03	0	0	0.00	0	11.03	
11.04 RH PED IC	34.04	42	15,330	0.00	0	11.04	
11.05 TRANSPLANT ICU	34.05	8	2,920	0.00	0	11.05	
11.06 PEDS CANCER CARE	34.06	12	4,380	0.00	0	11.06	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		1,265	462,040	0.00	0	14.00	
15.00 CAH visits						15.00	
16.00 SUBPROVIDER - IPF	40.00	28	10,220		0	16.00	
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	101.00				0	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE	116.00	0	0			24.00	
24.10 HOSPICE (non-distinct part)	30.00					24.10	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25	
27.00 Total (sum of lines 14-26)		1,293				27.00	
28.00 Observation Bed Days					0	28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)		26	9,545			32.00	
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01	
33.00 LTCH non-covered days						33.00	
33.01 LTCH site neutral days and discharges						33.01	
34.00 Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

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Part I
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	55,768	9,244	250,348		1.00
2.00	HMO and other (see instructions)	54,711	114,561			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	55,768	9,244	250,348		7.00
8.00	INTENSIVE CARE UNIT	4,864	9,284	21,259		8.00
9.00	CORONARY CARE UNIT	3,291	386	18,738		9.00
9.01	NEONATAL INTENSIVE CARE UNIT	0	2,019	28,303		9.01
10.00	BURN INTENSIVE CARE UNIT	0	108	1,811		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
11.02	UH SURG 61C	948	0	3,378		11.02
11.03	UH NS 31C	0	0	0		11.03
11.04	RH PED IC	49	3,093	10,041		11.04
11.05	TRANSPLANT ICU	763	0	2,061		11.05
11.06	PEDS CANCER CARE	85	0	3,233		11.06
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		3,515	4,409		13.00
14.00	Total (see instructions)	65,768	27,649	343,581	719.29	8,658.54
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	543	177	4,915	0.00	42.16
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	20,410	6,091	59,239	0.00	324.30
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	0	0	0	0.00	102.25
24.10	HOSPICE (non-distinct part)			2,147		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				719.29	9,127.25
28.00	Observation Bed Days		861	16,438		28.00
29.00	Ambulance Trips	11,696				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	261	4,230		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0056

Period:
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Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	9,444	2,590	48,796	1.00
2.00	HMO and other (see instructions)			6,940	13,345		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
9.01	NEONATAL INTENSIVE CARE UNIT						9.01
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.02	UH SURG 61C						11.02
11.03	UH NS 31C						11.03
11.04	RH PED IC						11.04
11.05	TRANSPLANT ICU						11.05
11.06	PEDS CANCER CARE						11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	9,444	2,590	48,796	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	69	0	724	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet S-3 Part II Date/Time Prepared: 4/6/2023 1:09 pm	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	785,036,251	-3,040,472	781,995,779	20,258,810.00	38.60	1.00
2.00	Non-physician anesthesiologist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthesiologist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		1,678,173	0	1,678,173	31,137.00	53.90	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	37,139,983	0	37,139,983	1,274,137.00	29.15	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	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		83,065,759	163,841	83,229,600	2,485,510.00	33.49	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		15,275,400	0	15,275,400	219,717.00	69.52	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		17,276,961	0	17,276,961	126,902.36	136.14	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		170,481,020	0	170,481,020	4,829,105.00	35.30	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
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)		159,827,014	0	159,827,014			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		18,536,632	0	18,536,632			19.00
20.00	Non-physician anesthesiologist Part A		0	0	0			20.00
21.00	Non-physician anesthesiologist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		231,727	0	231,727			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		8,288,869	0	8,288,869			25.00
25.50	Home office wage-related (core)		52,342,984	0	52,342,984			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

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

Period:
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	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	962,892	1,443,363	2,406,255	26,941.00	89.32	26.00
27.00	Administrative & General	20,726,651	11,872	20,738,523	354,049.00	58.58	27.00
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	1,140,248	289,695	1,429,943	35,407.00	40.39	29.00
30.00	Operation of Plant	6,648,728	-29,527	6,619,201	259,626.00	25.50	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	884,677	-12,645	872,032	50,931.00	17.12	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	8,972,378	11,550	8,983,928	410,046.00	21.91	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	74,112,165	-1,192,957	72,919,208	584,127.00	124.83	38.00
39.00	Central Services and Supply	3,508,390	-25,853	3,482,537	152,674.00	22.81	39.00
40.00	Pharmacy	33,474,631	-684,771	32,789,860	684,979.00	47.87	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	4,983,856	78,202	5,062,058	156,924.00	32.26	42.00
43.00	Other General Service	2,122,083	-31,373	2,090,710	107,415.00	19.46	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part III
Date/Time Prepared:
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	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	746,218,095	-3,040,472	743,177,623	18,953,536.00	39.21	1.00
2.00	Excluded area salaries (see instructions)	83,065,759	163,841	83,229,600	2,485,510.00	33.49	2.00
3.00	Subtotal salaries (line 1 minus line 2)	663,152,336	-3,204,313	659,948,023	16,468,026.00	40.07	3.00
4.00	Subtotal other wages & related costs (see inst.)	203,033,381	0	203,033,381	5,175,724.36	39.23	4.00
5.00	Subtotal wage-related costs (see inst.)	212,169,998	0	212,169,998	0.00	32.15	5.00
6.00	Total (sum of lines 3 thru 5)	1,078,355,715	-3,204,313	1,075,151,402	21,643,750.36	49.67	6.00
7.00	Total overhead cost (see instructions)	157,536,699	-142,444	157,394,255	2,823,119.00	55.75	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 4/6/2023 1:09 pm
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			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		26,888,836	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		96,404,936	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		2,002,630	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		2,013,711	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,263,976	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		53,351,706	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	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		3,958,447	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		186,884,242	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 4/6/2023 1:09 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	15,275,400	221,052,941	1.00
2.00	Hospital	15,275,400	221,052,941	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0056 Component CCN: 15-7158		Period: From 01/01/2021 To 12/31/2021		Worksheet S-4 Date/Time Prepared: 4/6/2023 1:09 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County	MARI ON				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,173	137	1,012	2,322	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,439.00	0.00	4,582.00	6,021.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			11.58	0.00	11.58	4.00
5.00	Other Administrative Personnel			91.03	0.00	91.03	5.00
6.00	Direct Nursing Service			62.50	0.00	62.50	6.00
7.00	Nursing Supervisor			3.43	0.00	3.43	7.00
8.00	Physical Therapy Service			29.33	0.00	29.33	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			11.74	0.00	11.74	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.73	0.00	0.73	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			4.14	0.00	4.14	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.22	0.00	2.22	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	INFUSION AND RT			108.44	0.00	108.44	18.00
						CBSA Data	
						1.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					5	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					14020	20.00
20.01						26900	20.01
20.02						29200	20.02
20.03						34620	20.03
20.04						99915	20.04
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,998	1,409	224	13	6,644	21.00
22.00	Skilled Nursing Visit Charges	1,495,371	430,939	67,646	3,562	1,997,518	22.00
23.00	Physical Therapy Visits	6,739	1,966	390	15	9,110	23.00
24.00	Physical Therapy Visit Charges	2,521,270	731,006	143,214	5,489	3,400,979	24.00
25.00	Occupational Therapy Visits	1,862	1,387	28	9	3,286	25.00
26.00	Occupational Therapy Visit Charges	694,940	510,653	10,219	2,999	1,218,811	26.00
27.00	Speech Pathology Visits	92	111	2	1	206	27.00
28.00	Speech Pathology Visit Charges	31,810	41,983	760	380	74,933	28.00
29.00	Medical Social Service Visits	141	102	5	0	248	29.00
30.00	Medical Social Service Visit Charges	48,835	35,083	1,750	0	85,668	30.00
31.00	Home Health Aide Visits	500	411	2	3	916	31.00
32.00	Home Health Aide Visit Charges	80,691	64,959	330	495	146,475	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,332	5,386	651	41	20,410	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	4,872,917	1,814,623	223,919	12,925	6,924,384	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,836		340	7	2,183	36.00
37.00	Total Number of Outlier Episodes		282		2	284	37.00
38.00	Total Non-Routine Medical Supply Charges	28,882	7,258	391	145	36,676	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-5

Date/Time Prepared:
4/6/2023 1:09 pm

		Outpatient		Training		Home						
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD					
		1.00	2.00	3.00	4.00	5.00	6.00					
1.00	Number of patients in program at end of cost reporting period	2	12	0	0	0	14	1.00				
2.00	Number of times per week patient receives dialysis	4.00	3.00	0.00	0.00	0.00	7.00	2.00				
3.00	Average patient dialysis time including setup	5.00	5.00	0.00	0.00			3.00				
4.00	CAPD exchanges per day				0.00		9.00	4.00				
5.00	Number of days in year dialysis furnished	0	365					5.00				
6.00	Number of stations	0	9	0	0			6.00				
7.00	Treatment capacity per day per station	0	2					7.00				
8.00	Utilization (see instructions)	0.00	65.68					8.00				
9.00	Average times dialyzers re-used	0.00	0.00					9.00				
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00				
								Y/N				
								1.00				
ESRD PPS												
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)							N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)							Y	10.02			
						Prior to 1/1	After 12/31					
						1.00	2.00					
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)							0	0	10.03		
TRANSPLANT INFORMATION												
11.00	Number of patients on transplant list							3	11.00			
12.00	Number of patients transplanted during the cost reporting period							10	12.00			
EPOETIN												
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00			
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00			
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00			
16.00	Number of EPO units furnished relating to the home dialysis department								16.00			
ARANESP												
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00			
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00			
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00			
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00			
						MCP	INITIAL METHOD					
						1.00	2.00					
PHYSICIAN PAYMENT METHOD												
21.00	Enter "X" if method(s) is applicable							X	21.00			
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dept.	Number of ESA Units - Home Dept.						
		1.00	2.00	3.00	4.00	5.00						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)							0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-5

Date/Time Prepared:
4/6/2023 1:09 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 15-0056 Hospice CCN: 15-1511	Period: From 01/01/2021 To 12/31/2021	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 4/6/2023 1:09 pm
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		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care							1.00
2.00	Hospice Routine Home Care							2.00
3.00	Hospice Inpatient Respite Care							3.00
4.00	Hospice General Inpatient Care							4.00
5.00	Total Hospice Days							5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care							6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00
8.00	Average Length of Stay (line 5 / line 6)							8.00
9.00	Unduplicated census count							9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	67,313	4,577	7,485	79,375	11.00
12.00	Hospice Inpatient Respite Care	713	35	176	924	12.00
13.00	Hospice General Inpatient Care	4,245	559	773	5,577	13.00
14.00	Total Hospice Days	72,271	5,171	8,434	85,876	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	223	5	24	252	15.00
16.00	Hospice General Inpatient Care	1,814	51	344	2,209	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 4/6/2023 1:09 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.225128		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		488,184,388		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		3,075,610,165		6.00	
7.00	Medicaid cost (line 1 times line 6)		692,405,965		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		204,221,577		8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP		0		9.00	
10.00	Stand-alone CHIP charges		0		10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		1,235,317		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		6,762,394		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		1,522,404		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		287,087		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)		204,508,664		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
Uncompensated Care (see instructions for each line)						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	201,465,185	9,199,914	210,665,099	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	45,355,454	9,199,914	54,555,368	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	259,291	0	259,291	22.00	
23.00	Cost of charity care (line 21 minus line 22)	45,096,163	9,199,914	54,296,077	23.00	
				1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		57,090,178		26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,768,591		27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		4,259,371		27.01	
28.00	Non-Medicare bad debt expense (see instructions)		52,830,807		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		13,384,474		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		67,680,551		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		272,189,215		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet A	
Date/Time Prepared: 4/6/2023 1:09 pm							
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	49,295,938	49,295,938	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	65,465,347	65,465,347	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	962,892	436,597	1,399,489	123,137,002	4.00
5.01	00540	NONPATIENT TELEPHONES	0	44,922	44,922	118,515	5.01
5.02	00550	DATA PROCESSING	0	118	118	-16	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	20,726,651	548,764,318	569,490,969	-45,932,537	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,140,248	22,314,532	23,454,780	316,241	6.00
7.00	00700	OPERATION OF PLANT	6,648,728	16,238,358	22,887,086	-3,159,751	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	85,066	85,066	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	474,180	471,763	945,943	-159,804	9.04
9.05	00905	HOUSEKEEPING - MORGAN	410,497	359,714	770,211	-160,888	9.05
10.00	01000	DIETARY	8,972,378	7,629,282	16,601,660	-2,336,157	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	73,932,815	34,309,213	108,242,028	-13,259,872	13.00
13.01	01851	PARAMED ED ADMINISTRATION	179,350	122,977	302,327	-80,074	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	3,508,390	10,060,294	13,568,684	115,971,030	14.00
15.00	01500	PHARMACY	33,474,631	176,083,493	209,558,124	-163,651,909	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,983,856	5,009,122	9,992,978	-933,324	17.00
18.00	01850	PATIENT TRANSPORTATION	2,122,083	3,725,391	5,847,474	-636,506	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	37,139,983	11,549,752	48,689,735	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,516	41,026,237	41,030,753	9,999,392	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	580,885	173,335	754,220	-221,831	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	845,065	205,392	1,050,457	590,396	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	166,974	38,786	205,760	78,516	23.09
23.10	02310	PARAMED PHARMACY TECH	146,754	44,871	191,625	37,154	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	132,925,100	95,046,815	227,971,915	-43,195,156	30.00
31.00	03100	INTENSIVE CARE UNIT	14,917,444	12,836,435	27,753,879	-3,618,759	31.00
32.00	03200	CORONARY CARE UNIT	17,040,389	12,501,262	29,541,651	-6,027,872	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	19,794,852	8,349,025	28,143,877	-5,723,201	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,788,305	714,529	2,502,834	-454,213	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	2,884,886	2,417,692	5,302,578	-771,600	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PEDIC	10,293,089	4,646,020	14,939,109	-3,018,082	34.04
34.05	03404	TRANSPLANT ICU	1,582,136	1,574,859	3,156,995	-458,519	34.05
34.06	03407	PEDS CANCER CARE	2,127,816	893,336	3,021,152	-584,720	34.06
40.00	04000	SUBPROVIDER - IPF	3,095,574	1,893,811	4,989,385	-819,364	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	1,416,204	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,790,656	158,586,835	195,377,491	-128,491,146	50.00
50.01	05001	ENDOSCOPY	3,213,333	9,077,987	12,291,320	-6,965,951	50.01
51.00	05100	RECOVERY ROOM	7,699,689	5,160,878	12,860,567	-2,190,554	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,046,165	4,111,890	5,158,055	5,254,807	52.00
53.00	05300	ANESTHESIOLOGY	1,226,710	19,423,307	20,650,017	-4,232,144	53.00
53.01	05301	PULMONARY FUNCTION TESTING	2,189,313	958,705	3,148,018	-675,455	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,557,818	47,706,389	79,264,207	-40,781,787	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,595,959	4,898,543	9,494,502	-3,181,359	55.00
56.00	05600	RADIOISOTOPE	1,054,002	9,375,709	10,429,711	-8,534,713	56.00
59.00	05900	CARDIAC CATHETERIZATION	551,598	754,791	1,306,389	-446,939	59.00
60.00	06000	LABORATORY	53,200,305	190,271,914	243,472,219	-63,187,972	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	978,206	2,517,728	3,495,934	-1,881,115	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	2,981,106	22,891,639	25,872,745	-1,809,569	63.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
65.00	06500	RESPIRATORY THERAPY	22,214,127	13,815,258	36,029,385	-10,536,771	25,492,614	65.00
66.00	06600	PHYSICAL THERAPY	21,383,341	9,475,340	30,858,681	-5,107,220	25,751,461	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,372,448	1,222,150	5,594,598	-574,945	5,019,653	67.00
68.00	06800	SPEECH PATHOLOGY	4,871,576	1,588,087	6,459,663	-859,059	5,600,604	68.00
69.00	06900	ELECTROCARDIOLOGY	2,615,099	5,375,484	7,990,583	-1,819,368	6,171,215	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,635,543	3,304,412	8,939,955	-1,574,105	7,365,850	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	54,718,297	54,718,297	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,864,880	45,864,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	316,725,660	316,725,660	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	8,834,663	302,213,977	311,048,640	-1,644,711	309,403,929	73.03
74.00	07400	RENAL DIALYSIS	3,944,446	3,745,516	7,689,962	-1,212,856	6,477,106	74.00
76.00	03020	RH NBN ECMO I/C	963,713	499,480	1,463,193	-403,384	1,059,809	76.00
76.01	03140	CARDIOLOGY	930,730	10,631,710	11,562,440	-10,176,316	1,386,124	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,863,247	788,243	3,651,490	-588,956	3,062,534	76.02
76.03	03950	CARDIAC CATH	8,603,046	18,374,001	26,977,047	-13,415,259	13,561,788	76.03
76.04	03951	DAY SURGERY	3,500,296	1,816,472	5,316,768	-1,181,396	4,135,372	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	2,371,649	662,044	3,033,693	-467,848	2,565,845	76.08
76.97	07697	CARDIAC REHABILITATION	688,006	533,703	1,221,709	-230,750	990,959	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	816,503	3,453,626	4,270,129	-1,745,664	2,524,465	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	704,628	993,308	1,697,936	-602,279	1,095,657	90.01
90.02	09002	IUSCC HEM/ONC	16,682,098	87,360,384	104,042,482	-79,086,939	24,955,543	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	520,607	887,717	1,408,324	-665,203	743,121	90.03
90.04	09004	AMB SVC-PSYCH ADULT	809,190	254,678	1,063,868	-163,623	900,245	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,122,971	906,304	3,029,275	-535,627	2,493,648	90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,305,442	3,739,710	10,045,152	-2,238,644	7,806,508	90.07
90.08	09008	MOTILITY LAB	165,964	143,106	309,070	-73,906	235,164	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	4,387,235	4,101,441	8,488,676	-1,215,246	7,273,430	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	382,068	9,011,407	9,393,475	-8,803,661	589,814	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	825,448	410,858	1,236,306	-313,920	922,386	90.17
90.18	09016	DERMATOLOGY CLINIC	820,883	386,840	1,207,723	-271,975	935,748	90.18
90.19	09017	INFUSION/HEM/ONC	-137	25,327	25,190	-24,207	983	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	33,716	550,997	584,713	-545,649	39,064	90.21
90.22	09020	EATING DISORDERS CLINIC	1,249,373	1,257,925	2,507,298	-246,430	2,260,868	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,460,987	678,891	2,139,878	-403,959	1,735,919	90.23
90.24	09021	LIFE CARE CLINIC	1,780,715	1,643,747	3,424,462	-1,351,681	2,072,781	90.24
91.00	09100	EMERGENCY	23,990,796	23,554,560	47,545,356	-8,357,835	39,187,521	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	21,896,071	36,584,820	58,480,891	-10,412,355	48,068,536	95.00
101.00	10100	HOME HEALTH AGENCY	24,733,247	90,452,356	115,185,603	-53,514,581	61,671,022	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,422,654	19,287,620	25,710,274	-7,348,815	18,361,459	105.00
106.00	10600	HEART ACQUISITION	846,252	1,955,939	2,802,191	-432,388	2,369,803	106.00
107.00	10700	LIVER ACQUISITION	1,453,099	12,449,403	13,902,502	-180,870	13,721,632	107.00
108.00	10800	LUNG ACQUISITION	1,110,938	3,026,181	4,137,119	-1,063,124	3,073,995	108.00
109.00	10900	PANCREAS ACQUISITION	331,894	1,632,406	1,964,300	-137,917	1,826,383	109.00
110.00	11000	INTESTINAL ACQUISITION	231,455	505,501	736,956	-83,250	653,706	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	253,730	226,438	480,168	-24,118	456,050	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	4,504,533	4,504,533	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	7,998,610	9,138,409	17,137,019	-4,053,520	13,083,499	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	772,083,694	2,183,969,408	2,956,053,102	2,220,723	2,958,273,825	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	185,232	305,809	491,041	-108,087	382,954	190.00
191.00	19100	RESEARCH	2,987,456	1,310,149	4,297,605	-4,327,830	-30,225	191.00
191.01	19101	RESEARCH-GCRC	0	97,721	97,721	-65,969	31,752	191.01
191.02	19102	OSA	1,248,729	2,391,506	3,640,235	-6,817	3,633,418	191.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
191.03	19103 RESEARCH ADMIN	0	0	0	229,981	229,981	191.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	1,508,333	1,508,333	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	8,292,964	5,545,359	13,838,323	553,315	14,391,638	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205 IUH TIPTON	0	0	0	127,029	127,029	192.05
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207 RHI	238,176	158,694	396,870	-130,678	266,192	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212 CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	192.11
200.00	TOTAL (SUM OF LINES 118 through 199)	785,036,251	2,193,778,646	2,978,814,897	0	2,978,814,897	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	18,872,364	68,168,302	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,660,602	80,125,949	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,971,197	139,507,688	4.00
5.01	00540	NONPATIENT TELEPHONES	-125,643	37,794	5.01
5.02	00550	DATA PROCESSING	98,530,898	98,531,000	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	16,443,847	16,443,847	5.03
5.04	00570	ADMINITTING	18,515,946	18,515,946	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	56,391,181	56,391,181	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-318,646,030	204,912,402	5.06
6.00	00600	MAINTENANCE & REPAIRS	11,850,740	35,621,761	6.00
7.00	00700	OPERATION OF PLANT	30,485,063	50,212,398	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	85,066	8.00
9.00	00900	HOUSEKEEPING	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	5,067,575	5,067,575	9.01
9.02	00902	HOUSEKEEPING - RILEY	4,270,606	4,270,606	9.02
9.03	00903	HOUSEKEEPING - METHODIST	6,937,104	6,937,104	9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	786,139	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	609,323	9.05
10.00	01000	DIETARY	-174,180	14,091,323	10.00
11.00	01100	CAFETERIA	2,930,150	2,930,150	11.00
13.00	01300	NURSING ADMINISTRATION	-8,169,695	86,812,461	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	-9,284	212,969	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-86,167	129,453,547	14.00
15.00	01500	PHARMACY	-3,847,379	42,058,836	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,985,830	16,985,830	16.00
17.00	01700	SOCIAL SERVICE	-1,227,107	7,832,547	17.00
18.00	01850	PATIENT TRANSPORTATION	-388	5,210,580	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	48,689,735	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	62,638,803	113,668,948	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	-6,839	525,550	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	8,692	1,649,545	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	-22,213	262,063	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	-28,150	200,629	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,571,082	178,205,677	30.00
31.00	03100	INTENSIVE CARE UNIT	-733,646	23,401,474	31.00
32.00	03200	CORONARY CARE UNIT	-448,987	23,064,792	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	-52	22,420,624	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	-14,000	2,034,621	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	03401	UH SURGIC	0	4,530,978	34.02
34.03	03402	UH NSIC	0	0	34.03
34.04	03403	RHPEDIC	-45	11,920,982	34.04
34.05	03404	TRANSPLANT ICU	-150	2,698,326	34.05
34.06	03407	PEDS CANCER CARE	0	2,436,432	34.06
40.00	04000	SUBPROVIDER - I PF	-855,004	3,315,017	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
43.00	04300	NURSERY	0	1,416,204	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,351,342	63,535,003	50.00
50.01	05001	ENDOSCOPY	-739,565	4,585,804	50.01
51.00	05100	RECOVERY ROOM	-733	10,669,280	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,046,290	9,366,572	52.00
53.00	05300	ANESTHESIOLOGY	-11,931,815	4,486,058	53.00
53.01	05301	PULMONARY FUNCTION TESTING	-4,938	2,467,625	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,010,858	37,471,562	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,480,050	4,833,093	55.00
56.00	05600	RADIOISOTOPE	-114,982	1,780,016	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	859,450	59.00
60.00	06000	LABORATORY	-163,731,004	16,553,243	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	1,614,819	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-5,732,409	18,330,767	63.00
65.00	06500	RESPIRATORY THERAPY	-478,442	25,014,172	65.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
66.00	06600	PHYSICAL THERAPY	-574,360	25,177,101	66.00
67.00	06700	OCCUPATIONAL THERAPY	-40,693	4,978,960	67.00
68.00	06800	SPEECH PATHOLOGY	-105,844	5,494,760	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,338,153	2,833,062	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,035,223	6,330,627	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	54,718,297	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	45,864,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	316,725,660	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	-351,908	309,052,021	73.03
74.00	07400	RENAL DIALYSIS	-8,200	6,468,906	74.00
76.00	03020	RH NBN ECMO IC	0	1,059,809	76.00
76.01	03140	CARDIOLOGY	-11,400	1,374,724	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,062,534	76.02
76.03	03950	CARDIAC CATH	-2,653,844	10,907,944	76.03
76.04	03951	DAY SURGERY	-900	4,134,472	76.04
76.05	03480	ONCOLOGY	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	76.07
76.08	03954	ECMO-ADULT	0	2,565,845	76.08
76.97	07697	CARDIAC REHABILITATION	0	990,959	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	-42,505	2,481,960	77.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	-900,990	194,667	90.01
90.02	09002	IUSCC HEM/ONC	-2,609,511	22,346,032	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	-175,193	567,928	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	900,245	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	-354,307	2,139,341	90.06
90.07	09007	AMB SVC-RILEY CLINICS	-7,743,392	63,116	90.07
90.08	09008	MOTILITY LAB	-2,297	232,867	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	90.10
90.11	09023	SLEEP LAB	-3,106,505	4,166,925	90.11
90.12	09024	OP CARE ADULTS	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	90.13
90.14	09012	INFUSION CLINIC	-41,600	548,214	90.14
90.15	09013	NEUROLOGY UH	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	-429,879	492,507	90.17
90.18	09016	DERMATOLOGY CLINIC	-285,475	650,273	90.18
90.19	09017	INFUSION/HEM/ONC	0	983	90.19
90.20	09025	IUMG - MH	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	39,064	90.21
90.22	09020	EATING DISORDERS CLINIC	-577,284	1,683,584	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	-449,777	1,286,142	90.23
90.24	09021	LIFE CARE CLINIC	-115,522	1,957,259	90.24
91.00	09100	EMERGENCY	-7,012,813	32,174,708	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	-8,796,864	39,271,672	95.00
101.00	10100	HOME HEALTH AGENCY	-10,382,197	51,288,825	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-659,552	17,701,907	105.00
106.00	10600	HEART ACQUISITION	-221,947	2,147,856	106.00
107.00	10700	LIVER ACQUISITION	-1,003,509	12,718,123	107.00
108.00	10800	LUNG ACQUISITION	201,970	3,275,965	108.00
109.00	10900	PANCREAS ACQUISITION	-15,400	1,810,983	109.00
110.00	11000	INTESTINAL ACQUISITION	79,698	733,404	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	-14,633	441,417	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	4,504,533	112.01
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-2,929,275	10,154,224	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-206,737,155	2,751,536,670	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	382,954	190.00
191.00	19100	RESEARCH	3,596,354	3,566,129	191.00
191.01	19101	RESEARCH-GCRC	0	31,752	191.01
191.02	19102	OSA	1,182,750	4,816,168	191.02
191.03	19103	RESEARCH ADMIN	1,833,984	2,063,965	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,508,333	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			Adjustments	Net Expenses	
			(See A-8)	For Allocation	
			6.00	7.00	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	-2,373,119	12,018,519	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	192.04
192.05	19205	IUH Tipton	0	127,029	192.05
192.06	19206	BELTWAY SURGERY	0	0	192.06
192.07	19207	RHI	0	266,192	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	192.11
200.00		TOTAL (SUM OF LINES 118 through 199)	-202,497,186	2,776,317,711	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	118,653,155	1.00
2.00	INFUSION/HEM/ONC	90.19	0	6	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
74.00	0.00	0	0			74.00
75.00	0.00	0	0			75.00
76.00	0.00	0	0			76.00
77.00	0.00	0	0			77.00
78.00	0.00	0	0			78.00
79.00	0.00	0	0			79.00
80.00	0.00	0	0			80.00
81.00	0.00	0	0			81.00
82.00	0.00	0	0			82.00
83.00	0.00	0	0			83.00
84.00	0.00	0	0			84.00
85.00	0.00	0	0			85.00
86.00	0.00	0	0			86.00
87.00	0.00	0	0			87.00
88.00	0.00	0	0			88.00
89.00	0.00	0	0			89.00
O						
B - PEDS THERAPY						
1.00	67.00	157,862	41,461			1.00
2.00	68.00	173,643	45,605			2.00
O						
C - DEPRECIATION						
1.00	1.00	0	47,353,405			1.00
2.00	2.00	0	65,212,712			2.00
3.00	0.00	0	0			3.00
4.00	0.00	0	0			4.00
5.00	0.00	0	0			5.00
6.00	0.00	0	0			6.00
7.00	0.00	0	0			7.00
8.00	0.00	0	0			8.00
9.00	0.00	0	0			9.00
10.00	0.00	0	0			10.00
11.00	0.00	0	0			11.00
12.00	0.00	0	0			12.00
13.00	0.00	0	0			13.00
14.00	0.00	0	0			14.00
15.00	0.00	0	0			15.00
16.00	0.00	0	0			16.00
17.00	0.00	0	0			17.00
18.00	0.00	0	0			18.00
19.00	0.00	0	0			19.00
20.00	0.00	0	0			20.00
21.00	0.00	0	0			21.00
22.00	0.00	0	0			22.00
23.00	0.00	0	0			23.00
24.00	0.00	0	0			24.00
25.00	0.00	0	0			25.00
26.00	0.00	0	0			26.00
27.00	0.00	0	0			27.00
28.00	0.00	0	0			28.00
29.00	0.00	0	0			29.00
30.00	0.00	0	0			30.00
31.00	0.00	0	0			31.00
32.00	0.00	0	0			32.00
33.00	0.00	0	0			33.00
34.00	0.00	0	0			34.00
35.00	0.00	0	0			35.00
36.00	0.00	0	0			36.00
37.00	0.00	0	0			37.00
38.00	0.00	0	0			38.00
39.00	0.00	0	0			39.00
40.00	0.00	0	0			40.00
41.00	0.00	0	0			41.00
42.00	0.00	0	0			42.00
43.00	0.00	0	0			43.00
44.00	0.00	0	0			44.00
45.00	0.00	0	0			45.00
46.00	0.00	0	0			46.00
47.00	0.00	0	0			47.00
48.00	0.00	0	0			48.00
49.00	0.00	0	0			49.00
50.00	0.00	0	0			50.00
51.00	0.00	0	0			51.00
52.00	0.00	0	0			52.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
4/6/2023 1:09 pm

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
53.00		0.00	0	0				53.00	
54.00		0.00	0	0				54.00	
55.00		0.00	0	0				55.00	
56.00		0.00	0	0				56.00	
57.00		0.00	0	0				57.00	
58.00		0.00	0	0				58.00	
59.00		0.00	0	0				59.00	
60.00		0.00	0	0				60.00	
61.00		0.00	0	0				61.00	
62.00		0.00	0	0				62.00	
63.00		0.00	0	0				63.00	
64.00		0.00	0	0				64.00	
65.00		0.00	0	0				65.00	
66.00		0.00	0	0				66.00	
67.00		0.00	0	0				67.00	
68.00		0.00	0	0				68.00	
69.00		0.00	0	0				69.00	
70.00		0.00	0	0				70.00	
71.00		0.00	0	0				71.00	
72.00		0.00	0	0				72.00	
73.00		0.00	0	0				73.00	
74.00		0.00	0	0				74.00	
75.00		0.00	0	0				75.00	
76.00		0.00	0	0				76.00	
77.00		0.00	0	0				77.00	
0			0	112,566,117					
D - SUPPLIES & IMPLANTS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	54,718,297				1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	45,864,880				2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12				3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,807,221				4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	479,758				5.00	
6.00	HOUSEKEEPING - MORGAN	9.05	0	2				6.00	
7.00	DIETARY	10.00	0	5,931				7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	118,769,500				8.00	
9.00	SOCIAL SERVICE	17.00	0	368				9.00	
10.00	PARAMED PASTORAL EDUCATION	23.05	0	34				10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	28				11.00	
12.00	RADIOISOTOPE	56.00	0	97,315				12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	12,133				13.00	
14.00	CARDIAC REHABILITATION	76.97	0	3,666				14.00	
15.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	9				15.00	
16.00	INFUSION CLINIC	90.14	0	2,273				16.00	
17.00	INFUSION/HEM/ONC	90.19	0	66				17.00	
18.00	GASTROENTEROLOGY CLINIC	90.23	0	112				18.00	
19.00	HEART ACQUISITION	106.00	0	8,529				19.00	
20.00	LUNG ACQUISITION	108.00	0	302				20.00	
21.00	OTHER ORGAN ACQUISITION EXP	112.00	0	50				21.00	
22.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1				22.00	
23.00		0.00	0	0				23.00	
24.00		0.00	0	0				24.00	
25.00		0.00	0	0				25.00	
26.00		0.00	0	0				26.00	
27.00		0.00	0	0				27.00	
28.00		0.00	0	0				28.00	
29.00		0.00	0	0				29.00	
30.00		0.00	0	0				30.00	
31.00		0.00	0	0				31.00	
32.00		0.00	0	0				32.00	
33.00		0.00	0	0				33.00	
34.00		0.00	0	0				34.00	
35.00		0.00	0	0				35.00	
36.00		0.00	0	0				36.00	
37.00		0.00	0	0				37.00	
38.00		0.00	0	0				38.00	
39.00		0.00	0	0				39.00	
40.00		0.00	0	0				40.00	
41.00		0.00	0	0				41.00	
42.00		0.00	0	0				42.00	

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
0				221,770,487		
E - DRUGS						
1.00	PHARMACY	15.00	0	8,907,019		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	306,680,727		2.00
3.00	SOCIAL SERVICE	17.00	0	618		3.00
4.00	INFUSION/HEM/ONC	90.19	0	803		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
0			0	315,589,167	
F - BLOOD					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	147,538	1.00
0			0	147,538	
G - NURSERY & L&D					
1.00	NURSERY	43.00	1,148,710	165,610	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	5,691,111	997,520	2.00
0			6,839,821	1,163,130	
H - SLEEP LAB					
1.00	SLEEP LAB	90.11	145,786	0	1.00
0			145,786	0	
I - OB SERVICES					
1.00	NURSERY	43.00	83,284	18,600	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	412,620	112,036	2.00
3.00	ADULTS & PEDIATRICS	30.00	285,572	68,210	3.00
0			781,476	198,846	
J - RADIOLOGY PARAMED					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	450,624	34,473	1.00
0			450,624	34,473	
K - PHARMACIST PARAMED					
1.00	PARAMED PHARMACY	23.07	661,938	50,639	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
0			661,938	50,639	
L - PHARMACY TECH PARAMED					
1.00	PARAMED PHARMACY TECH	23.10	60,407	4,621	1.00
2.00		0.00	0	0	2.00
0			60,407	4,621	
M - CLINICAL LAB PARAMED					
1.00	LABORATORY	60.00	60,211	4,606	1.00
2.00		0.00	0	0	2.00
	TOTALS		60,211	4,606	
N - ORGAN					
1.00	LUNG ACQUISITION	108.00	123,651	14,497	1.00
2.00	HEART ACQUISITION	106.00	192,581	41,156	2.00
3.00	LIVER ACQUISITION	107.00	977,550	170,443	3.00
4.00	PANCREAS ACQUISITION	109.00	40,944	15,212	4.00
5.00	INTESTINAL ACQUISITION	110.00	62,992	12,865	5.00
0			1,397,718	254,173	
O - PRE-POST TRANSPLANT					
1.00	POST TRANSPLANT EXPENSES	112.01	3,940,298	564,235	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
0			3,940,298	564,235	

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
4/6/2023 1:09 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
R - SURGICAL TECH PARAMED						
1.00	PARAMED SURGERY TECHNOLOGY	23.09	101,139	7,737	1.00	
	O		101,139	7,737		
S - ACADEMIC SUPPORT						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	9,999,999	1.00	
	O		0	9,999,999		
T - PHONE						
1.00	NONPATIENT TELEPHONES	5.01	0	125,643	1.00	
2.00	IUSCC HEM/ONC	90.02	0	109	2.00	
3.00	HOME HEALTH AGENCY	101.00	0	5	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
	O		0	125,757		
U - ACCRUED PTO RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,443,363	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	289,749	0	2.00	
3.00	DIETARY	10.00	72,715	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	10,874	0	4.00	
5.00	PHARMACY	15.00	263,970	0	5.00	
6.00	SOCIAL SERVICE	17.00	92,532	0	6.00	
7.00	RESPIRATORY THERAPY	65.00	2,064	0	7.00	
8.00	PARAMED PASTORAL EDUCATION	23.05	4,933	0	8.00	
9.00	PARAMED PHARMACY	23.07	2,305	0	9.00	
10.00	PARAMED PHARMACY TECH	23.10	635	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	15,497	0	11.00	
12.00	BURN INTENSIVE CARE UNIT	33.00	1,460	0	12.00	
13.00	UH SURG 61C	34.02	8,509	0	13.00	
14.00	TRANSPLANT ICU	34.05	15,786	0	14.00	
15.00	RECOVERY ROOM	51.00	5,823	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	8,578	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	15,374	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	6,725	0	18.00	
19.00	BLOOD STORING, PROCESSING & TRANS.	63.00	3,141	0	19.00	
20.00	PHYSICAL THERAPY	66.00	69,367	0	20.00	
21.00	SPEECH PATHOLOGY	68.00	23,493	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	618	0	22.00	
23.00	OUTPATIENT RETAIL PHARMACY	73.03	60,546	0	23.00	
24.00	RH NBN ECMO IC	76.00	649	0	24.00	
25.00	CARDIAC REHABILITATION	76.97	3,193	0	25.00	
26.00	AMB SVC-OB & GYN	90.01	12,872	0	26.00	
27.00	AMB SVC-OPHTHALMOLOGY	90.03	20,041	0	27.00	
28.00	AMB SVC-PSYCH ADULT	90.04	8,684	0	28.00	
29.00	OUTPATIENT SURGERY	90.06	7,749	0	29.00	
30.00	MOTILITY LAB	90.08	996	0	30.00	
31.00	DERMATOLOGY CLINIC	90.18	7,158	0	31.00	
32.00	EATING DISORDERS CLINIC	90.22	8,150	0	32.00	
33.00	HEART ACQUISITION	106.00	19,040	0	33.00	
34.00	PANCREAS ACQUISITION	109.00	6,964	0	34.00	
35.00	OTHER ORGAN ACQUISITION EXP	112.00	7,104	0	35.00	
36.00	RESEARCH	191.00	10,585	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
43.00		0.00	0	0	43.00	
44.00		0.00	0	0	44.00	
45.00		0.00	0	0	45.00	
46.00		0.00	0	0	46.00	
47.00		0.00	0	0	47.00	
48.00		0.00	0	0	48.00	
49.00		0.00	0	0	49.00	
50.00		0.00	0	0	50.00	
51.00		0.00	0	0	51.00	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
TOTALS			2,531,242	0	
V - RADIO PHARM RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,168,551	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
0			0	10,168,551	
W - PTO AS STD					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,040,472	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
4/6/2023 1:09 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
0			0	3,040,472	
X - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	147,182	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
0			0	147,182	
Y - PASTORAL ED RECLASSES					
1.00	OTHER ADMINSTRATIVE AND GENERAL	5.06	90,081	8,926	1.00
0			90,081	8,926	
Z - TRANSPLANT SURGERY MED DIRECTOR					
1.00	HEART ACQUISITION	106.00	0	1,982	1.00
2.00	LIVER ACQUISITION	107.00	0	65,225	2.00
3.00	LUNG ACQUISITION	108.00	0	2,973	3.00
4.00	PANCREAS ACQUISITION	109.00	0	52,432	4.00
5.00	INTESTINAL ACQUISITION	110.00	0	50,901	5.00
0			0	173,513	
AA - RESPIRATORY THERAPY PARAMED					
1.00	RESPIRATORY THERAPY	65.00	255,283	19,529	1.00
2.00		0.00	0	0	2.00
0			255,283	19,529	
BB - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,795,351	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	252,635	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
0			0	2,047,986	
CC - HOME CARE OFFSET REVISION					
1.00	HOME HEALTH AGENCY	101.00	0	1,850,885	1.00
	TOTALS		0	1,850,885	
DD - ALTEPLASE RECLASS					
1.00	LIVER ACQUISITION	107.00	0	123,618	1.00
0			0	123,618	
EE - INPATIENT ROUTINE					
1.00	ADULTS & PEDIATRICS	30.00	74,645	9,016	1.00
	TOTALS		74,645	9,016	
FF - TRANSPLANT INSTITUTE					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,508,333	1.00
	TOTALS		0	1,508,333	
GG - CLINICAL LAB EXPENSE					
1.00	LABORATORY	60.00	259,002	86,300	1.00
	TOTALS		259,002	86,300	
II - GRANT REVISIONS					
1.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	3,613,883	1.00
2.00	RESEARCH ADMIN	191.03	0	229,981	2.00
3.00	OSA	191.02	0	160,018	3.00
	TOTALS		0	4,003,882	
JJ - SAXONY TO TIPTON ALLOCATION					
1.00	IUH TIPTON	192.05	103,039	23,990	1.00
	TOTALS		103,039	23,990	
KK - ALLOGENEIC STEM CELL					
1.00	LABORATORY	60.00	512,828	73,938	1.00
	TOTALS		512,828	73,938	
500.00	Grand Total: Increases		18,597,043	804,507,873	500.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
4/6/2023 1:09 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,051,374	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	224,988	0		2.00
3.00	OPERATION OF PLANT	7.00	0	1,516,010	0		3.00
4.00	HOUSEKEEPING - SAXONY	9.04	0	151,960	0		4.00
5.00	HOUSEKEEPING - MORGAN	9.05	0	150,164	0		5.00
6.00	DIETARY	10.00	0	1,974,742	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	7,526,354	0		7.00
8.00	PARAMEDICAL ADMINISTRATION	13.01	0	30,990	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	843,395	0		9.00
10.00	PHARMACY	15.00	0	4,563,289	0		10.00
11.00	SOCIAL SERVICE	17.00	0	1,012,512	0		11.00
12.00	PATIENT TRANSPORTATION	18.00	0	578,566	0		12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	607	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	29,030	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	76,838	0		15.00
16.00	PARAMED PASTORAL EDUCATION	23.05	0	127,719	0		16.00
17.00	PARAMED PHARMACY	23.07	0	124,486	0		17.00
18.00	PARAMED SURGERY TECHNOLOGY	23.09	0	20,923	0		18.00
19.00	PARAMED PHARMACY TECH	23.10	0	25,920	0		19.00
20.00	ADULTS & PEDIATRICS	30.00	0	20,334,084	0		20.00
21.00	INTENSIVE CARE UNIT	31.00	0	1,926,365	0		21.00
22.00	CORONARY CARE UNIT	32.00	0	2,546,505	0		22.00
23.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	3,195,227	0		23.00
24.00	BURN INTENSIVE CARE UNIT	33.00	0	258,933	0		24.00
25.00	UH SURGIC	34.02	0	282,894	0		25.00
26.00	RH PEDI C	34.04	0	1,609,958	0		26.00
27.00	TRANSPLANT ICU	34.05	0	184,960	0		27.00
28.00	PEDS CANCER CARE	34.06	0	272,501	0		28.00
29.00	SUBPROVIDER - I PF	40.00	0	481,951	0		29.00
30.00	OPERATING ROOM	50.00	0	6,041,141	0		30.00
31.00	ENDOSCOPY	50.01	0	509,058	0		31.00
32.00	RECOVERY ROOM	51.00	0	1,493,259	0		32.00
33.00	DELIVERY ROOM & LABOR ROOM	52.00	0	176,768	0		33.00
34.00	ANESTHESIOLOGY	53.00	0	259,933	0		34.00
35.00	PULMONARY FUNCTION TESTING	53.01	0	416,809	0		35.00
36.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,021,462	0		36.00
37.00	RADIOLOGY-THERAPEUTIC	55.00	0	697,239	0		37.00
38.00	RADIOISOTOPE	56.00	0	158,321	0		38.00
39.00	CARDIAC CATHETERIZATION	59.00	0	90,478	0		39.00
40.00	LABORATORY	60.00	0	10,655,714	0		40.00
41.00	TRANSPLANT IMMUNOLOGY	60.01	0	199,759	0		41.00
42.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	430,812	0		42.00
43.00	RESPIRATORY THERAPY	65.00	0	3,504,126	0		43.00
44.00	PHYSICAL THERAPY	66.00	0	3,414,543	0		44.00
45.00	OCCUPATIONAL THERAPY	67.00	0	715,364	0		45.00
46.00	SPEECH PATHOLOGY	68.00	0	766,708	0		46.00
47.00	ELECTROCARDIOLOGY	69.00	0	447,865	0		47.00
48.00	ELECTROENCEPHALOGRAPHY	70.00	0	828,848	0		48.00
49.00	OUTPATIENT RETAIL PHARMACY	73.03	0	1,483,689	0		49.00
50.00	RENAL DIALYSIS	74.00	0	618,403	0		50.00
51.00	RH NBN ECMO IC	76.00	0	169,078	0		51.00
52.00	CARDIOLOGY	76.01	0	204,988	0		52.00
53.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	444,181	0		53.00
54.00	CARDIAC CATH	76.03	0	1,277,854	0		54.00
55.00	DAY SURGERY	76.04	0	637,894	0		55.00
56.00	ECMO-ADULT	76.08	0	340,914	0		56.00
57.00	CARDIAC REHABILITATION	76.97	0	149,505	0		57.00
58.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	136,455	0		58.00
59.00	AMB SVC-OB & GYN	90.01	0	153,366	0		59.00
60.00	IUSCC HEM/ONC	90.02	0	2,853,104	0		60.00
61.00	AMB SVC-OPHTHALMOLOGY	90.03	0	137,934	0		61.00
62.00	AMB SVC-PSYCH ADULT	90.04	0	170,066	0		62.00
63.00	OUTPATIENT SURGERY	90.06	0	377,155	0		63.00
64.00	AMB SVC-RILEY CLINICS	90.07	0	1,106,528	0		64.00
65.00	MOTILITY LAB	90.08	0	21,027	0		65.00
66.00	SLEEP LAB	90.11	0	972,725	0		66.00
67.00	INFUSION CLINIC	90.14	0	79,012	0		67.00
68.00	PHYSICAL MEDICINE	90.17	0	218,080	0		68.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
4/6/2023 1:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
69.00	DERMATOLOGY CLINIC	90.18	0	164,548	0		69.00
70.00	OP REHAB CLINIC	90.21	0	8,590	0		70.00
71.00	EATING DISORDERS CLINIC	90.22	0	237,613	0		71.00
72.00	GASTROENTEROLOGY CLINIC	90.23	0	356,294	0		72.00
73.00	LIFE CARE CLINIC	90.24	0	346,099	0		73.00
74.00	EMERGENCY	91.00	0	3,600,432	0		74.00
75.00	AMBULANCE SERVICES	95.00	0	4,186,636	0		75.00
76.00	HOME HEALTH AGENCY	101.00	0	4,629,744	0		76.00
77.00	KIDNEY ACQUISITION	105.00	0	1,176,800	0		77.00
78.00	HEART ACQUISITION	106.00	0	107,860	0		78.00
79.00	LIVER ACQUISITION	107.00	0	260,191	0		79.00
80.00	LUNG ACQUISITION	108.00	0	159,226	0		80.00
81.00	PANCREAS ACQUISITION	109.00	0	39,327	0		81.00
82.00	INTESTINAL ACQUISITION	110.00	0	34,638	0		82.00
83.00	OTHER ORGAN ACQUISITION EXP	112.00	0	31,272	0		83.00
84.00	HOSPICE	116.00	0	1,447,682	0		84.00
85.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	85,131	0		85.00
86.00	RESEARCH	191.00	0	264,402	0		86.00
87.00	OSA	191.02	0	137,435	0		87.00
88.00	OTHER	192.01	0	1,831,987	0		88.00
89.00	NONREIMBURSABLE-METHODIST RHI	192.07	0	43,844	0		89.00
			0	118,653,161			
B - PEDS THERAPY							
1.00	PHYSICAL THERAPY	66.00	331,505	87,066	0		1.00
2.00		0.00	0	0	0		2.00
			331,505	87,066			
C - DEPRECIATION							
1.00	NONPATIENT TELEPHONES	5.01	0	7,128	9		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33,745,679	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	221,749	0		3.00
4.00	OPERATION OF PLANT	7.00	0	1,556,083	0		4.00
5.00	HOUSEKEEPING - SAXONY	9.04	0	3,227	0		5.00
6.00	HOUSEKEEPING - MORGAN	9.05	0	2,240	0		6.00
7.00	DIETARY	10.00	0	375,619	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	3,980,931	0		8.00
9.00	PARAMEDICAL ADMINISTRATION	13.01	0	4,147	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,655,839	0		10.00
11.00	PHARMACY	15.00	0	876,364	0		11.00
12.00	PATIENT TRANSPORTATION	18.00	0	22,849	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	16,746	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	3,691,282	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	787,987	0		15.00
16.00	CORONARY CARE UNIT	32.00	0	1,093,973	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	1,043,020	0		17.00
18.00	BURN INTENSIVE CARE UNIT	33.00	0	125,880	0		18.00
19.00	UH SURG 61C	34.02	0	80,644	0		19.00
20.00	RH PEDI C	34.04	0	457,763	0		20.00
21.00	TRANSPLANT ICU	34.05	0	46,442	0		21.00
22.00	PEDS CANCER CARE	34.06	0	168,045	0		22.00
23.00	SUBPROVIDER - I PF	40.00	0	271,486	0		23.00
24.00	OPERATING ROOM	50.00	0	18,207,173	0		24.00
25.00	ENDOSCOPY	50.01	0	801,420	0		25.00
26.00	RECOVERY ROOM	51.00	0	369,824	0		26.00
27.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,777,416	0		27.00
28.00	ANESTHESIOLOGY	53.00	0	655,046	0		28.00
29.00	PULMONARY FUNCTION TESTING	53.01	0	127,101	0		29.00
30.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,285,988	0		30.00
31.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,202,034	0		31.00
32.00	RADIOISOTOPE	56.00	0	1,109,920	0		32.00
33.00	CARDIAC CATHETERIZATION	59.00	0	191,276	0		33.00
34.00	LABORATORY	60.00	0	4,689,724	0		34.00
35.00	TRANSPLANT IMMUNOLOGY	60.01	0	116,219	0		35.00
36.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	58,172	0		36.00
37.00	RESPIRATORY THERAPY	65.00	0	993,201	0		37.00
38.00	PHYSICAL THERAPY	66.00	0	432,596	0		38.00
39.00	OCCUPATIONAL THERAPY	67.00	0	2,868	0		39.00
40.00	SPEECH PATHOLOGY	68.00	0	216,979	0		40.00
41.00	ELECTROCARDIOLOGY	69.00	0	1,324,825	0		41.00
42.00	ELECTROENCEPHALOGRAPHY	70.00	0	622,051	0		42.00
43.00	OUTPATIENT RETAIL PHARMACY	73.03	0	84,318	0		43.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
4/6/2023 1:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
44.00	RENAL DIALYSIS	74.00	0	335,434	0		44.00
45.00	RH NBN ECMO IC	76.00	0	58,390	0		45.00
46.00	CARDIOLOGY	76.01	0	749,858	0		46.00
47.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	25,308	0		47.00
48.00	CARDIAC CATH	76.03	0	2,612,448	0		48.00
49.00	DAY SURGERY	76.04	0	66,624	0		49.00
50.00	ECMO-ADULT	76.08	0	99,415	0		50.00
51.00	CARDIAC REHABILITATION	76.97	0	82,396	0		51.00
52.00	AMB SVC-OB & GYN	90.01	0	40,119	0		52.00
53.00	IUSCC HEM/ONC	90.02	0	856,526	0		53.00
54.00	AMB SVC-OPHTHALMOLOGY	90.03	0	166,922	0		54.00
55.00	AMB SVC-PSYCH ADULT	90.04	0	175	0		55.00
56.00	OUTPATIENT SURGERY	90.06	0	138,505	0		56.00
57.00	AMB SVC-RILEY CLINICS	90.07	0	600,836	0		57.00
58.00	MOTILITY LAB	90.08	0	38,680	0		58.00
59.00	SLEEP LAB	90.11	0	190,450	0		59.00
60.00	INFUSION CLINIC	90.14	0	44,354	0		60.00
61.00	PHYSICAL MEDICINE	90.17	0	3,426	0		61.00
62.00	DERMATOLOGY CLINIC	90.18	0	53,727	0		62.00
63.00	INFUSION/HEM/ONC	90.19	0	25,082	0		63.00
64.00	OP REHAB CLINIC	90.21	0	2,693	0		64.00
65.00	EATING DISORDERS CLINIC	90.22	0	11,448	0		65.00
66.00	GASTROENTEROLOGY CLINIC	90.23	0	13,174	0		66.00
67.00	EMERGENCY	91.00	0	1,554,712	0		67.00
68.00	AMBULANCE SERVICES	95.00	0	4,975,869	0		68.00
69.00	HOME HEALTH AGENCY	101.00	0	272,339	0		69.00
70.00	KIDNEY ACQUISITION	105.00	0	784,979	0		70.00
71.00	HEART ACQUISITION	106.00	0	327	0		71.00
72.00	HOSPICE	116.00	0	21,636	0		72.00
73.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	17,958	0		73.00
74.00	RESEARCH	191.00	0	7,478	0		74.00
75.00	RESEARCH-GCRC	191.01	0	28,235	0		75.00
76.00	OTHER	192.01	0	1,155,666	0		76.00
77.00	NONREIMBURSABLE-METHODIST RHI	192.07	0	27,654	0		77.00
			0	112,566,117			
D - SUPPLIES & IMPLANTS							
1.00	DATA PROCESSING	5.02	0	16	0		1.00
2.00	OPERATION OF PLANT	7.00	0	45,291	0		2.00
3.00	HOUSEKEEPING - SAXONY	9.04	0	458	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	131,064	0		4.00
5.00	PARAMED ED ADMINISTRATION	13.01	0	43,883	0		5.00
6.00	PHARMACY	15.00	0	521,467	0		6.00
7.00	PATIENT TRANSPORTATION	18.00	0	3,718	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,424	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	3,874	0		9.00
10.00	PARAMED SURGERY TECHNOLOGY	23.09	0	658	0		10.00
11.00	PARAMED PHARMACY TECH	23.10	0	1,675	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	7,877,694	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	544,313	0		13.00
14.00	CORONARY CARE UNIT	32.00	0	1,543,714	0		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	752,019	0		15.00
16.00	BURN INTENSIVE CARE UNIT	33.00	0	47,621	0		16.00
17.00	UH SURG 61C	34.02	0	284,477	0		17.00
18.00	RH PEDIC	34.04	0	481,724	0		18.00
19.00	TRANSPLANT ICU	34.05	0	170,389	0		19.00
20.00	PEDS CANCER CARE	34.06	0	60,685	0		20.00
21.00	SUBPROVIDER - IPF	40.00	0	17,219	0		21.00
22.00	OPERATING ROOM	50.00	0	101,607,000	0		22.00
23.00	ENDOSCOPY	50.01	0	5,555,915	0		23.00
24.00	RECOVERY ROOM	51.00	0	147,518	0		24.00
25.00	ANESTHESIOLOGY	53.00	0	1,866,161	0		25.00
26.00	PULMONARY FUNCTION TESTING	53.01	0	94,289	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,175,708	0		27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	0	201,975	0		28.00
29.00	LABORATORY	60.00	0	47,265,339	0		29.00
30.00	TRANSPLANT IMMUNOLOGY	60.01	0	1,545,691	0		30.00
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,420,617	0		31.00
32.00	RESPIRATORY THERAPY	65.00	0	5,530,542	0		32.00
33.00	PHYSICAL THERAPY	66.00	0	791,502	0		33.00
34.00	OCCUPATIONAL THERAPY	67.00	0	9,145	0		34.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
4/6/2023 1:09 pm

		Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.				
	6.00	7.00	8.00	9.00	10.00				
35.00	SPEECH PATHOLOGY	68.00	0	106,809	0				35.00
36.00	ELECTROCARDIOLOGY	69.00	0	18,462	0				36.00
37.00	ELECTROENCEPHALOGRAPHY	70.00	0	61,020	0				37.00
38.00	OUTPATIENT RETAIL PHARMACY	73.03	0	54,687	0				38.00
39.00	RENAL DIALYSIS	74.00	0	83,590	0				39.00
40.00	RH NBN ECMO IC	76.00	0	151,670	0				40.00
41.00	CARDIOLOGY	76.01	0	9,166,555	0				41.00
42.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	23,194	0				42.00
43.00	CARDIAC CATH	76.03	0	9,046,745	0				43.00
44.00	DAY SURGERY	76.04	0	311,518	0				44.00
45.00	ECMO-ADULT	76.08	0	1,014	0				45.00
46.00	AMB SVC-OB & GYN	90.01	0	53,665	0				46.00
47.00	IUSCC HEM/ONC	90.02	0	507,138	0				47.00
48.00	AMB SVC-OPHTHALMOLOGY	90.03	0	16,050	0				48.00
49.00	AMB SVC-PSYCH ADULT	90.04	0	2,066	0				49.00
50.00	OUTPATIENT SURGERY	90.06	0	19,358	0				50.00
51.00	AMB SVC-RILEY CLINICS	90.07	0	131,112	0				51.00
52.00	MOTILITY LAB	90.08	0	14,686	0				52.00
53.00	SLEEP LAB	90.11	0	182,773	0				53.00
54.00	PHYSICAL MEDICINE	90.17	0	4,022	0				54.00
55.00	DERMATOLOGY CLINIC	90.18	0	54,165	0				55.00
56.00	OP REHAB CLINIC	90.21	0	435	0				56.00
57.00	EATING DISORDERS CLINIC	90.22	0	5,488	0				57.00
58.00	LIFE CARE CLINIC	90.24	0	485	0				58.00
59.00	EMERGENCY	91.00	0	1,707,330	0				59.00
60.00	AMBULANCE SERVICES	95.00	0	752,825	0				60.00
61.00	HOME HEALTH AGENCY	101.00	0	3,972,783	0				61.00
62.00	KIDNEY ACQUISITION	105.00	0	413,661	0				62.00
63.00	LIVER ACQUISITION	107.00	0	136	0				63.00
64.00	HOSPICE	116.00	0	50,340	0				64.00
65.00	RESEARCH	191.00	0	19,517	0				65.00
66.00	RESEARCH-GCRC	191.01	0	19,396	0				66.00
67.00	OSA	191.02	0	12,206	0				67.00
68.00	OTHER	192.01	0	15,985	0				68.00
69.00	NONREIMBURSABLE-METHODIST RHI	192.07	0	44,816	0				69.00
			0	221,770,487					
E - DRUGS									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	112,364	0				1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	6,475	0				2.00
3.00	DIETARY	10.00	0	3,277	0				3.00
4.00	NURSING ADMINISTRATION	13.00	0	143,964	0				4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	273,383	0				5.00
6.00	PHARMACY	15.00	0	165,841,683	0				6.00
7.00	PARAMED PHARMACY TECH	23.10	0	914	0				7.00
8.00	ADULTS & PEDIATRICS	30.00	0	2,560,199	0				8.00
9.00	INTENSIVE CARE UNIT	31.00	0	319,363	0				9.00
10.00	CORONARY CARE UNIT	32.00	0	677,251	0				10.00
11.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	406,946	0				11.00
12.00	BURN INTENSIVE CARE UNIT	33.00	0	9,738	0				12.00
13.00	UH SURGIC	34.02	0	127,375	0				13.00
14.00	RH PEDI C	34.04	0	250,754	0				14.00
15.00	TRANSPLANT ICU	34.05	0	72,514	0				15.00
16.00	PEDS CANCER CARE	34.06	0	47,378	0				16.00
17.00	SUBPROVIDER - IPF	40.00	0	639	0				17.00
18.00	OPERATING ROOM	50.00	0	2,175,393	0				18.00
19.00	ENDOSCOPY	50.01	0	67,608	0				19.00
20.00	RECOVERY ROOM	51.00	0	122,103	0				20.00
21.00	ANESTHESIOLOGY	53.00	0	1,443,032	0				21.00
22.00	PULMONARY FUNCTION TESTING	53.01	0	3,758	0				22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,234,279	0				23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	67,378	0				24.00
25.00	RADIOISOTOPE	56.00	0	233,380	0				25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	20,006	0				26.00
27.00	LABORATORY	60.00	0	986,954	0				27.00
28.00	TRANSPLANT IMMUNOLOGY	60.01	0	5,704	0				28.00
29.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	38,054	0				29.00
30.00	RESPIRATORY THERAPY	65.00	0	167,079	0				30.00
31.00	PHYSICAL THERAPY	66.00	0	9,617	0				31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	143	0				32.00
33.00	SPEECH PATHOLOGY	68.00	0	1,199	0				33.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
4/6/2023 1:09 pm

Decreases							Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other					
6.00	7.00	8.00	9.00	10.00				
34.00	ELECTROCARDIOLOGY	69.00	0	20,621	0		34.00	
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	756	0		35.00	
36.00	RENAL DIALYSIS	74.00	0	140,686	0		36.00	
37.00	RH NBN ECMO IC	76.00	0	4,359	0		37.00	
38.00	CARDIOLOGY	76.01	0	53,509	0		38.00	
39.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	6,862	0		39.00	
40.00	CARDIAC CATH	76.03	0	435,842	0		40.00	
41.00	DAY SURGERY	76.04	0	116,235	0		41.00	
42.00	ECMO-ADULT	76.08	0	12	0		42.00	
43.00	CARDIAC REHABILITATION	76.97	0	700	0		43.00	
44.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	1,011,825	0		44.00	
45.00	AMB SVC-OB & GYN	90.01	0	364,880	0		45.00	
46.00	IUSCC HEM/ONC	90.02	0	74,630,718	0		46.00	
47.00	AMB SVC-OPHTHALMOLOGY	90.03	0	359,098	0		47.00	
48.00	OUTPATIENT SURGERY	90.06	0	4,411	0		48.00	
49.00	AMB SVC-RILEY CLINICS	90.07	0	345,184	0		49.00	
50.00	MOTILITY LAB	90.08	0	509	0		50.00	
51.00	SLEEP LAB	90.11	0	1,717	0		51.00	
52.00	INFUSION CLINIC	90.14	0	8,673,223	0		52.00	
53.00	PHYSICAL MEDICINE	90.17	0	78,939	0		53.00	
54.00	DERMATOLOGY CLINIC	90.18	0	3,752	0		54.00	
55.00	OP REHAB CLINIC	90.21	0	532,950	0		55.00	
56.00	GASTROENTEROLOGY CLINIC	90.23	0	15,007	0		56.00	
57.00	LIFE CARE CLINIC	90.24	0	978,826	0		57.00	
58.00	EMERGENCY	91.00	0	1,054,146	0		58.00	
59.00	AMBULANCE SERVICES	95.00	0	228,630	0		59.00	
60.00	HOME HEALTH AGENCY	101.00	0	46,168,126	0		60.00	
61.00	KIDNEY ACQUISITION	105.00	0	198,801	0		61.00	
62.00	HEART ACQUISITION	106.00	0	9,442	0		62.00	
63.00	LUNG ACQUISITION	108.00	0	84,368	0		63.00	
64.00	HOSPICE	116.00	0	579,907	0		64.00	
65.00	RESEARCH	191.00	0	31,114	0		65.00	
66.00	RESEARCH-GCRC	191.01	0	18,338	0		66.00	
67.00	OSA	191.02	0	199	0		67.00	
68.00	OTHER	192.01	0	2,028	0		68.00	
69.00	NONREIMBURSABLE-METHODIST RHI	192.07	0	3,543	0		69.00	
	O		0	315,589,167				
F - BLOOD								
1.00	LABORATORY	60.00	0	147,538	0		1.00	
	O		0	147,538				
G - NURSERY & L&D								
1.00	ADULTS & PEDIATRICS	30.00	6,839,821	1,163,130	0		1.00	
2.00		0.00	0	0	0		2.00	
	O		6,839,821	1,163,130				
H - SLEEP LAB								
1.00	HOME HEALTH AGENCY	101.00	145,786	0	0		1.00	
	O		145,786	0				
I - OB SERVICES								
1.00	NURSING ADMINISTRATION	13.00	781,476	198,846	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
	O		781,476	198,846				
J - RADIOLOGY PARAMED								
1.00	RADIOLOGY-DIAGNOSTIC	54.00	450,624	34,473	0		1.00	
	O		450,624	34,473				
K - PHARMACIST PARAMED								
1.00	PHARMACY	15.00	588,561	45,025	0		1.00	
2.00	OUTPATIENT RETAIL PHARMACY	73.03	15,179	1,161	0		2.00	
3.00	RADIOLOGY-THERAPEUTIC	55.00	11,250	861	0		3.00	
4.00	IUSCC HEM/ONC	90.02	44,300	3,389	0		4.00	
5.00	RESEARCH	191.00	2,648	203	0		5.00	
	O		661,938	50,639				
L - PHARMACY TECH PARAMED								
1.00	PHARMACY	15.00	30,581	2,339	0		1.00	
2.00	OUTPATIENT RETAIL PHARMACY	73.03	29,826	2,282	0		2.00	
	O		60,407	4,621				
M - CLINICAL LAB PARAMED								
1.00	LABORATORY	60.00	55,375	4,236	0		1.00	
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	4,836	370	0		2.00	
	TOTALS		60,211	4,606				

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
4/6/2023 1:09 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
N - ORGAN						
1.00	KIDNEY ACQUISITION	105.00	1,397,718	254,173	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
	0		1,397,718	254,173		
O - PRE-POST TRANSPLANT						
1.00	LUNG ACQUISITION	108.00	776,305	178,298	0	1.00
2.00	KIDNEY ACQUISITION	105.00	1,242,405	121,839	0	2.00
3.00	HEART ACQUISITION	106.00	526,327	47,622	0	3.00
4.00	LIVER ACQUISITION	107.00	1,051,180	181,829	0	4.00
5.00	PANCREAS ACQUISITION	109.00	189,549	24,593	0	5.00
6.00	INTESTINAL ACQUISITION	110.00	154,532	10,054	0	6.00
	0		3,940,298	564,235		
R - SURGICAL TECH PARAMED						
1.00	OPERATING ROOM	50.00	101,139	7,737	0	1.00
	0		101,139	7,737		
S - ACADEMIC SUPPORT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,999,999	0	1.00
	0		0	9,999,999		
T - PHONE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	183	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	510	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	11,208	0	3.00
4.00	OPERATING ROOM	50.00	0	9,438	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,604	0	5.00
6.00	PHYSICAL THERAPY	66.00	0	72	0	6.00
7.00	OCCUPATIONAL THERAPY	67.00	0	59	0	7.00
8.00	SPEECH PATHOLOGY	68.00	0	59	0	8.00
9.00	AMB SVC-RILEY CLINICS	90.07	0	79	0	9.00
10.00	EMERGENCY	91.00	0	69,139	0	10.00
11.00	KIDNEY ACQUISITION	105.00	0	29,855	0	11.00
12.00	LIVER ACQUISITION	107.00	0	551	0	12.00
	0		0	125,757		
U - ACCRUED PTO RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	44,804	0	0	1.00
2.00	OPERATION OF PLANT	7.00	21,629	0	0	2.00
3.00	HOUSEKEEPING - SAXONY	9.04	3,244	0	0	3.00
4.00	HOUSEKEEPING - MORGAN	9.05	7,838	0	0	4.00
5.00	PARAMED ADMINISTRATION	13.01	1,054	0	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	17,416	0	0	6.00
7.00	PATIENT TRANSPORTATION	18.00	14,828	0	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	1,270	0	0	8.00
9.00	PARAMED SURGERY TECHNOLOGY	23.09	1,481	0	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	651,940	0	0	10.00
11.00	CORONARY CARE UNIT	32.00	88,441	0	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	32.01	183,043	0	0	12.00
13.00	RH PEDIATRIC	34.04	176,876	0	0	13.00
14.00	PEDS CANCER CARE	34.06	28,136	0	0	14.00
15.00	SUBPROVIDER - IPF	40.00	40,521	0	0	15.00
16.00	OPERATING ROOM	50.00	193,849	0	0	16.00
17.00	ENDOSCOPY	50.01	10,496	0	0	17.00
18.00	ANESTHESIOLOGY	53.00	7,884	0	0	18.00
19.00	PULMONARY FUNCTION TESTING	53.01	3,956	0	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	31,945	0	0	20.00
21.00	RADIOISOTOPE	56.00	6,813	0	0	21.00
22.00	LABORATORY	60.00	76,253	0	0	22.00
23.00	TRANSPLANT IMMUNOLOGY	60.01	13,131	0	0	23.00
24.00	RESPIRATORY THERAPY	65.00	111,254	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	22,374	0	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	36,235	0	0	26.00
27.00	RENAL DIALYSIS	74.00	10,317	0	0	27.00
28.00	CARDIOLOGY	76.01	1,014	0	0	28.00
29.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	80,845	0	0	29.00
30.00	CARDIAC CATH	76.03	1,372	0	0	30.00
31.00	DAY SURGERY	76.04	35,758	0	0	31.00
32.00	ECMO-ADULT	76.08	22,510	0	0	32.00
33.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	7,795	0	0	33.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
34.00	IUSCC HEM/ONC	90.02	46,578	0	0		34.00
35.00	AMB SVC-RILEY CLINICS	90.07	18,521	0	0		35.00
36.00	SLEEP LAB	90.11	2,251	0	0		36.00
37.00	INFUSION CLINIC	90.14	9,345	0	0		37.00
38.00	PHYSICAL MEDICINE	90.17	3,813	0	0		38.00
39.00	OP REHAB CLINIC	90.21	114	0	0		39.00
40.00	GASTROENTEROLOGY CLINIC	90.23	2,361	0	0		40.00
41.00	LIFE CARE CLINIC	90.24	15,498	0	0		41.00
42.00	EMERGENCY	91.00	197,870	0	0		42.00
43.00	AMBULANCE SERVICES	95.00	66,578	0	0		43.00
44.00	HOME HEALTH AGENCY	101.00	46,528	0	0		44.00
45.00	KIDNEY ACQUISITION	105.00	46,738	0	0		45.00
46.00	LIVER ACQUISITION	107.00	19,391	0	0		46.00
47.00	LUNG ACQUISITION	108.00	6,350	0	0		47.00
48.00	INTESTINAL ACQUISITION	110.00	10,784	0	0		48.00
49.00	HOSPICE	116.00	52,741	0	0		49.00
50.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	3,806	0	0		50.00
51.00	OSA	191.02	16,995	0	0		51.00
52.00	OTHER	192.01	2,211	0	0		52.00
53.00	NONREIMBURSABLE-METHODIST RHI	192.07	6,447	0	0		53.00
	TOTALS		2,531,242	0			
V - RADIO PHARM RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,877,262	0		1.00
2.00	RADIOISOTOPE	56.00	0	7,116,819	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	164,037	0		3.00
4.00	OUTPATIENT RETAIL PHARMACY	73.03	0	508	0		4.00
5.00	HOSPICE	116.00	0	9,925	0		5.00
	TOTALS		0	10,168,551	0		
W - PTO AS STD							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	33,405	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	54	0	0		2.00
3.00	OPERATION OF PLANT	7.00	7,898	0	0		3.00
4.00	HOUSEKEEPING - SAXONY	9.04	915	0	0		4.00
5.00	HOUSEKEEPING - MORGAN	9.05	648	0	0		5.00
6.00	DIETARY	10.00	61,165	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	162,299	0	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	8,437	0	0		8.00
9.00	PHARMACY	15.00	226,560	0	0		9.00
10.00	SOCIAL SERVICE	17.00	14,330	0	0		10.00
11.00	PATIENT TRANSPORTATION	18.00	16,545	0	0		11.00
12.00	PARAMED PASTORAL EDUCATION	23.05	72	0	0		12.00
13.00	PARAMED SURGERY TECHNOLOGY	23.09	7,298	0	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	503,241	0	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	56,228	0	0		15.00
16.00	CORONARY CARE UNIT	32.00	77,988	0	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	32.01	142,946	0	0		17.00
18.00	BURN INTENSIVE CARE UNIT	33.00	13,501	0	0		18.00
19.00	UH SURGIC	34.02	4,719	0	0		19.00
20.00	RH PEDI	34.04	41,007	0	0		20.00
21.00	PEDS CANCER CARE	34.06	7,975	0	0		21.00
22.00	SUBPROVIDER - IPF	40.00	7,548	0	0		22.00
23.00	OPERATING ROOM	50.00	148,276	0	0		23.00
24.00	ENDOSCOPY	50.01	21,454	0	0		24.00
25.00	RECOVERY ROOM	51.00	63,673	0	0		25.00
26.00	DELIVERY ROOM & LABOR ROOM	52.00	12,902	0	0		26.00
27.00	ANESTHESIOLOGY	53.00	88	0	0		27.00
28.00	PULMONARY FUNCTION TESTING	53.01	4,259	0	0		28.00
29.00	RADIOLOGY-DIAGNOSTIC	54.00	118,795	0	0		29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	15,796	0	0		30.00
31.00	RADIOISOTOPE	56.00	6,775	0	0		31.00
32.00	LABORATORY	60.00	238,749	0	0		32.00
33.00	TRANSPLANT IMMUNOLOGY	60.01	611	0	0		33.00
34.00	BLOOD STORING, PROCESSING & TRANS.	63.00	7,387	0	0		34.00
35.00	RESPIRATORY THERAPY	65.00	160,458	0	0		35.00
36.00	PHYSICAL THERAPY	66.00	100,539	0	0		36.00
37.00	OCCUPATIONAL THERAPY	67.00	24,315	0	0		37.00
38.00	SPEECH PATHOLOGY	68.00	10,046	0	0		38.00
39.00	ELECTROCARDIOLOGY	69.00	8,213	0	0		39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	25,195	0	0		40.00
41.00	OUTPATIENT RETAIL PHARMACY	73.03	33,420	0	0		41.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
42.00	RENAL DIALYSIS	74.00	24,426	0	0	42.00	
43.00	RH NBN ECMO IC	76.00	20,536	0	0	43.00	
44.00	CARDIOLOGY	76.01	392	0	0	44.00	
45.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	8,566	0	0	45.00	
46.00	CARDIAC CATH	76.03	40,998	0	0	46.00	
47.00	DAY SURGERY	76.04	13,367	0	0	47.00	
48.00	ECMO-ADULT	76.08	3,983	0	0	48.00	
49.00	CARDIAC REHABILITATION	76.97	5,008	0	0	49.00	
50.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	2,832	0	0	50.00	
51.00	AMB SVC-OB & GYN	90.01	3,121	0	0	51.00	
52.00	IUSCC HEM/ONC	90.02	96,581	0	0	52.00	
53.00	AMB SVC-OPHTHALMOLOGY	90.03	5,240	0	0	53.00	
54.00	OUTPATIENT SURGERY	90.06	3,947	0	0	54.00	
55.00	AMB SVC-RILEY CLINICS	90.07	36,384	0	0	55.00	
56.00	SLEEP LAB	90.11	11,116	0	0	56.00	
57.00	PHYSICAL MEDICINE	90.17	5,640	0	0	57.00	
58.00	DERMATOLOGY CLINIC	90.18	2,941	0	0	58.00	
59.00	OP REHAB CLINIC	90.21	867	0	0	59.00	
60.00	GASTROENTEROLOGY CLINIC	90.23	17,235	0	0	60.00	
61.00	LIFE CARE CLINIC	90.24	10,773	0	0	61.00	
62.00	EMERGENCY	91.00	90,545	0	0	62.00	
63.00	AMBULANCE SERVICES	95.00	57,977	0	0	63.00	
64.00	HOME HEALTH AGENCY	101.00	69,880	0	0	64.00	
65.00	HEART ACQUISITION	106.00	4,098	0	0	65.00	
66.00	LIVER ACQUISITION	107.00	4,428	0	0	66.00	
67.00	HOSPICE	116.00	40,404	0	0	67.00	
68.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,193	0	0	68.00	
69.00	RESEARCH	191.00	11,804	0	0	69.00	
70.00	OTHER	192.01	46,086	0	0	70.00	
71.00	NONREIMBURSABLE-METHODIST RHI	192.07	4,374	0	0	71.00	
			3,040,472	0			
X - PROPERTY TAXES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	62,224	13	1.00	
2.00	LABORATORY	60.00	0	10,295	0	2.00	
3.00	PHYSICAL THERAPY	66.00	0	8,463	0	3.00	
4.00	IUSCC HEM/ONC	90.02	0	38,169	0	4.00	
5.00	AMBULANCE SERVICES	95.00	0	1,558	0	5.00	
6.00	HOME HEALTH AGENCY	101.00	0	19,868	0	6.00	
7.00	OTHER	192.01	0	6,605	0	7.00	
	NONREIMBURSABLE-METHODIST						
			0	147,182			
Y - PASTORAL ED RECLASSES							
1.00	PARAMED PASTORAL EDUCATION	23.05	90,081	8,926	0	1.00	
			90,081	8,926			
Z - TRANSPLANT SURGERY MED DIRECTOR							
1.00	KIDNEY ACQUISITION	105.00	0	173,513	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
			0	173,513			
AA - RESPIRATORY THERAPY PARAMED							
1.00	PULMONARY FUNCTION TESTING	53.01	23,486	1,797	0	1.00	
2.00	RESPIRATORY THERAPY	65.00	231,797	17,732	0	2.00	
			255,283	19,529			
BB - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,788,733	12	1.00	
2.00	OPERATION OF PLANT	7.00	0	12,840	12	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20	0	3.00	
4.00	LABORATORY	60.00	0	54,680	0	4.00	
5.00	PHYSICAL THERAPY	66.00	0	684	0	5.00	
6.00	OUTPATIENT RETAIL PHARMACY	73.03	0	187	0	6.00	
7.00	IUSCC HEM/ONC	90.02	0	8,112	0	7.00	
8.00	EATING DISORDERS CLINIC	90.22	0	31	0	8.00	
9.00	AMBULANCE SERVICES	95.00	0	142,282	0	9.00	
10.00	HOME HEALTH AGENCY	101.00	0	40,417	0	10.00	
			0	2,047,986			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	CC - HOME CARE OFFSET REVISION						
1.00	HOSPICE	116.00	0	1,850,885	0		1.00
	TOTALS		0	1,850,885			
	DD - ALTEPLASE RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	123,618	0		1.00
	TOTALS		0	123,618			
	EE - INPATIENT ROUTINE						
1.00	EMERGENCY	91.00	74,645	9,016	0		1.00
	TOTALS		74,645	9,016			
	FF - TRANSPLANT INSTITUTE						
1.00	KIDNEY ACQUISITION	105.00	0	1,508,333	0		1.00
	TOTALS		0	1,508,333			
	GG - CLINICAL LAB EXPENSE						
1.00	NURSING ADMINISTRATION	13.00	259,002	86,300	0		1.00
	TOTALS		259,002	86,300			
	II - GRANT REVISIONS						
1.00	RESEARCH	191.00	0	4,001,249	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	200	0		2.00
3.00	IUSCC HEM/ONC	90.02	0	2,433	0		3.00
	TOTALS		0	4,003,882			
	JJ - SAXONY TO TIPTON ALLOCATION						
1.00	PHARMACY	15.00	103,039	23,990	0		1.00
	TOTALS		103,039	23,990			
	KK - ALLOGENEIC STEM CELL						
1.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	512,828	73,938	0		1.00
	TOTALS		512,828	73,938			
500.00	Grand Total: Decreases		21,637,515	801,467,401			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	177,130,695	61,951,633	0	61,951,633	0 1.00
2.00	Land Improvements	28,330,911	759,107	0	759,107	0 2.00
3.00	Buildings and Fixtures	1,189,868,536	29,687,696	0	29,687,696	3,363,768 3.00
4.00	Building Improvements	807,135,432	132,127,999	0	132,127,999	0 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	1,537,541,826	112,904,044	0	112,904,044	0 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	3,740,007,400	337,430,479	0	337,430,479	3,363,768 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	3,740,007,400	337,430,479	0	337,430,479	3,363,768 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	239,082,328	0			0 1.00
2.00	Land Improvements	29,090,018	2,037,499			0 2.00
3.00	Buildings and Fixtures	1,216,192,464	207,985,205			0 3.00
4.00	Building Improvements	939,263,431	392,430,482			0 4.00
5.00	Fixed Equipment	0	0			0 5.00
6.00	Movable Equipment	1,650,445,870	1,050,479,165			0 6.00
7.00	HIT designated Assets	0	0			0 7.00
8.00	Subtotal (sum of lines 1-7)	4,074,074,111	1,652,932,351			0 8.00
9.00	Reconciling Items	0	0			0 9.00
10.00	Total (line 8 minus line 9)	4,074,074,111	1,652,932,351			0 10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7
Part II
Date/Time Prepared:
4/6/2023 1:09 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7
Part III
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,423,628,241	0	2,423,628,241	0.594891	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,650,445,870	0	1,650,445,870	0.405109	0	2.00
3.00	Total (sum of lines 1-2)	4,074,074,111	0	4,074,074,111	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	66,225,769	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	79,873,314	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	146,099,083	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	1,795,351	147,182	0	68,168,302	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	252,635	0	0	80,125,949	2.00
3.00	Total (sum of lines 1-2)	0	2,047,986	147,182	0	148,294,251	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-139,097,653			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	347,995,545			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL 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			OCAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP 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		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
4/6/2023 1:09 pm

31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			31.00		
				Basis/Code (2)	Amount	Cost Center		Line #	Wkst. A-7 Ref.
					OSPEECH PATHOLOGY	68.00			
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00		
33.00	FRINGE BENEFIT TO HOME OFFICE	A	-118,837,669		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00		
33.01	CLASS & LECTURE REVENUE	B	-8,466		PARAMED ED ADMINISTRATION	13.01	0 33.01		
33.02	CLASS & LECTURE REVENUE	B	-127,460		RADIOLOGY-DIAGNOSTIC	54.00	0 33.02		
33.03	CLASS & LECTURE REVENUE	B	-474,025		RESPIRATORY THERAPY	65.00	0 33.03		
33.04	CLASS & LECTURE REVENUE	B	-24,585		PARAMED SURGERY TECHNOLOGY	23.09	0 33.04		
33.05	CLASS & LECTURE REVENUE	B	-28,150		PARAMED PHARMACY TECH	23.10	0 33.05		
33.06	CLASS & LECTURE REVENUE	B	-2,829		DELIVERY ROOM & LABOR ROOM	52.00	0 33.06		
33.07	CLASS & LECTURE REVENUE	B	-13,675		EMERGENCY	91.00	0 33.07		
33.08	MISC OTHER OP REVENUE - RETAIL PHARM	B	-358,027		OUTPATIENT RETAIL PHARMACY	73.03	0 33.08		
33.09	MISC OTHER OP REVENUE	B	-402,315		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.09		
33.10	MISC OTHER OP REVENUE	B	-710,993		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.10		
33.11	MISC OTHER OP REVENUE	B	-66,954		OPERATION OF PLANT	7.00	0 33.11		
33.12	MISC OTHER OP REVENUE	B	-2,250		NURSING ADMINISTRATION	13.00	0 33.12		
33.13	MISC OTHER OP REVENUE	B	-1,316,208		PHARMACY	15.00	0 33.13		
33.14	MISC OTHER OP REVENUE	B	-6,664		PARAMED PASTORAL EDUCATION	23.05	0 33.14		
33.15	MISC OTHER OP REVENUE	B	-721		ADULTS & PEDIATRICS	30.00	0 33.15		
33.16	MISC OTHER OP REVENUE	B	-13,860		OPERATING ROOM	50.00	0 33.16		
33.17	MISC OTHER OP REVENUE	B	-2,420		DELIVERY ROOM & LABOR ROOM	52.00	0 33.17		
33.18	MISC OTHER OP REVENUE	B	-4,938		PULMONARY FUNCTION TESTING	53.01	0 33.18		
33.19	MISC OTHER OP REVENUE	B	-40,474		RADIOLOGY-DIAGNOSTIC	54.00	0 33.19		
33.20	MISC OTHER OP REVENUE	B	-12,348		RADIOLOGY-THERAPEUTIC	55.00	0 33.20		
33.21	MISC OTHER OP REVENUE	B	-16,916,138		LABORATORY	60.00	0 33.21		
33.22	MISC OTHER OP REVENUE	B	-4,400		BLOOD STORING, PROCESSING & TRANS.	63.00	0 33.22		
33.23	MISC OTHER OP REVENUE	B	-215,838		PHYSICAL THERAPY	66.00	0 33.23		
33.24	MISC OTHER OP REVENUE	B	-40,693		OCCUPATIONAL THERAPY	67.00	0 33.24		
33.25	MISC OTHER OP REVENUE	B	-11,400		CARDIOLOGY	76.01	0 33.25		
33.26	MISC OTHER OP REVENUE	B	-467,135		CARDIAC CATH	76.03	0 33.26		
33.27	MISC OTHER OP REVENUE	B	-42,505		ALLOGENEIC STEM CELL ACQUISITION	77.00	0 33.27		
33.28	MISC OTHER OP REVENUE	B	-1,542		IUSCC HEM/ONC	90.02	0 33.28		
33.29	MISC OTHER OP REVENUE	B	-18,150		EMERGENCY	91.00	0 33.29		
33.30	MISC OTHER OP REVENUE	B	-375,649		AMBULANCE SERVICES	95.00	0 33.30		
33.31	MISC OTHER OP REVENUE	B	-76,238		HOME HEALTH AGENCY	101.00	0 33.31		
33.32	MISC OTHER OP REVENUE	B	-385,000		KIDNEY ACQUISITION	105.00	0 33.32		
33.33	MISC OTHER OP REVENUE	B	-61,242		HOSPICE	116.00	0 33.33		
33.34	VENDING REVENUE	B	-17,193		DIETARY	10.00	0 33.34		
33.35	VENDING REVENUE	B	-53		HOME HEALTH AGENCY	101.00	0 33.35		
33.36	INTERCOMPANY REVENUE	B	-590,155		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.36		
33.37	INTERCOMPANY REVENUE	B	-908,452		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.37		
33.38	INTERCOMPANY REVENUE	B	-1,219,381		OPERATION OF PLANT	7.00	0 33.38		
33.39	INTERCOMPANY REVENUE	B	-155,129		DIETARY	10.00	0 33.39		
33.40	INTERCOMPANY REVENUE	B	-590,400		NURSING ADMINISTRATION	13.00	0 33.40		
33.41	INTERCOMPANY REVENUE	B	-85,305		CENTRAL SERVICES & SUPPLY	14.00	0 33.41		
33.42	INTERCOMPANY REVENUE	B	-1,126,387		PHARMACY	15.00	0 33.42		
33.43	INTERCOMPANY REVENUE	B	-1,227,107		SOCIAL SERVICE	17.00	0 33.43		
33.44	INTERCOMPANY REVENUE	B	-7,611,177		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.44		
33.45	INTERCOMPANY REVENUE	B	-509,284		ADULTS & PEDIATRICS	30.00	0 33.45		
33.46	INTERCOMPANY REVENUE	B	-314,302		OPERATING ROOM	50.00	0 33.46		
33.47	INTERCOMPANY REVENUE	B	-739,565		ENDOSCOPY	50.01	0 33.47		
33.48	INTERCOMPANY REVENUE	B	-785,138		RADIOLOGY-DIAGNOSTIC	54.00	0 33.48		
33.49	INTERCOMPANY REVENUE	B	-662,490		RADIOLOGY-THERAPEUTIC	55.00	0 33.49		
33.50	INTERCOMPANY REVENUE	B	-4,160		RADIOISOTOPE	56.00	0 33.50		
33.51	INTERCOMPANY REVENUE	B	-145,739,196		LABORATORY	60.00	0 33.51		
33.52	INTERCOMPANY REVENUE	B	-5,728,009		BLOOD STORING, PROCESSING & TRANS.	63.00	0 33.52		
33.53	INTERCOMPANY REVENUE	B	-304,887		PHYSICAL THERAPY	66.00	0 33.53		

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
33.54 INTERCOMPANY REVENUE	B	-105,844	SPEECH PATHOLOGY	68.00		0 33.54
33.55 INTERCOMPANY REVENUE	B	-588,938	ELECTROCARDIOLOGY	69.00		0 33.55
33.56 INTERCOMPANY REVENUE	B	-307,351	ELECTROENCEPHALOGRAPHY	70.00		0 33.56
33.57 INTERCOMPANY REVENUE	B	-1,239,183	CARDIAC CATH	76.03		0 33.57
33.58 INTERCOMPANY REVENUE	B	-900,990	AMB SVC-OB & GYN	90.01		0 33.58
33.59 INTERCOMPANY REVENUE	B	-1,726,509	IUSCC HEM/ONC	90.02		0 33.59
33.60 INTERCOMPANY REVENUE	B	-175,193	AMB SVC-OPHTHALMOLOGY	90.03		0 33.60
33.61 INTERCOMPANY REVENUE	B	-350,182	OUTPATIENT SURGERY	90.06		0 33.61
33.62 INTERCOMPANY REVENUE	B	-6,995,623	AMB SVC-RILEY CLINICS	90.07		0 33.62
33.63 INTERCOMPANY REVENUE	B	-2,297	MOTILITY LAB	90.08		0 33.63
33.64 INTERCOMPANY REVENUE	B	-2,094,245	SLEEP LAB	90.11		0 33.64
33.65 INTERCOMPANY REVENUE	B	-429,879	PHYSICAL MEDICINE	90.17		0 33.65
33.66 INTERCOMPANY REVENUE	B	-285,475	DERMATOLOGY CLINIC	90.18		0 33.66
33.67 INTERCOMPANY REVENUE	B	8,154	EATING DISORDERS CLINIC	90.22		0 33.67
33.68 INTERCOMPANY REVENUE	B	-449,777	GASTROENTEROLOGY CLINIC	90.23		0 33.68
33.69 INTERCOMPANY REVENUE	B	-500	EMERGENCY	91.00		0 33.69
33.70 INTERCOMPANY REVENUE	B	-1,454,854	AMBULANCE SERVICES	95.00		0 33.70
33.71 INTERCOMPANY REVENUE	B	-1,364,050	HOME HEALTH AGENCY	101.00		0 33.71
33.72 INTERCOMPANY REVENUE	B	-134,316	KIDNEY ACQUISITION	105.00		0 33.72
33.73 INTERCOMPANY REVENUE	B	-145,678	HEART ACQUISITION	106.00		0 33.73
33.74 PARKING GARAGE	A	-5,946,717	OPERATION OF PLANT	7.00		0 33.74
33.75 INTEREST EXPENSE	A	-98,218	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.75
33.76 PARKING GARAGE DEPRECIATION	A	-647,423	CAP REL COSTS-BLDG & FIXT	1.00		9 33.76
33.77 PHYSICIAN MALPRACTICE INSURANCE	A	-5,895	KIDNEY ACQUISITION	105.00		0 33.77
33.78 DEPRECIATION TO HOME OFFICE	A	-40,629,288	CAP REL COSTS-BLDG & FIXT	1.00		9 33.78
33.79 PHARMACY RESEARCH	A	-981,639	PHARMACY	15.00		0 33.79
33.80 PHARMACY RESEARCH	A	-138,929	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.80
33.81 PHONES TO HOME OFFICE	A	-125,643	NONPATIENT TELEPHONES	5.01		0 33.81
33.82 CONTRIBUTION EXPENSE	A	-2,312,143	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.82
33.83 CONTRIBUTION EXPENSE	A	-610	DIETARY	10.00		0 33.83
33.84 CONTRIBUTION EXPENSE	A	-4,302	NURSING ADMINISTRATION	13.00		0 33.84
33.85 CONTRIBUTION EXPENSE	A	-862	CENTRAL SERVICES & SUPPLY	14.00		0 33.85
33.86 CONTRIBUTION EXPENSE	A	-912	PHARMACY	15.00		0 33.86
33.87 CONTRIBUTION EXPENSE	A	-388	PATIENT TRANSPORTATION	18.00		0 33.87
33.88 CONTRIBUTION EXPENSE	A	-1,146	ADULTS & PEDIATRICS	30.00		0 33.88
33.89 CONTRIBUTION EXPENSE	A	-150	TRANSPLANT ICU	34.05		0 33.89
33.90 CONTRIBUTION EXPENSE	A	-660	OPERATING ROOM	50.00		0 33.90
33.91 CONTRIBUTION EXPENSE	A	-1,861	LABORATORY	60.00		0 33.91
33.92 CONTRIBUTION EXPENSE	A	-1,454	RESPIRATORY THERAPY	65.00		0 33.92
33.93 CONTRIBUTION EXPENSE	A	-4,397	OUTPATIENT RETAIL PHARMACY	73.03		0 33.93
33.94 CONTRIBUTION EXPENSE	A	-153	RENAL DIALYSIS	74.00		0 33.94
33.95 CONTRIBUTION EXPENSE	A	-14	CARDIAC CATH	76.03		0 33.95
33.96 CONTRIBUTION EXPENSE	A	-5,000	IUSCC HEM/ONC	90.02		0 33.96
33.97 CONTRIBUTION EXPENSE	A	-31,821	SLEEP LAB	90.11		0 33.97
33.98 CONTRIBUTION EXPENSE	A	-106	EMERGENCY	91.00		0 33.98
33.99 CONTRIBUTION EXPENSE	A	-162,516	AMBULANCE SERVICES	95.00		0 33.99
34.00 CONTRIBUTION EXPENSE	A	-68,043	HOME HEALTH AGENCY	101.00		0 34.00
34.01 CONTRIBUTION EXPENSE	A	-19	HOSPICE	116.00		0 34.01
34.02 ACADEMIC SUPPORT	A	70,250,000	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		0 34.02
34.03 MEDICAID HAF FEES	A	-86,763,898	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 34.03
34.04 UNWONTED SITUATIONS	A	-21,350	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 34.04
34.05 UNWONTED SITUATIONS	A	-58	OPERATION OF PLANT	7.00		0 34.05
34.06 UNWONTED SITUATIONS	A	-627	DIETARY	10.00		0 34.06
34.07 UNWONTED SITUATIONS	A	-1,014	NURSING ADMINISTRATION	13.00		0 34.07
34.08 UNWONTED SITUATIONS	A	-33,175	ADULTS & PEDIATRICS	30.00		0 34.08
34.09 UNWONTED SITUATIONS	A	-683	INTENSIVE CARE UNIT	31.00		0 34.09
34.10 UNWONTED SITUATIONS	A	-45	RH PEDIC	34.04		0 34.10
34.11 UNWONTED SITUATIONS	A	-418	OPERATING ROOM	50.00		0 34.11
34.12 UNWONTED SITUATIONS	A	-733	RECOVERY ROOM	51.00		0 34.12
34.13 UNWONTED SITUATIONS	A	-777	RADIOLOGY-DIAGNOSTIC	54.00		0 34.13

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
4/6/2023 1:09 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
		1.00	2.00	3.00	4.00	5.00	
34.14	UNWONTED SITUATIONS	A	-900	DAY SURGERY	76.04		0 34.14
34.15	UNWONTED SITUATIONS	A	-3,476	EMERGENCY	91.00		0 34.15
34.16	LEASE AND RENT REVENUE	B	-3,331,664	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 34.16
34.17	LEASE AND RENT REVENUE	B	-158,521	OPERATION OF PLANT	7.00		0 34.17
34.18	LEASE AND RENT REVENUE	B	-33,235	NURSING ADMINISTRATION	13.00		0 34.18
34.19	LEASE AND RENT REVENUE	B	-16,854	AMB SVC-RILEY CLINICS	90.07		0 34.19
34.20	NON-ALLOWABLE ADVERTISING	A	-620	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 34.20
34.21	NON-ALLOWABLE ADVERTISING	A	-574,739	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 34.21
34.22	NON-ALLOWABLE ADVERTISING	A	-621	DIETARY	10.00		0 34.22
34.23	NON-ALLOWABLE ADVERTISING	A	-818	PARAMED ED ADMINISTRATION	13.01		0 34.23
34.24	NON-ALLOWABLE ADVERTISING	A	-3,360	PHARMACY	15.00		0 34.24
34.25	NON-ALLOWABLE ADVERTISING	A	-175	PARAMED PASTORAL EDUCATION	23.05		0 34.25
34.26	NON-ALLOWABLE ADVERTISING	A	-150	PARAMED PHARMACY	23.07		0 34.26
34.27	NON-ALLOWABLE ADVERTISING	A	-798	ADULTS & PEDIATRICS	30.00		0 34.27
34.28	NON-ALLOWABLE ADVERTISING	A	-14,000	BURN INTENSIVE CARE UNIT	33.00		0 34.28
34.29	NON-ALLOWABLE ADVERTISING	A	-170	OPERATING ROOM	50.00		0 34.29
34.30	NON-ALLOWABLE ADVERTISING	A	-2,385	DELIVERY ROOM & LABOR ROOM	52.00		0 34.30
34.31	NON-ALLOWABLE ADVERTISING	A	-113	RADIOISOTOPE	56.00		0 34.31
34.32	NON-ALLOWABLE ADVERTISING	A	-219	LABORATORY	60.00		0 34.32
34.33	NON-ALLOWABLE ADVERTISING	A	-2,963	RESPIRATORY THERAPY	65.00		0 34.33
34.34	NON-ALLOWABLE ADVERTISING	A	-2,622	PHYSICAL THERAPY	66.00		0 34.34
34.35	NON-ALLOWABLE ADVERTISING	A	-1,308	ELECTROENCEPHALOGRAPHY	70.00		0 34.35
34.36	NON-ALLOWABLE ADVERTISING	A	-453	IUSCC HEM/ONC	90.02		0 34.36
34.37	NON-ALLOWABLE ADVERTISING	A	-285	EMERGENCY	91.00		0 34.37
34.38	NON-ALLOWABLE ADVERTISING	A	-54,520	AMBULANCE SERVICES	95.00		0 34.38
34.39	NON-ALLOWABLE ADVERTISING	A	-8,989	HOME HEALTH AGENCY	101.00		0 34.39
34.40	NON-ALLOWABLE ADVERTISING	A	-15,463	KIDNEY ACQUISITION	105.00		0 34.40
34.41	NON-ALLOWABLE ADVERTISING	A	-4,544	HOSPICE	116.00		0 34.41
34.42	START-UP EXPENSE OFFSET ADULT	A	-14,791,803	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 34.42
34.43	START-UP EXPENSE OFFSET RILEY	A	-1,518,311	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 34.43
34.44	AMORTIZATION OF START-UP RILEY	A	201,389	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 34.44
34.45	CONSOL CASH INTEREST OFFSET	B	458,837	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 34.45
34.46	HEART ACCRUAL ADJUSTMENT	A	-76,269	HEART ACQUISITION	106.00		0 34.46
34.47	INTESTINE ACCRUAL ADJUSTMENT	A	79,698	INTESTINAL ACQUISITION	110.00		0 34.47
34.48	KIDNEY ACCRUAL ADJUSTMENT	A	-10,545	KIDNEY ACQUISITION	105.00		0 34.48
34.49	LIVER ACCRUAL ADJUSTMENT	A	372,197	LIVER ACQUISITION	107.00		0 34.49
34.50	LUNG ACCRUAL ADJUSTMENT	A	201,970	LUNG ACQUISITION	108.00		0 34.50
34.51	PANCREAS ACCRUAL ADJUSTMENT	A	-15,400	PANCREAS ACQUISITION	109.00		0 34.51
34.52	OTHER ORGAN ACQ PHYSICIAN FEE	A	-14,633	OTHER ORGAN ACQUISITION EXP	112.00		0 34.52
34.53	HOSPICE PHYSICIAN FEE	A	-370,367	HOSPICE	116.00		0 34.53
34.54	NRCC PHYSICIAN FEE	A	-666,775	OTHER	192.01		0 34.54
34.55	SURG CENTER PARAMED ED	A	2,372	NONREIMBURSABLE-METHODIST PARAMED SURGERY TECHNOLOGY	23.09		0 34.55
34.56	H.O. PARAMED ED	A	8,214	PARAMED PHARMACY	23.07		0 34.56
34.57	H.O. PARAMED ED	A	628	PARAMED PHARMACY	23.07		0 34.57
34.58	MISC OTHER OP REVENUE - CLINICAL LAB	B	-70,995	LABORATORY	60.00		0 34.58
34.59	CLASS & LECTURE REVENUE	B	-201	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		0 34.59
34.60	INTERCOMPANY REVENUE	B	-1,654,576	OTHER	192.01		0 34.60
34.61	OUR HOUSE UTILITIES	A	-35,264	NONREIMBURSABLE-METHODIST OPERATION OF PLANT	7.00		0 34.61
34.62	GRANT REVISIONS	A	3,596,354	RESEARCH	191.00		0 34.62
34.63	GRANT REVISIONS	A	1,182,750	OSA	191.02		0 34.63
34.64	GRANT REVISIONS	A	1,833,984	RESEARCH ADMIN	191.03		0 34.64
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-202,497,186				50.00

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

(2) Basis for adjustment (see instructions).

Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet A-8 Date/Time Prepared: 4/6/2023 1:09 pm
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00

A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0056

Period: From 01/01/2021 To 12/31/2021

Worksheet A-8-1

Date/Time Prepared: 4/6/2023 1:09 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTERCOMPANY EXPENSE	60,149,075	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	INTERCOMPANY EXPENSE	14,660,602	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY EXPENSE	134,948,810	7,925	3.00
3.01	5.01	NONPATIENT TELEPHONES	INTERCOMPANY EXPENSE	10,054	10,054	3.01
3.02	5.02	DATA PROCESSING	INTERCOMPANY EXPENSE	98,530,898	0	3.02
3.03	5.03	PURCHASING, RECEIVING & STOR	INTERCOMPANY EXPENSE	16,443,847	0	3.03
3.04	5.04	ADMINISTRATIVE	INTERCOMPANY EXPENSE	18,515,946	0	3.04
3.05	5.05	CASHIERING/ACCOUNTS RECEIVAB	INTERCOMPANY EXPENSE	56,391,181	0	3.05
3.06	5.06	OTHER ADMINISTRATIVE AND GEN	INTERCOMPANY EXPENSE	249,545,382	372,144,171	3.06
3.07	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY EXPENSE	11,851,700	960	3.07
3.08	7.00	OPERATION OF PLANT	INTERCOMPANY EXPENSE	38,359,571	447,613	3.08
3.09	9.01	HOUSEKEEPING - UNIVERSITY	INTERCOMPANY EXPENSE	5,067,575	0	3.09
3.10	9.02	HOUSEKEEPING - RILEY	INTERCOMPANY EXPENSE	4,270,606	0	3.10
3.11	9.03	HOUSEKEEPING - METHODIST	INTERCOMPANY EXPENSE	6,937,104	0	3.11
3.12	10.00	DIETARY	INTERCOMPANY EXPENSE	158,343	158,343	3.12
3.13	11.00	CAFETERIA	INTERCOMPANY EXPENSE	2,930,150	0	3.13
3.14	13.00	NURSING ADMINISTRATION	INTERCOMPANY EXPENSE	17,261,706	12,367,052	3.14
3.15	14.00	CENTRAL SERVICES & SUPPLY	INTERCOMPANY EXPENSE	2,329	2,329	3.15
3.16	15.00	PHARMACY	INTERCOMPANY EXPENSE	6,284	425,157	3.16
3.17	16.00	MEDICAL RECORDS & LIBRARY	INTERCOMPANY EXPENSE	16,985,830	0	3.17
3.18	18.00	PATIENT TRANSPORTATION	INTERCOMPANY EXPENSE	1,224,247	1,224,247	3.18
3.19	22.00	IT&R SERVICES-OTHER PRGM COST	INTERCOMPANY EXPENSE	5,412,159	5,412,159	3.19
3.20	65.00	RESPIRATORY THERAPY	INTERCOMPANY EXPENSE	15,000	15,000	3.20
3.21	30.00	ADULTS & PEDIATRICS	INTERCOMPANY EXPENSE	6,370,233	6,370,233	3.21
3.22	31.00	INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	773,262	773,262	3.22
3.23	32.00	CORONARY CARE UNIT	INTERCOMPANY EXPENSE	470,147	470,147	3.23
3.24	32.01	NEONATAL INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	93,095	93,095	3.24
3.25	33.00	BURN INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	13,136	13,136	3.25
3.26	34.02	UH SURG 6IC	INTERCOMPANY EXPENSE	25,408	25,408	3.26
3.27	34.04	RH PEDIC	INTERCOMPANY EXPENSE	47,861	47,861	3.27
3.28	34.06	PEDS CANCER CARE	INTERCOMPANY EXPENSE	31,975	31,975	3.28
3.29	40.00	SUBPROVIDER - IPF	INTERCOMPANY EXPENSE	858,319	858,319	3.29
3.30	50.00	OPERATING ROOM	INTERCOMPANY EXPENSE	2,635,023	2,642,898	3.30
3.31	50.01	ENDOSCOPY	INTERCOMPANY EXPENSE	265,974	265,974	3.31
3.32	51.00	RECOVERY ROOM	INTERCOMPANY EXPENSE	30	30	3.32
3.33	52.00	DELIVERY ROOM & LABOR ROOM	INTERCOMPANY EXPENSE	1,922,358	1,922,358	3.33
3.34	53.00	ANESTHESIOLOGY	INTERCOMPANY EXPENSE	12,571,511	12,571,511	3.34
3.35	53.01	PULMONARY FUNCTION TESTING	INTERCOMPANY EXPENSE	147,681	147,681	3.35
3.36	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY EXPENSE	1,008,781	1,002,229	3.36
3.37	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY EXPENSE	1,475,284	1,475,284	3.37
3.38	56.00	RADIOISOTOPE	INTERCOMPANY EXPENSE	110,709	110,709	3.38
3.39	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY EXPENSE	18,080	18,080	3.39
3.40	60.00	LABORATORY	INTERCOMPANY EXPENSE	75,100,342	75,537,192	3.40
3.41	60.01	TRANSPLANT IMMUNOLOGY	INTERCOMPANY EXPENSE	235,180	235,180	3.41
3.42	63.00	BLOOD STORING, PROCESSING &	INTERCOMPANY EXPENSE	6,171,898	6,171,898	3.42
3.43	65.00	RESPIRATORY THERAPY	INTERCOMPANY EXPENSE	10,592	10,592	3.43
3.44	66.00	PHYSICAL THERAPY	INTERCOMPANY EXPENSE	215,407	245,561	3.44
3.45	67.00	OCCUPATIONAL THERAPY	INTERCOMPANY EXPENSE	978	978	3.45
3.46	68.00	SPEECH PATHOLOGY	INTERCOMPANY EXPENSE	38	38	3.46
3.47	69.00	ELECTROCARDIOLOGY	INTERCOMPANY EXPENSE	2,749,215	2,749,215	3.47
3.48	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY EXPENSE	719,232	726,950	3.48
3.49	73.03	OUTPATIENT RETAIL PHARMACY	INTERCOMPANY EXPENSE	63,089	63,089	3.49
3.50	74.00	RENAL DIALYSIS	INTERCOMPANY EXPENSE	42,019	42,019	3.50
3.51	76.03	CARDIAC CATH	INTERCOMPANY EXPENSE	2,053,510	2,053,510	3.51
3.52	76.08	ECMO-ADULT	INTERCOMPANY EXPENSE	19,494	19,494	3.52
3.53	76.97	CARDIAC REHABILITATION	INTERCOMPANY EXPENSE	41,734	41,734	3.53
3.54	90.01	AMB SVC-OB & GYN	INTERCOMPANY EXPENSE	139,091	139,091	3.54
3.55	90.02	IUSCC HEM/ONC	INTERCOMPANY EXPENSE	2,000,607	2,000,607	3.55
3.56	90.06	OUTPATIENT SURGERY	INTERCOMPANY EXPENSE	28,582	28,582	3.56
3.57	90.07	AMB SVC-RILEY CLINICS	INTERCOMPANY EXPENSE	1,152,507	1,152,507	3.57
3.58	90.08	MOTILITY LAB	INTERCOMPANY EXPENSE	12,921	12,921	3.58
3.59	90.11	SLEEP LAB	INTERCOMPANY EXPENSE	298,149	1,278,588	3.59
3.60	90.14	INFUSION CLINIC	INTERCOMPANY EXPENSE	41,600	41,600	3.60
3.61	90.22	EATING DISORDERS CLINIC	INTERCOMPANY EXPENSE	585,438	585,438	3.61
3.62	90.24	LIFE CARE CLINIC	INTERCOMPANY EXPENSE	137,047	137,047	3.62
3.63	91.00	EMERGENCY	INTERCOMPANY EXPENSE	9,468,684	9,468,684	3.63
3.64	95.00	AMBULANCE SERVICES	INTERCOMPANY EXPENSE	1,265,015	7,866,680	3.64
3.65	101.00	HOME HEALTH AGENCY	INTERCOMPANY EXPENSE	123,622	8,988,446	3.65
3.66	105.00	KIDNEY ACQUISITION	INTERCOMPANY EXPENSE	1,819,398	1,819,398	3.66
3.67	106.00	HEART ACQUISITION	INTERCOMPANY EXPENSE	74,369	74,369	3.67

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 15-0056
 Period: From 01/01/2021 To 12/31/2021
 Worksheet A-8-1
 Date/Time Prepared: 4/6/2023 1:09 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
3.68	107.00	LIVER ACQUISITION	INTERCOMPANY EXPENSE	1,486,683	1,486,683	3.68
3.69	108.00	LUNG ACQUISITION	INTERCOMPANY EXPENSE	55,875	55,875	3.69
3.70	112.00	OTHER ORGAN ACQUISITION EXP	INTERCOMPANY EXPENSE	48,974	48,974	3.70
3.71	116.00	HOSPICE	INTERCOMPANY EXPENSE	816,865	3,309,968	3.71
3.72	191.00	RESEARCH	INTERCOMPANY EXPENSE	-9,790	-9,790	3.72
3.73	191.02	OSA	INTERCOMPANY EXPENSE	2,000,120	2,000,120	3.73
3.74	192.01	OTHER NONREIMBURSABLE-METHOD	INTERCOMPANY EXPENSE	956,573	1,008,341	3.74
4.00	192.07	RHI	INTERCOMPANY EXPENSE	400	400	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			898,442,724	550,447,179	5.00

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

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

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

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

6.00	B		0.00	IU HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
4/6/2023 1:09 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	60,149,075	9		1.00
2.00	14,660,602	9		2.00
3.00	134,940,885	0		3.00
3.01	0	0		3.01
3.02	98,530,898	0		3.02
3.03	16,443,847	0		3.03
3.04	18,515,946	0		3.04
3.05	56,391,181	0		3.05
3.06	-122,598,789	0		3.06
3.07	11,850,740	0		3.07
3.08	37,911,958	0		3.08
3.09	5,067,575	0		3.09
3.10	4,270,606	0		3.10
3.11	6,937,104	0		3.11
3.12	0	0		3.12
3.13	2,930,150	0		3.13
3.14	4,894,654	0		3.14
3.15	0	0		3.15
3.16	-418,873	0		3.16
3.17	16,985,830	0		3.17
3.18	0	0		3.18
3.19	0	0		3.19
3.20	0	0		3.20
3.21	0	0		3.21
3.22	0	0		3.22
3.23	0	0		3.23
3.24	0	0		3.24
3.25	0	0		3.25
3.26	0	0		3.26
3.27	0	0		3.27
3.28	0	0		3.28
3.29	0	0		3.29
3.30	-7,875	0		3.30
3.31	0	0		3.31
3.32	0	0		3.32
3.33	0	0		3.33
3.34	0	0		3.34
3.35	0	0		3.35
3.36	6,552	0		3.36
3.37	0	0		3.37
3.38	0	0		3.38
3.39	0	0		3.39
3.40	-436,850	0		3.40
3.41	0	0		3.41
3.42	0	0		3.42
3.43	0	0		3.43
3.44	-30,154	0		3.44
3.45	0	0		3.45
3.46	0	0		3.46
3.47	0	0		3.47
3.48	-7,718	0		3.48
3.49	0	0		3.49
3.50	0	0		3.50
3.51	0	0		3.51
3.52	0	0		3.52
3.53	0	0		3.53
3.54	0	0		3.54
3.55	0	0		3.55
3.56	0	0		3.56
3.57	0	0		3.57
3.58	0	0		3.58
3.59	-980,439	0		3.59
3.60	0	0		3.60
3.61	0	0		3.61
3.62	0	0		3.62
3.63	0	0		3.63
3.64	-6,601,665	0		3.64
3.65	-8,864,824	0		3.65
3.66	0	0		3.66
3.67	0	0		3.67

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

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
4/6/2023 1:09 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
3.68	0	0		3.68
3.69	0	0		3.69
3.70	0	0		3.70
3.71	-2,493,103	0		3.71
3.72	0	0		3.72
3.73	0	0		3.73
3.74	-51,768	0		3.74
4.00	0	0		4.00
5.00	347,995,545			5.00

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

Related Organization(s) and/or Home Office	Type of Business	6.00

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

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-2
Date/Time Prepared:
4/6/2023 1:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	85,675,896	85,675,896	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	12,433,148	12,433,148	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	6,025,958	6,025,958	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	732,963	732,963	0	0	0	4.00
5.00	32.00	CORONARY CARE UNIT	448,987	448,987	0	0	0	5.00
6.00	32.01	NEONATAL INTENSIVE CARE UNIT	52	52	0	0	0	6.00
7.00	40.00	SUBPROVIDER - IPF	855,004	855,004	0	0	0	7.00
8.00	50.00	OPERATING ROOM	3,014,057	3,014,057	0	0	0	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	1,038,656	1,038,656	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	14,102,040	11,931,815	2,170,225	239,400	26,280	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	63,561	63,561	0	0	0	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	805,212	805,212	0	0	0	12.00
13.00	56.00	RADIOISOTOPE	110,709	110,709	0	0	0	13.00
14.00	60.00	LABORATORY	565,745	565,745	0	0	0	14.00
15.00	66.00	PHYSICAL THERAPY	20,859	20,859	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	2,749,215	2,749,215	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	718,846	718,846	0	0	0	17.00
18.00	73.03	OUTPATIENT RETAIL PHARMACY	-10,516	-10,516	0	0	0	18.00
19.00	74.00	RENAL DIALYSIS	8,047	8,047	0	0	0	19.00
20.00	76.03	CARDIAC CATH	947,512	947,512	0	0	0	20.00
21.00	90.02	IUSCC HEM/ONC	876,007	876,007	0	0	0	21.00
22.00	90.06	OUTPATIENT SURGERY	4,125	4,125	0	0	0	22.00
23.00	90.07	AMB SVC-RILEY CLINICS	730,915	730,915	0	0	0	23.00
24.00	90.14	INFUSION CLINIC	41,600	41,600	0	0	0	24.00
25.00	90.22	EATING DISORDERS CLINIC	585,438	585,438	0	0	0	25.00
26.00	90.24	LIFE CARE CLINIC	115,522	115,522	0	0	0	26.00
27.00	91.00	EMERGENCY	8,987,703	5,133,995	3,853,708	197,500	21,180	27.00
28.00	95.00	AMBULANCE SERVICES	147,660	147,660	0	0	0	28.00
29.00	105.00	KIDNEY ACQUISITION	108,333	108,333	0	0	0	29.00
30.00	107.00	LIVER ACQUISITION	1,375,706	1,375,706	0	0	0	30.00
200.00			143,278,960	137,255,027	6,023,933		47,460	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-2
Date/Time Prepared:
4/6/2023 1:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	32.00	CORONARY CARE UNIT	0	0	0	0	0	5.00
6.00	32.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	3,024,727	151,236	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	12.00
13.00	56.00	RADIOISOTOPE	0	0	0	0	0	13.00
14.00	60.00	LABORATORY	0	0	0	0	0	14.00
15.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	17.00
18.00	73.03	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	18.00
19.00	74.00	RENAL DIALYSIS	0	0	0	0	0	19.00
20.00	76.03	CARDIAC CATH	0	0	0	0	0	20.00
21.00	90.02	IUSCC HEM/ONC	0	0	0	0	0	21.00
22.00	90.06	OUTPATIENT SURGERY	0	0	0	0	0	22.00
23.00	90.07	AMB SVC-RILEY CLINICS	0	0	0	0	0	23.00
24.00	90.14	INFUSION CLINIC	0	0	0	0	0	24.00
25.00	90.22	EATING DISORDERS CLINIC	0	0	0	0	0	25.00
26.00	90.24	LIFE CARE CLINIC	0	0	0	0	0	26.00
27.00	91.00	EMERGENCY	2,011,082	100,554	0	0	0	27.00
28.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	28.00
29.00	105.00	KIDNEY ACQUISITION	0	0	0	0	0	29.00
30.00	107.00	LIVER ACQUISITION	0	0	0	0	0	30.00
200.00			5,035,809	251,790	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:
4/6/2023 1:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	85,675,896		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	12,433,148		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	6,025,958		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	732,963		4.00
5.00	32.00	CORONARY CARE UNIT	0	0	0	448,987		5.00
6.00	32.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	52		6.00
7.00	40.00	SUBPROVIDER - IPF	0	0	0	855,004		7.00
8.00	50.00	OPERATING ROOM	0	0	0	3,014,057		8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,038,656		9.00
10.00	53.00	ANESTHESIOLOGY	0	3,024,727	0	11,931,815		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	63,561		11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	805,212		12.00
13.00	56.00	RADIOISOTOPE	0	0	0	110,709		13.00
14.00	60.00	LABORATORY	0	0	0	565,745		14.00
15.00	66.00	PHYSICAL THERAPY	0	0	0	20,859		15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,749,215		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	718,846		17.00
18.00	73.03	OUTPATIENT RETAIL PHARMACY	0	0	0	-10,516		18.00
19.00	74.00	RENAL DIALYSIS	0	0	0	8,047		19.00
20.00	76.03	CARDIAC CATH	0	0	0	947,512		20.00
21.00	90.02	IUSCC HEM/ONC	0	0	0	876,007		21.00
22.00	90.06	OUTPATIENT SURGERY	0	0	0	4,125		22.00
23.00	90.07	AMB SVC-RILEY CLINICS	0	0	0	730,915		23.00
24.00	90.14	INFUSION CLINIC	0	0	0	41,600		24.00
25.00	90.22	EATING DISORDERS CLINIC	0	0	0	585,438		25.00
26.00	90.24	LIFE CARE CLINIC	0	0	0	115,522		26.00
27.00	91.00	EMERGENCY	0	2,011,082	1,842,626	6,976,621		27.00
28.00	95.00	AMBULANCE SERVICES	0	0	0	147,660		28.00
29.00	105.00	KIDNEY ACQUISITION	0	0	0	108,333		29.00
30.00	107.00	LIVER ACQUISITION	0	0	0	1,375,706		30.00
200.00			0	5,035,809	1,842,626	139,097,653		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	68,168,302	68,168,302			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	80,125,949		80,125,949		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	139,507,688	44,536	0	139,552,224	4.00
5.01 00540	NONPATIENT TELEPHONES	37,794	0	8,705	0	46,499
5.02 00550	DATA PROCESSING	98,531,000	54,523	0	0	0
5.03 00590	PURCHASING, RECEIVING & STORES	16,443,847	33,248	0	0	0
5.04 00570	ADMINISTRATIVE	18,515,946	53,540	0	0	0
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	56,391,181	0	0	0	0
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	204,912,402	2,629,040	2,345,018	3,898,054	884
6.00 00600	MAINTENANCE & REPAIRS	35,621,761	1,038,794	260,332	268,775	88
7.00 00700	OPERATION OF PLANT	50,212,398	1,169,966	592,472	1,244,158	650
8.00 00800	LAUNDRY & LINEN SERVICE	85,066	14,740	0	0	0
9.00 00900	HOUSEKEEPING	0	0	0	0	0
9.01 00901	HOUSEKEEPING - UNIVERSITY	5,067,575	0	0	0	0
9.02 00902	HOUSEKEEPING - RILEY	4,270,606	0	0	0	0
9.03 00903	HOUSEKEEPING - METHODIST	6,937,104	0	0	0	0
9.04 00904	HOUSEKEEPING - SAXONY	786,139	27,712	3,941	88,346	68
9.05 00905	HOUSEKEEPING - MORGAN	609,323	26,178	2,735	75,563	62
10.00 01000	DIETARY	14,091,323	728,294	438,178	1,688,637	1,024
11.00 01100	CAFETERIA	2,930,150	99,759	0	0	0
13.00 01300	NURSING ADMINISTRATION	86,812,461	606,009	4,502,906	13,672,527	1,440
13.01 01851	PARAMED ADMINISTRATION	212,969	172,724	5,064	33,513	10
14.00 01400	CENTRAL SERVICES & SUPPLY	129,453,547	1,310,993	1,777,167	654,585	380
15.00 01500	PHARMACY	42,058,836	868,188	895,043	6,163,248	1,711
16.00 01600	MEDICAL RECORDS & LIBRARY	16,985,830	0	0	0	0
17.00 01700	SOCIAL SERVICE	7,832,547	123,786	0	951,475	390
18.00 01850	PATIENT TRANSPORTATION	5,210,580	49,104	27,903	392,974	270
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	48,689,735	84,086	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	113,668,948	2,524,962	0	849	0
23.00 02300	PARAMED PRGM	0	0	0	0	0
23.01 02301	PARAMED HEALTH SCIENCES	0	0	0	0	0
23.02 02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0
23.03 02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0
23.04 02304	PARAMED EMERGENCY	0	0	0	0	0
23.05 02312	PARAMED PASTORAL EDUCATION	525,550	100,576	0	93,166	52
23.06 02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0
23.07 02307	PARAMED PHARMACY	1,649,545	76,433	0	283,693	109
23.08 02308	PARAMED MEDICAL ASSIST	0	0	0	0	0
23.09 02309	PARAMED SURGERY TECHNOLOGY	262,063	32,697	0	48,745	21
23.10 02310	PARAMED PHARMACY TECH	200,629	37,316	0	39,058	16
23.11 02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	178,205,677	11,180,909	3,601,091	23,549,717	8,529
31.00 03100	INTENSIVE CARE UNIT	23,401,474	683,058	550,672	2,796,257	915
32.00 03200	CORONARY CARE UNIT	23,064,792	797,324	1,335,951	3,171,663	1,035
32.01 03201	NEONATAL INTENSIVE CARE UNIT	22,420,624	1,027,606	1,234,961	3,659,406	1,196
33.00 03300	BURN INTENSIVE CARE UNIT	2,034,621	247,122	153,724	333,870	109
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.02 03401	UH SURG 6IC	4,530,978	458,863	98,482	542,961	192
34.03 03402	UH NS 3IC	0	0	0	0	0
34.04 03403	RH PED IC	11,920,982	650,495	559,017	1,893,756	686
34.05 03404	TRANSPLANT ICU	2,698,326	244,254	56,715	300,349	104
34.06 03407	PEDS CANCER CARE	2,436,432	629,586	205,215	393,161	135
40.00 04000	SUBPROVIDER - I/PF	3,315,017	401,588	42,165	572,815	208
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0
43.00 04300	NURSERY	1,416,204	82,252	16,006	231,568	83
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	63,535,003	3,571,459	17,082,007	6,831,928	2,480
50.01 05001	ENDOSCOPY	4,585,804	122,736	947,613	597,979	182
51.00 05100	RECOVERY ROOM	10,669,280	1,038,060	449,728	1,436,375	546
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,366,572	580,581	460,619	1,343,096	468
53.00 05300	ANESTHESIOLOGY	4,486,058	145,229	799,937	229,076	99
53.01 05301	PULMONARY FUNCTION TESTING	2,467,625	246,239	137,533	405,549	146
54.00 05400	RADIOLOGY-DIAGNOSTIC	37,471,562	4,320,195	15,189,068	5,903,098	2,049
55.00 05500	RADIOLOGY-THERAPEUTIC	4,833,093	871,372	2,192,902	861,672	250
56.00 05600	RADIOISOTOPE	1,780,016	333,643	1,243,274	195,558	62
59.00 05900	CARDIAC CATHETERIZATION	859,450	198,868	233,585	104,944	31
60.00 06000	LABORATORY	16,553,243	3,141,992	5,561,256	10,086,411	3,426

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
60.01	06001	TRANSPLANT IMMUNOLOGY	1,614,819	70,463	141,926	181,283	62	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,330,767	212,207	70,584	558,628	213	63.00
65.00	06500	RESPIRATORY THERAPY	25,014,172	450,609	1,203,325	4,129,143	1,419	65.00
66.00	06600	PHYSICAL THERAPY	25,177,101	917,725	182,736	3,951,086	1,383	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,978,960	98,759	3,502	842,750	296	67.00
68.00	06800	SPEECH PATHOLOGY	5,494,760	346,498	264,685	950,837	333	68.00
69.00	06900	ELECTROCARDIOLOGY	2,833,062	190,548	1,562,602	490,112	187	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,330,627	503,382	733,861	1,047,721	364	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	54,718,297	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,864,880	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	316,725,660	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	309,052,021	126,304	71,757	1,657,220	541	73.03
74.00	07400	RENAL DIALYSIS	6,468,906	598,772	342,720	734,876	244	74.00
76.00	03020	RH NBN ECMO I C	1,059,809	2,401	71,305	177,403	47	76.00
76.01	03140	CARDIOLOGY	1,374,724	144,378	849,317	174,678	62	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,062,534	0	30,906	521,376	203	76.02
76.03	03950	CARDIAC CATH	10,907,944	850,663	1,713,795	1,609,082	447	76.03
76.04	03951	DAY SURGERY	4,134,472	460,713	81,361	648,689	260	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	2,565,845	7,136	121,405	440,800	114	76.08
76.97	07697	CARDIAC REHABILITATION	990,959	132,357	100,621	128,978	52	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,481,960	11,755	0	55,082	21	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	194,667	329,641	46,056	134,276	68	90.01
90.02	09002	IUSCC HEM/ONC	22,346,032	2,124,658	655,432	3,100,365	1,139	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	567,928	0	192,782	100,636	47	90.03
90.04	09004	AMB SVC-PSYCH ADULT	900,245	97,908	214	153,729	62	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,139,341	251,391	136,689	399,753	146	90.06
90.07	09007	AMB SVC-RILEY CLINICS	63,116	596,605	378,733	1,174,863	426	90.07
90.08	09008	MOTILITY LAB	232,867	5,953	47,236	31,382	10	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	4,166,925	208,522	237,889	849,523	354	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	548,214	0	9,027	70,058	26	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	492,507	180,377	4,184	153,376	83	90.17
90.18	09016	DERMATOLOGY CLINIC	650,273	135,274	22,833	155,087	68	90.18
90.19	09017	INFUSION/HEM/ONC	983	0	4,415	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	39,064	0	3,289	6,153	5	90.21
90.22	09020	EATING DISORDERS CLINIC	1,683,584	0	10,245	236,367	94	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,286,142	246,555	16,088	270,927	125	90.23
90.24	09021	LIFE CARE CLINIC	1,957,259	206,188	0	329,769	146	90.24
91.00	09100	EMERGENCY	32,174,708	2,270,787	1,252,397	4,441,117	1,653	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	39,271,672	0	5,882,957	4,092,218	1,747	95.00
101.00	10100	HOME HEALTH AGENCY	51,288,825	374,677	327,132	4,599,628	1,685	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	17,701,907	173,457	11,286	702,187	213	105.00
106.00	10600	HEART ACQUISITION	2,147,856	10,555	586	99,140	26	106.00
107.00	10700	LIVER ACQUISITION	12,718,123	76,833	4,998	254,811	94	107.00
108.00	10800	LUNG ACQUISITION	3,275,965	9,821	639	84,946	26	108.00
109.00	10900	PANCREAS ACQUISITION	1,810,983	10,638	692	35,760	10	109.00
110.00	11000	INTESTINAL ACQUISITION	733,404	4,469	291	24,272	10	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	441,417	0	0	49,027	10	112.00
112.01	08601	POST TRANSPLANT EXPENSES	4,504,533	160,852	10,466	740,626	250	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	10,154,224	18,341	16,199	1,485,927	530	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,751,536,670	55,498,807	79,830,148	137,114,242	45,407	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	382,954	163,286	21,930	33,877	156	190.00
191.00	19100 RESEARCH	3,566,129	441,922	9,132	560,801	109	191.00
191.01	19101 RESEARCH-GCRC	31,752	9,121	34,210	0	0	191.01
191.02	19102 OSA	4,816,168	11,688	0	231,519	52	191.02
191.03	19103 RESEARCH ADMIN	2,063,965	0	0	0	0	191.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,508,333	595,955	0	0	0	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	12,018,519	389,016	196,758	1,549,684	749	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	11,049,837	0	0	0	192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205 IUH TIPTON	127,029	8,670	0	19,367	5	192.05
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207 RHI	266,192	0	33,771	42,734	21	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212 CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	192.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,776,317,711	68,168,302	80,125,949	139,552,224	46,499	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	98,585,523					5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	16,477,095				5.03
5.04	00570	ADMINISTRATIVE	0	0	18,569,486			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	56,391,181		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,874,040	0	0	0	215,659,438	5.06
6.00	00600	MAINTENANCE & REPAIRS	187,404	225	0	0	37,377,379	6.00
7.00	00700	OPERATION OF PLANT	1,377,971	3,328	0	0	54,600,943	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	99,806	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	5,067,575	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	4,270,606	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	6,937,104	9.03
9.04	00904	HOUSEKEEPING - SAXONY	143,309	33	0	0	1,049,548	9.04
9.05	00905	HOUSEKEEPING - MORGAN	132,285	0	0	0	846,146	9.05
10.00	01000	DIETARY	2,171,682	285	0	0	19,119,423	10.00
11.00	01100	CAFETERIA	0	0	0	0	3,029,909	11.00
13.00	01300	NURSING ADMINISTRATION	3,053,583	7,522	0	0	108,656,448	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	22,048	3,786	0	0	450,114	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	804,735	31,964	0	0	134,033,371	14.00
15.00	01500	PHARMACY	3,626,818	41,167	0	0	53,655,011	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16,985,830	16.00
17.00	01700	SOCIAL SERVICE	826,782	0	0	0	9,734,980	17.00
18.00	01850	PATIENT TRANSPORTATION	573,236	270	0	0	6,254,337	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	48,773,821	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	116,194,759	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	110,238	0	0	0	829,582	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	231,499	0	0	0	2,241,279	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	44,095	52	0	0	387,673	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	33,071	121	0	0	310,211	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,078,967	415,851	3,456,298	5,995,205	244,492,244	30.00
31.00	03100	INTENSIVE CARE UNIT	1,940,182	60,233	508,631	797,715	30,739,137	31.00
32.00	03200	CORONARY CARE UNIT	2,193,729	86,579	463,301	726,622	31,840,996	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,535,466	51,303	583,894	915,756	32,430,212	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	231,499	2,204	36,438	57,147	3,096,734	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	407,879	15,446	79,890	125,297	6,259,988	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	1,455,137	32,543	250,091	392,233	17,154,940	34.04
34.05	03404	TRANSPLANT ICU	220,475	7,989	47,711	74,828	3,650,751	34.05
34.06	03407	PEDS CANCER CARE	286,618	4,077	44,420	69,666	4,069,310	34.06
40.00	04000	SUBPROVIDER - I PF	440,951	1,496	45,400	71,203	4,890,843	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	176,380	2,837	26,817	42,058	1,994,205	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,258,336	2,913,381	2,226,416	5,584,463	107,005,473	50.00
50.01	05001	ENDOSCOPY	385,832	180,628	150,129	529,700	7,500,603	50.01
51.00	05100	RECOVERY ROOM	1,157,495	9,939	155,781	730,949	15,648,153	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	992,139	27,769	183,108	339,556	13,293,908	52.00
53.00	05300	ANESTHESIOLOGY	209,452	118,959	190,282	456,369	6,635,461	53.00
53.01	05301	PULMONARY FUNCTION TESTING	308,665	6,837	10,470	131,723	3,714,787	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,343,363	317,374	1,015,681	3,667,940	72,230,330	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	529,141	16,306	42,734	986,009	10,333,479	55.00
56.00	05600	RADIOLOGY-SOTOPE	132,285	1,282	25,271	293,618	4,005,009	56.00
59.00	05900	CARDIAC CATHETERIZATION	66,143	96	8,691	20,252	1,492,060	59.00
60.00	06000	LABORATORY	7,264,661	3,522,492	855,016	2,707,923	49,696,420	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	132,285	111,146	10,538	98,949	2,361,471	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	451,974	103,087	509,412	993,643	21,230,515	63.00
65.00	06500	RESPIRATORY THERAPY	3,009,488	394,753	643,785	1,029,748	35,876,442	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
66.00	06600	PHYSICAL THERAPY	2,932,321	13,882	168,987	524,460	33,869,681	66.00
67.00	06700	OCCUPATIONAL THERAPY	628,355	702	63,177	122,180	6,738,681	67.00
68.00	06800	SPEECH PATHOLOGY	705,521	4,432	43,990	149,630	7,960,686	68.00
69.00	06900	ELECTROCARDIOLOGY	396,856	474	210,921	597,999	6,282,761	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	771,663	3,904	166,081	402,003	9,959,606	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,928,547	731,616	1,997,545	61,376,005	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,292,915	1,462,747	3,336,664	53,957,206	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,688,791	9,449,660	328,864,111	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,146,471	5,666	0	1,878,377	313,938,357	73.03
74.00	07400	RENAL DIALYSIS	518,117	4,136	82,399	193,812	8,943,982	74.00
76.00	03020	RH NBN ECMO IC	99,214	13,058	16,307	25,576	1,465,120	76.00
76.01	03140	CARDIOLOGY	132,285	24,550	34,628	338,163	3,072,785	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	429,927	1,983	0	3	4,046,932	76.02
76.03	03950	CARDIAC CATH	948,044	130,408	260,830	1,134,941	17,556,154	76.03
76.04	03951	DAY SURGERY	551,188	16,510	1,457	134,706	6,029,356	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	242,523	81	65,818	103,226	3,546,948	76.08
76.97	07697	CARDIAC REHABILITATION	110,238	114	1,445	37,655	1,502,419	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	44,095	0	18,521	29,047	2,640,481	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	143,309	3,615	77	29,174	880,883	90.01
90.02	09002	IUSCC HEM/ONC	2,414,204	35,464	2,737	672,950	31,352,981	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	99,214	1,198	19	25,995	987,819	90.03
90.04	09004	AMB SVC-PSYCH ADULT	132,285	295	11	4,273	1,289,022	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	308,665	420	48,177	154,628	3,439,210	90.06
90.07	09007	AMB SVC-RILEY CLINICS	903,949	6,332	1,354	138,525	3,263,903	90.07
90.08	09008	MOTILITY LAB	22,048	891	114	6,838	347,339	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	749,616	13,199	5,279	175,996	6,407,303	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	55,119	429	0	32,014	714,887	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	176,380	336	13	5,123	1,012,379	90.17
90.18	09016	DERMATOLOGY CLINIC	143,309	2,401	48	39,385	1,148,678	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	5,398	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	11,024	32	0	4,532	64,099	90.21
90.22	09020	EATING DISORDERS CLINIC	198,428	91	0	15,579	2,144,388	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	264,570	114	16	6,916	2,091,453	90.23
90.24	09021	LIFE CARE CLINIC	308,665	55	2	3,752	2,805,836	90.24
91.00	09100	EMERGENCY	3,505,557	98,518	701,908	3,802,863	48,249,508	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	3,703,985	57,461	489	1,885,647	54,896,176	95.00
101.00	10100	HOME HEALTH AGENCY	3,571,700	284,569	0	1,510,362	61,958,578	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	451,974	11,735	114,199	179,105	19,346,063	105.00
106.00	10600	HEART ACQUISITION	55,119	0	9,461	14,839	2,337,582	106.00
107.00	10700	LIVER ACQUISITION	198,428	4,570	70,202	110,101	13,438,160	107.00
108.00	10800	LUNG ACQUISITION	55,119	0	15,722	24,657	3,466,895	108.00
109.00	10900	PANCREAS ACQUISITION	22,048	495	8,210	12,876	1,901,712	109.00
110.00	11000	INTESTINAL ACQUISITION	22,048	40	3,528	5,534	793,596	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	22,048	4	0	0	512,506	112.00
112.01	08601	POST TRANSPLANT EXPENSES	529,141	9,309	0	0	5,955,177	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	1,124,424	3,316	0	235,298	13,038,259	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1 through 117)	96,270,532	16,469,611	18,569,486	56,391,181	2,733,809,825	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	330,713	0	0	0	932,916	190.00
191.00	19100	RESEARCH	231,499	5	0	0	4,809,597	191.00
191.01	19101	RESEARCH-GCRC	0	1,375	0	0	76,458	191.01
191.02	19102	OSA	110,238	1,009	0	0	5,170,674	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	2,063,965	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,104,288	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,587,422	1,680	0	0	15,743,828	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	11,049,837	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	11,024	0	0	0	166,095	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	44,095	3,415	0	0	390,228	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	98,585,523	16,477,095	18,569,486	56,391,181	2,776,317,711	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	215,659,438				5.06
6.00	00600	MAINTENANCE & REPAIRS	3,147,923	40,525,302			6.00
7.00	00700	OPERATION OF PLANT	4,598,491	737,208	59,936,642		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,406	9,288	13,991	131,491	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	426,791	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	359,670	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	584,243	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	88,393	17,462	26,304	3	9.04
9.05	00905	HOUSEKEEPING - MORGAN	71,262	16,495	24,848	0	9.05
10.00	01000	DIETARY	1,610,238	458,906	691,294	0	10.00
11.00	01100	CAFETERIA	255,179	62,859	94,691	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,151,046	381,852	575,221	0	13.00
13.01	01851	PARAMEDIC ADMINISTRATION	37,909	108,835	163,949	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	11,288,291	826,070	1,244,389	302	14.00
15.00	01500	PHARMACY	4,518,825	547,054	824,080	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,430,547	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	819,880	77,999	117,497	0	17.00
18.00	01850	PATIENT TRANSPORTATION	526,740	30,941	46,610	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,107,731	52,983	79,814	15	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,785,923	1,591,004	2,396,683	125	22.00
23.00	02300	PARAMEDIC PRGM	0	0	0	0	23.00
23.01	02301	PARAMEDIC HEALTH SCIENCES	0	0	0	0	23.01
23.02	02302	PARAMEDIC RADIOLOGY-METHODIST	0	0	0	0	23.02
23.03	02303	PARAMEDIC RESPIRATORY THERAPY	0	0	0	0	23.03
23.04	02304	PARAMEDIC EMERGENCY	0	0	0	0	23.04
23.05	02312	PARAMEDIC PASTORAL EDUCATION	69,867	63,374	95,467	0	23.05
23.06	02306	PARAMEDIC LAB SCIENCE PRO	0	0	0	0	23.06
23.07	02307	PARAMEDIC PHARMACY	188,761	48,161	72,550	0	23.07
23.08	02308	PARAMEDIC MEDICAL ASSIST	0	0	0	0	23.08
23.09	02309	PARAMEDIC SURGERY TECHNOLOGY	32,650	20,603	31,036	0	23.09
23.10	02310	PARAMEDIC PHARMACY TECH	26,126	23,513	35,420	0	23.10
23.11	02311	PARAMEDIC NEUROPHYSIOLOGY	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,591,137	7,045,208	10,612,874	62,141	30.00
31.00	03100	INTENSIVE CARE UNIT	2,588,850	430,402	648,356	5,686	31.00
32.00	03200	CORONARY CARE UNIT	2,681,649	502,402	756,816	4,574	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,731,272	647,505	975,399	2,539	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	260,807	155,714	234,567	906	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	527,216	289,134	435,551	413	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PEDIC	1,444,789	409,883	617,447	2,645	34.04
34.05	03404	TRANSPLANT ICU	307,466	153,907	231,845	414	34.05
34.06	03407	PEDS CANCER CARE	342,717	396,708	597,600	1,088	34.06
40.00	04000	SUBPROVIDER - I PF	411,907	253,045	381,186	619	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	167,952	51,828	78,073	1,246	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,012,001	2,250,413	3,390,014	14,476	50.00
50.01	05001	ENDOSCOPY	631,701	77,337	116,500	366	50.01
51.00	05100	RECOVERY ROOM	1,317,887	654,092	985,322	925	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,119,613	365,830	551,085	3,644	52.00
53.00	05300	ANESTHESIOLOGY	558,839	91,510	137,850	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	312,859	155,157	233,729	517	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,083,238	2,722,199	4,100,711	8,523	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	870,286	549,061	827,103	809	55.00
56.00	05600	RADIOISOTOPE	337,302	210,232	316,692	250	56.00
59.00	05900	CARDIAC CATHETERIZATION	125,661	125,309	188,765	0	59.00
60.00	06000	LABORATORY	4,185,432	1,979,801	2,982,366	123	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	198,883	44,400	66,884	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,788,034	133,714	201,426	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,021,514	283,933	427,716	17	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
66.00	06600	PHYSICAL THERAPY	2,852,505	578,268	871,101	993		0 66.00
67.00	06700	OCCUPATIONAL THERAPY	567,532	62,229	93,741	0		0 67.00
68.00	06800	SPEECH PATHOLOGY	670,449	218,332	328,894	3		0 68.00
69.00	06900	ELECTROCARDIOLOGY	529,134	120,066	180,867	488		0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	838,798	317,186	477,808	96		0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,169,087	0	0	0		0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,544,276	0	0	0		0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,697,736	0	0	0		0 73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	26,439,888	79,585	119,887	0		0 73.03
74.00	07400	RENAL DIALYSIS	753,262	377,293	568,352	779		0 74.00
76.00	03020	RH NBN ECMO I C	123,392	1,513	2,279	0		0 76.00
76.01	03140	CARDIOLOGY	258,790	90,974	137,043	0		0 76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	340,833	0	0	124		0 76.02
76.03	03950	CARDIAC CATH	1,478,579	536,012	807,446	1,883		0 76.03
76.04	03951	DAY SURGERY	507,792	290,300	437,307	538		0 76.04
76.05	03480	ONCOLOGY	0	0	0	0		0 76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0		0 76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0		0 76.07
76.08	03954	ECMO-ADULT	298,724	4,497	6,774	0		0 76.08
76.97	07697	CARDIAC REHABILITATION	126,534	83,399	125,632	0		0 76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	222,381	7,407	11,158	0		0 77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		0 89.00
90.00	09000	CLINIC	0	0	0	0		0 90.00
90.01	09001	AMB SVC-OB & GYN	74,188	207,710	312,894	154		0 90.01
90.02	09002	IUSCC HEM/ONC	2,640,548	1,338,768	2,016,716	246		0 90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	83,194	0	0	0		0 90.03
90.04	09004	AMB SVC-PSYCH ADULT	108,561	61,693	92,934	0		0 90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0		0 90.05
90.06	09006	OUTPATIENT SURGERY	289,650	158,404	238,619	37		0 90.06
90.07	09007	AMB SVC-RILEY CLINICS	274,886	375,927	566,295	690		0 90.07
90.08	09008	MOTILITY LAB	29,253	3,751	5,650	0		0 90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0		0 90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0		0 90.10
90.11	09023	SLEEP LAB	539,623	131,392	197,929	0		0 90.11
90.12	09024	OP CARE ADULTS	0	0	0	0		0 90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0		0 90.13
90.14	09012	INFUSION CLINIC	60,208	0	0	0		0 90.14
90.15	09013	NEUROLOGY UH	0	0	0	0		0 90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0		0 90.16
90.17	09015	PHYSICAL MEDICINE	85,263	113,657	171,213	57		0 90.17
90.18	09016	DERMATOLOGY CLINIC	96,742	85,238	128,402	114		0 90.18
90.19	09017	INFUSION/HEM/ONC	455	0	0	0		0 90.19
90.20	09025	IUMG - MH	0	0	0	0		0 90.20
90.21	09019	OP REHAB CLINIC	5,398	0	0	51		0 90.21
90.22	09020	EATING DISORDERS CLINIC	180,600	0	0	0		0 90.22
90.23	09018	GASTROENTEROLOGY CLINIC	176,142	155,357	234,029	16		0 90.23
90.24	09021	LIFE CARE CLINIC	236,308	129,921	195,713	0		0 90.24
91.00	09100	EMERGENCY	4,063,574	1,430,846	2,155,421	12,694		0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						0 92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		0 94.00
95.00	09500	AMBULANCE SERVICES	4,623,356	0	0	3		0 95.00
101.00	10100	HOME HEALTH AGENCY	5,218,151	236,088	355,642	0		0 101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,629,325	109,297	164,645	0		0 105.00
106.00	10600	HEART ACQUISITION	196,871	6,651	10,018	0		0 106.00
107.00	10700	LIVER ACQUISITION	1,131,762	48,413	72,929	0		0 107.00
108.00	10800	LUNG ACQUISITION	291,982	6,188	9,322	0		0 108.00
109.00	10900	PANCREAS ACQUISITION	160,162	6,703	10,097	0		0 109.00
110.00	11000	INTESTINAL ACQUISITION	66,837	2,816	4,242	0		0 110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	43,163	0	0	0		0 112.00
112.01	08601	POST TRANSPLANT EXPENSES	501,545	101,355	152,680	0		0 112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,098,082	11,557	17,409	0		0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	212,079,425	32,542,124	47,910,809	131,332		0 118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	78,570	102,888	154,991	0		0 190.00
191.00	19100	RESEARCH	405,064	278,460	419,471	0		0 191.00
191.01	19101	RESEARCH-GCRC	6,439	5,747	8,657	119		0 191.01
191.02	19102	OSA	435,474	7,365	11,095	0		0 191.02
191.03	19103	RESEARCH ADMIN	173,827	0	0	0		0 191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	177,223	375,517	565,678	0		0 192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	1,325,945	245,123	369,253	40	0	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	930,617	6,962,615	10,488,458	0	0	192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205 IUH TIPTON	13,989	5,463	8,230	0	0	192.05
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207 RHI	32,865	0	0	0	0	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212 CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	192.11
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)	215,659,438	40,525,302	59,936,642	131,491	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	5,494,366					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	4,630,276				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	7,521,347			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	1,181,710		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	958,751	9.05
10.00	01000	DIETARY	76,616	8,883	139,463	17,401	0	10.00
11.00	01100	CAFETERIA	0	0	0	30,602	0	11.00
13.00	01300	NURSING ADMINISTRATION	23,359	88,447	77,870	0	8,316	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	0	58,301	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	92,251	136,456	150,669	39,635	30,682	14.00
15.00	01500	PHARMACY	119,061	49,742	83,987	26,613	14,617	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	743	17,321	23,694	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	5,681	0	10,761	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,257	16,241	9,827	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	159,117	70,158	223,203	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	2,391	31,557	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	25,799	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	11,037	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	12,596	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,035,284	1,014,420	1,539,529	146,525	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	230,559	0	0	31.00
32.00	03200	CORONARY CARE UNIT	97,233	49,641	120,063	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	300,495	45,964	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	83,378	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	149,924	844	777	0	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	219,474	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	80,646	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	212,419	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	1,993	64,431	69,056	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	27,763	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	465,841	292,236	293,059	97,607	64,272	50.00
50.01	05001	ENDOSCOPY	0	0	36,183	0	0	50.01
51.00	05100	RECOVERY ROOM	44,647	98,443	76,879	117,575	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,288	194,680	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,590	34,699	7,570	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	22,671	23,943	34,033	1,775	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	436,168	310,638	598,685	55,332	74,036	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	136,634	0	100,647	0	94,855	55.00
56.00	05600	RADIOISOTOPE	44,328	11,572	50,439	4,808	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	61,005	0	59.00
60.00	06000	LABORATORY	40,469	46,012	108,109	41,911	35,029	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	23,784	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,349	2,869	11,228	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	25,687	39,498	78,556	2,992	7,889	65.00
66.00	06600	PHYSICAL THERAPY	19,477	8,754	232,000	23,134	33,659	66.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
67.00	06700	OCCUPATIONAL THERAPY	3,496	17,614	8,453	0	6,510	67.00
68.00	06800	SPEECH PATHOLOGY	25,908	73,111	13,395	0	6,936	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,015	43,128	0	17,931	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	26,531	143,369	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	473	42,160	0	0	73.03
74.00	07400	RENAL DIALYSIS	173,943	0	24,285	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	810	0	0	0	76.00
76.01	03140	CARDIOLOGY	7,300	41,253	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	20,314	266,815	0	0	76.03
76.04	03951	DAY SURGERY	149,225	0	2,955	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	2,409	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	25,748	28,827	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	96	3,872	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	108,838	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	605,971	349	97,320	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	33,048	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	71,926	0	11,329	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	201,292	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	2,008	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	41,849	0	16,956	17,385	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	59,555	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	44,664	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	81,406	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	69,597	0	0	90.24
91.00	09100	EMERGENCY	0	221,364	377,384	65,204	167,959	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,733	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	33,395	3,640	20,768	0	0	105.00
106.00	10600	HEART ACQUISITION	1,734	191	1,081	0	0	106.00
107.00	10700	LIVER ACQUISITION	14,793	1,615	9,196	0	0	107.00
108.00	10800	LUNG ACQUISITION	1,894	208	1,176	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,048	225	1,272	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	859	96	535	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	30,967	3,375	19,254	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	3,457	0	754	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,516,138	3,872,122	5,931,882	774,823	608,903	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	11,390	43,453	0	0	0	190.00
191.00	19100	RESEARCH	0	0	148,699	0	0	191.00
191.01	19101	RESEARCH-GCRC	2,863	0	0	0	0	191.01
191.02	19102	OSA	0	2,734	1,210	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,491	349,848	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	45,027	15,527	67,002	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING	HOUSEKEEPING	HOUSEKEEPING	HOUSEKEEPING	HOUSEKEEPING	
			- UNIVERSITY	- RILEY	- METHODIST	- SAXONY	- MORGAN	
			9.01	9.02	9.03	9.04	9.05	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	918,948	696,440	1,372,554	401,598	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	2,798	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	5,494,366	4,630,276	7,521,347	1,181,710	958,751	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	PARAMED ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY	22,122,224					10.00
11.00	01100	CAFETERIA	0	3,473,240				11.00
13.00	01300	NURSING ADMINISTRATION	0	114,412	119,076,971			13.00
13.01	01851	PARAMED ADMINISTRATION	0	826	0	819,934		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30,152	0	0	147,872,268	14.00
15.00	01500	PHARMACY	0	135,890	0	0	370,505	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	30,978	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	21,478	0	0	2,430	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	4,130	0	94,106	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	8,674	0	302,145	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	1,652	0	50,670	470	23.09
23.10	02310	PARAMED PHARMACY TECH	0	1,239	0	40,440	1,092	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,910,670	677,388	44,749,786	0	3,742,719	30.00
31.00	03100	INTENSIVE CARE UNIT	592,480	72,695	5,476,006	0	542,103	31.00
32.00	03200	CORONARY CARE UNIT	638,111	82,195	6,138,707	0	779,228	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	188,847	94,999	7,254,836	0	461,738	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	155,749	8,674	627,822	0	19,835	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	49,773	15,282	1,081,250	0	139,012	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	262,416	54,521	3,871,571	0	292,890	34.04
34.05	03404	TRANSPLANT ICU	59,473	8,261	662,701	0	71,899	34.05
34.06	03407	PEDS CANCER CARE	176,857	10,739	871,975	0	36,690	34.06
40.00	04000	SUBPROVIDER - I PF	308,120	16,522	871,975	0	13,468	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	6,609	453,427	0	25,535	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	197,019	7,847,779	0	26,220,876	50.00
50.01	05001	ENDOSCOPY	0	14,456	1,011,492	0	1,625,678	50.01
51.00	05100	RECOVERY ROOM	18,238	43,369	3,034,475	0	89,454	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	37,173	2,197,378	0	249,924	52.00
53.00	05300	ANESTHESIOLOGY	0	7,848	453,427	0	1,070,653	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	11,565	174,395	0	61,537	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	162,737	2,511,289	132,758	2,856,416	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19,826	313,911	0	146,757	55.00
56.00	05600	RADIOISOTOPE	0	4,956	0	0	11,540	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,478	0	0	866	59.00
60.00	06000	LABORATORY	0	272,192	488,306	72,495	31,702,971	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	4,956	0	0	1,000,333	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	16,935	0	0	927,801	63.00
65.00	06500	RESPIRATORY THERAPY	0	112,759	0	127,320	3,552,837	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	PARAMED ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
66.00	06600	PHYSICAL THERAPY	0	109,868	34,879	0	124,943	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,543	0	0	6,320	67.00
68.00	06800	SPEECH PATHOLOGY	0	26,434	174,395	0	39,890	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,869	139,516	0	4,270	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	28,913	0	0	35,138	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	35,357,702	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	29,636,739	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	42,956	0	0	50,994	73.03
74.00	07400	RENAL DIALYSIS	0	19,413	1,255,645	0	37,225	74.00
76.00	03020	RH NBN ECMO IC	0	3,717	279,032	0	117,522	76.00
76.01	03140	CARDIOLOGY	0	4,956	244,153	0	220,953	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	16,108	558,064	0	17,844	76.02
76.03	03950	CARDIAC CATH	24,741	35,521	1,674,193	0	1,173,695	76.03
76.04	03951	DAY SURGERY	0	20,652	1,499,798	0	148,597	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	9,087	418,548	0	731	76.08
76.97	07697	CARDIAC REHABILITATION	0	4,130	104,637	0	1,024	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,652	69,758	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	5,369	174,395	0	32,534	90.01
90.02	09002	IUSCC HEM/ONC	0	90,455	4,185,482	0	319,186	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	3,717	34,879	0	10,780	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	4,956	34,879	0	2,655	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	11,565	348,790	0	3,780	90.06
90.07	09007	AMB SVC-RILEY CLINICS	73,170	33,869	1,534,677	0	56,985	90.07
90.08	09008	MOTILITY LAB	0	826	69,758	0	8,022	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	5,014	28,087	139,516	0	118,790	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	2,065	104,637	0	3,860	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	6,609	174,395	0	3,020	90.17
90.18	09016	DERMATOLOGY CLINIC	0	5,369	244,153	0	21,607	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	413	34,879	0	290	90.21
90.22	09020	EATING DISORDERS CLINIC	0	7,435	34,879	0	823	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	9,913	453,427	0	1,022	90.23
90.24	09021	LIFE CARE CLINIC	0	11,565	139,516	0	494	90.24
91.00	09100	EMERGENCY	633,061	131,346	7,115,320	0	886,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	138,781	1,569,556	0	517,160	95.00
101.00	10100	HOME HEALTH AGENCY	0	133,824	2,267,136	0	2,561,161	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	16,935	34,879	0	105,620	105.00
106.00	10600	HEART ACQUISITION	0	2,065	34,879	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	7,435	0	0	41,128	107.00
108.00	10800	LUNG ACQUISITION	0	2,065	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	826	0	0	4,454	109.00
110.00	11000	INTESTINAL ACQUISITION	0	826	0	0	358	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	826	34,879	0	32	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	19,826	0	0	83,779	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	42,130	2,232,257	0	29,847	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,096,720	3,386,502	117,542,294	819,934	147,804,907	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,391	0	0	0	190.00
191.00	19100	RESEARCH	0	8,674	279,032	0	45	191.00
191.01	19101	RESEARCH-GCRC	25,504	0	0	0	12,377	191.01
191.02	19102	OSA	0	4,130	139,516	0	9,079	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	PARAMED ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	59,478	1,116,129	0	15,124	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	413	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	1,652	0	0	30,736	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	22,122,224	3,473,240	119,076,971	819,934	147,872,268	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
	15.00	16.00	17.00	PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV		18.00
GENERAL SERVICE COST CENTERS							
1.00 00100							1.00
2.00 00200							2.00
4.00 00400							4.00
5.01 00540							5.01
5.02 00550							5.02
5.03 00590							5.03
5.04 00570							5.04
5.05 00580							5.05
5.06 00560							5.06
6.00 00600							6.00
7.00 00700							7.00
8.00 00800							8.00
9.00 00900							9.00
9.01 00901							9.01
9.02 00902							9.02
9.03 00903							9.03
9.04 00904							9.04
9.05 00905							9.05
10.00 01000							10.00
11.00 01100							11.00
13.00 01300							13.00
13.01 01851							13.01
14.00 01400							14.00
15.00 01500							15.00
16.00 01600	60,345,385	18,416,377					16.00
17.00 01700	331	0	10,823,423				17.00
18.00 01850	0	0	0	6,898,978			18.00
21.00 02100	0	0	0	0	53,042,689		21.00
22.00 02200	0	0	0	0	0		22.00
23.00 02300	0	0	0	0	0		23.00
23.01 02301	0	0	0	0	0		23.01
23.02 02302	0	0	0	0	0		23.02
23.03 02303	0	0	0	0	0		23.03
23.04 02304	0	0	0	0	0		23.04
23.05 02312	0	0	0	0	0		23.05
23.06 02306	0	0	0	0	0		23.06
23.07 02307	0	0	0	0	0		23.07
23.08 02308	0	0	0	0	0		23.08
23.09 02309	0	0	0	0	0		23.09
23.10 02310	0	0	0	0	0		23.10
23.11 02311	0	0	0	0	0		23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	335,171	1,958,323	7,775,188	733,329	21,094,392		30.00
31.00 03100	47,317	260,572	660,252	97,576	2,265,084		31.00
32.00 03200	108,169	237,350	581,956	88,880	531,022		32.00
32.01 03201	70,834	299,130	879,021	112,015	564,898		32.01
33.00 03300	1,234	18,667	56,245	6,990	0		33.00
34.00 03400	0	0	0	0	0		34.00
34.02 03401	19,224	40,928	104,912	15,326	91,556		34.02
34.03 03402	0	0	0	0	0		34.03
34.04 03403	40,280	128,122	311,849	47,978	770,897		34.04
34.05 03404	11,279	24,443	64,010	9,153	71,413		34.05
34.06 03407	7,122	22,756	100,409	8,521	0		34.06
40.00 04000	88	23,258	152,648	8,709	0		40.00
41.00 04100	0	0	0	0	0		41.00
43.00 04300	0	13,738	136,933	5,145	84,231		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	134,702	1,824,154	0	683,088	4,980,620		50.00
50.01 05001	2,729	173,025	0	64,793	0		50.01
51.00 05100	15,530	238,763	0	89,409	190,435		51.00
52.00 05200	0	110,915	0	41,534	0		52.00
53.00 05300	142,072	149,072	0	55,823	4,096,194		53.00
53.01 05301	58	43,027	0	16,112	165,715		53.01
54.00 05400	155,675	1,198,126	0	448,660	3,156,834		54.00
55.00 05500	336	322,078	0	120,608	19,227		55.00
56.00 05600	2,386	95,910	0	35,915	0		56.00
59.00 05900	1,102	6,615	0	2,477	130,009		59.00
60.00 06000	157,974	884,538	0	331,231	1,989,501		60.00
60.01 06001	1,055	32,322	0	12,103	0		60.01
60.02 06002	0	0	0	0	0		60.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
						PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,154	324,572		121,542	43,947	63.00
65.00	06500	RESPIRATORY THERAPY	219	336,365		125,958	7,324	65.00
66.00	06600	PHYSICAL THERAPY	27	171,314		64,152	18,311	66.00
67.00	06700	OCCUPATIONAL THERAPY	21	39,910		14,945	45,778	67.00
68.00	06800	SPEECH PATHOLOGY	7	48,876		18,303	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,238	195,335		73,147	611,591	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3	131,314		49,173	1,248,817	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	652,494		244,338	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,089,915		408,138	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,605,313	3,083,018		1,157,122	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	613,568		229,762	0	73.03
74.00	07400	RENAL DIALYSIS	6,792	63,308		23,707	179,449	74.00
76.00	03020	RH NBN ECMO IC	666	8,354		3,128	0	76.00
76.01	03140	CARDIOLOGY	4,566	110,460		41,364	738,853	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,204	1		0	0	76.02
76.03	03950	CARDIAC CATH	42,003	370,726		138,825	0	76.03
76.04	03951	DAY SURGERY	20,523	44,001		16,477	68,667	76.04
76.05	03480	ONCOLOGY	0	0		0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0		0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		0	0	76.07
76.08	03954	ECMO-ADULT	2	33,719		12,627	0	76.08
76.97	07697	CARDIAC REHABILITATION	124	12,300		4,606	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	9,488		3,553	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	89.00
90.00	09000	CLINIC	0	0		0	0	90.00
90.01	09001	AMB SVC-OB & GYN	52	9,530		3,569	318,613	90.01
90.02	09002	IUSCC HEM/ONC	101,643	219,818		82,315	203,253	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	13	8,491		3,180	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	1,396		523	70,498	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		0	0	90.05
90.06	09006	OUTPATIENT SURGERY	51	50,509		18,914	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	22,670	45,249		16,944	285,653	90.07
90.08	09008	MOTILITY LAB	6	2,234		836	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0		0	0	90.10
90.11	09023	SLEEP LAB	128	57,489		21,528	21,973	90.11
90.12	09024	OP CARE ADULTS	0	0		0	263,680	90.12
90.13	09011	PEDIATRIC CLINIC	0	0		0	0	90.13
90.14	09012	INFUSION CLINIC	3,743	10,457		3,916	145,573	90.14
90.15	09013	NEUROLOGY UH	0	0		0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0		0	0	90.16
90.17	09015	PHYSICAL MEDICINE	28	1,674		627	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	12,865		4,818	77,822	90.18
90.19	09017	INFUSION/HEM/ONC	0	0		0	816,675	90.19
90.20	09025	IUMG - MH	0	0		0	49,440	90.20
90.21	09019	OP REHAB CLINIC	0	1,481		554	102,542	90.21
90.22	09020	EATING DISORDERS CLINIC	0	5,089		1,906	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	51	2,259		846	0	90.23
90.24	09021	LIFE CARE CLINIC	0	1,225		459	0	90.24
91.00	09100	EMERGENCY	166,690	1,242,198		465,164	4,570,451	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0		0	0	94.00
95.00	09500	AMBULANCE SERVICES	11,953	615,943		230,651	0	95.00
101.00	10100	HOME HEALTH AGENCY	69,009	493,357		184,746	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	239	58,504		21,908	45,778	105.00
106.00	10600	HEART ACQUISITION	7	4,847		1,815	0	106.00
107.00	10700	LIVER ACQUISITION	22,874	35,964		13,468	99,796	107.00
108.00	10800	LUNG ACQUISITION	0	8,054		3,016	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	4,206		1,575	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	1,808		677	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0		0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0		0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	506	76,860		28,781	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,343,193	18,416,377	10,823,423	6,898,978	50,236,512	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0	0	190.00
191.00	19100	RESEARCH	0	0		0	2,748,497	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
						PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV		
			15.00	16.00	17.00	18.00	21.00		
191.01	19101	RESEARCH-GCRC	1,706	0	0	0	0	0	191.01
191.02	19102	OSA	37	0	0	0	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	57,680	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	449	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	0	192.11
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)	60,345,385	18,416,377	10,823,423	6,898,978	53,042,689		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-MET HODIST	PARAMED RESPIRATORY THERAPY	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01
9.02	00902	HOUSEKEEPING - RILEY					9.02
9.03	00903	HOUSEKEEPING - METHODIST					9.03
9.04	00904	HOUSEKEEPING - SAXONY					9.04
9.05	00905	HOUSEKEEPING - MORGAN					9.05
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01851	PARAMED ADMINISTRATION					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PATIENT TRANSPORTATION					18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	130,420,972				22.00
23.00	02300	PARAMED PRGM		0			23.00
23.01	02301	PARAMED HEALTH SCIENCES			0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					0 23.03
23.04	02304	PARAMED EMERGENCY					23.04
23.05	02312	PARAMED PASTORAL EDUCATION					23.05
23.06	02306	PARAMED LAB SCIENCE PRO					23.06
23.07	02307	PARAMED PHARMACY					23.07
23.08	02308	PARAMED MEDICAL ASSIST					23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					23.09
23.10	02310	PARAMED PHARMACY TECH					23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY					23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	51,866,734	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	5,569,371	0	0	0	0 31.00
32.00	03200	CORONARY CARE UNIT	1,305,673	0	0	0	0 32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	1,388,966	0	0	0	0 32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.02	03401	UH SURG 61C	225,116	0	0	0	0 34.02
34.03	03402	UH NS 31C	0	0	0	0	0 34.03
34.04	03403	RH PEDIC	1,895,477	0	0	0	0 34.04
34.05	03404	TRANSPLANT ICU	175,591	0	0	0	0 34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0 34.06
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
43.00	04300	NURSERY	207,107	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,246,312	0	0	0	0 50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0 50.01
51.00	05100	RECOVERY ROOM	468,241	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	10,071,691	0	0	0	0 53.00
53.01	05301	PULMONARY FUNCTION TESTING	407,460	0	0	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,762,001	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	47,274	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
59.00	05900	CARDIAC CATHETERIZATION	319,665	0	0	0	0 59.00
60.00	06000	LABORATORY	4,891,771	0	0	0	0 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0 60.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-MET HODIST	PARAMED RESPIRATORY THERAPY		
			SERVICES-OTHER PRGM COSTS APPRV						
			22.00						23.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	108,056	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	18,009	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	45,023	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	112,558	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,503,775	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,070,583	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	441,227	0	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	1,816,686	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	0	0	76.03
76.04	03951	DAY SURGERY	168,837	0	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	783,404	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	499,758	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	173,339	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	702,362	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	54,028	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	648,334	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	357,934	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	191,349	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	2,008,035	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	121,563	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	252,130	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	11,237,792	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	112,558	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	245,376	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	123,521,166	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	19100	RESEARCH	6,757,983	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-MET HODIST	PARAMED RESPIRATORY THERAPY		
			SERVICES-OTHER PRGM COSTS APPRV						
			22.00	23.00	23.01	23.02	23.03		
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	141,823	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	130,420,972	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
		23.04	23.05	23.06	23.07	23.08	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
9.03	00903						9.03
9.04	00904						9.04
9.05	00905						9.05
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
13.01	01851						13.01
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
18.00	01850						18.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
23.01	02301						23.01
23.02	02302						23.02
23.03	02303						23.03
23.04	02304	0					23.04
23.05	02312		1,190,474				23.05
23.06	02306			0			23.06
23.07	02307				2,887,369		23.07
23.08	02308					0	23.08
23.09	02309						23.09
23.10	02310						23.10
23.11	02311						23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	855,199	0	16,036	0	30.00
31.00	03100	0	72,621	0	2,264	0	31.00
32.00	03200	0	64,010	0	5,175	0	32.00
32.01	03201	0	96,684	0	3,389	0	32.01
33.00	03300	0	6,186	0	59	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	0	11,539	0	920	0	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	0	34,300	0	1,927	0	34.04
34.05	03404	0	7,040	0	540	0	34.05
34.06	03407	0	11,044	0	341	0	34.06
40.00	04000	0	16,790	0	4	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	15,061	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	6,445	0	50.00
50.01	05001	0	0	0	131	0	50.01
51.00	05100	0	0	0	743	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	6,797	0	53.00
53.01	05301	0	0	0	3	0	53.01
54.00	05400	0	0	0	7,448	0	54.00
55.00	05500	0	0	0	16	0	55.00
56.00	05600	0	0	0	114	0	56.00
59.00	05900	0	0	0	53	0	59.00
60.00	06000	0	0	0	7,558	0	60.00
60.01	06001	0	0	0	50	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	0	0	0	247	0	63.00
65.00	06500	0	0	0	10	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
66.00	06600	PHYSICAL THERAPY	0	0	0	1	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	107	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,804,135	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	325	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	32	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	218	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	58	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	2,010	0	76.03
76.04	03951	DAY SURGERY	0	0	0	982	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	6	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	2	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	4,863	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	1	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	2	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	1,085	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	6	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	179	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	1	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	7,975	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	572	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	3,302	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	11	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	1,094	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	24	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,190,474	0	2,887,264	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	82	0	191.01
191.02	19102	OSA	0	0	0	2	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	21	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,190,474	0	2,887,369	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
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4/6/2023 1:09 pm

Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED PRGM						23.00
23.01	02301	PARAMED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	535,791					23.09
23.10	02310	PARAMED PHARMACY TECH		450,637				23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			0			23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	439,254,297	-72,961,126	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	50,301,331	-7,834,455	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	46,613,850	-1,836,695	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	48,548,743	-1,953,864	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	4,733,567	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	0	0	9,458,685	-316,672	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	0	0	27,561,406	-2,666,374	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	5,590,832	-247,004	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	6,866,296	0	34.06
40.00	04000	SUBPROVIDER - I PF	0	0	0	7,484,662	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	3,268,853	-291,338	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	535,791	0	0	177,562,178	-17,226,932	50.00
50.01	05001	ENDOSCOPY	0	0	0	11,254,994	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	23,132,580	-658,676	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	18,166,972	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	23,526,096	-14,167,885	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	5,379,343	-573,175	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	105,011,804	-10,918,835	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	13,902,907	-66,501	55.00
56.00	05600	RADIO SOTOPE	0	0	0	5,131,453	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,456,065	-449,674	59.00
60.00	06000	LABORATORY	0	0	0	99,914,209	-6,881,272	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	3,746,241	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
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To 12/31/2021

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4/6/2023 1:09 pm

Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	24,920,389	-152,003	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	44,045,045	-25,333	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	39,058,090	-63,334	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,741,332	-158,336	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	9,605,619	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,730,238	-2,115,366	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	16,327,335	-4,319,400	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	102,799,626	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	89,636,274	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	450,637	0	422,662,072	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	341,557,630	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	12,868,987	-620,676	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	2,005,565	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	6,790,354	-2,555,539	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	4,981,168	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	24,128,917	0	76.03
76.04	03951	DAY SURGERY	0	0	0	9,406,007	-237,504	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	4,334,066	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,019,386	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	2,969,846	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	2,912,135	-1,102,017	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	43,759,672	-703,011	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	1,132,074	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	1,873,504	-243,837	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	4,642,786	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	7,455,657	-988,015	90.07
90.08	09008	MOTILITY LAB	0	0	0	469,683	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	7,798,996	-76,001	90.11
90.12	09024	OP CARE ADULTS	0	0	0	912,014	-912,014	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	1,407,459	-503,507	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	1,628,478	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	2,061,821	-269,171	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	2,830,563	-2,824,710	90.19
90.20	09025	IUMG - MH	0	0	0	171,003	-171,003	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	461,837	-354,672	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	2,375,120	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	3,205,923	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	3,590,634	0	90.24
91.00	09100	EMERGENCY	0	0	0	83,200,627	-15,808,243	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	62,604,151	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	73,484,727	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	21,703,565	-158,336	105.00
106.00	10600	HEART ACQUISITION	0	0	0	2,597,741	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	15,184,003	-345,172	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	3,790,800	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	2,093,280	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	872,650	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	591,406	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	6,867,958	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	16,579,923	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	535,791	450,637	0	2,694,715,500	-173,757,678	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,336,599	0	190.00
191.00	19100	RESEARCH	0	0	0	15,855,522	-9,506,480	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
191.01	19101	RESEARCH-GCRC	0	0	0	139,952	0	191.01
191.02	19102	OSA	0	0	0	5,781,316	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	2,237,792	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,774,548	-199,503	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	19,002,946	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	32,821,067	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	196,988	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	455,481	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	535,791	450,637	0	2,776,317,711	-183,463,661	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 4/6/2023 1:09 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00590 PURCHASING, RECEIVING & STORES		5.03
5.04	00570 ADMIN TTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING - UNIVERSITY		9.01
9.02	00902 HOUSEKEEPING - RILEY		9.02
9.03	00903 HOUSEKEEPING - METHODIST		9.03
9.04	00904 HOUSEKEEPING - SAXONY		9.04
9.05	00905 HOUSEKEEPING - MORGAN		9.05
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
13.01	01851 PARAMED ED ADMINISTRATION		13.01
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
18.00	01850 PATIENT TRANSPORTATION		18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02301 PARAMED ED HEALTH SCIENCES		23.01
23.02	02302 PARAMED RADIOLOGY-METHODIST		23.02
23.03	02303 PARAMED RESPIRATORY THERAPY		23.03
23.04	02304 PARAMED EMERGENCY		23.04
23.05	02312 PARAMED PASTORAL EDUCATION		23.05
23.06	02306 PARAMED LAB SCIENCE PRO		23.06
23.07	02307 PARAMED PHARMACY		23.07
23.08	02308 PARAMED MEDICAL ASSIST		23.08
23.09	02309 PARAMED SURGERY TECHNOLOGY		23.09
23.10	02310 PARAMED PHARMACY TECH		23.10
23.11	02311 PARAMED NEUROPHYSIOLOGY		23.11
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	366,293,171	30.00
31.00	03100 INTENSIVE CARE UNIT	42,466,876	31.00
32.00	03200 CORONARY CARE UNIT	44,777,155	32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT	46,594,879	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	4,733,567	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401 UH SURG 61C	9,142,013	34.02
34.03	03402 UH NS 31C	0	34.03
34.04	03403 RH PED IC	24,895,032	34.04
34.05	03404 TRANSPLANT ICU	5,343,828	34.05
34.06	03407 PEDS CANCER CARE	6,866,296	34.06
40.00	04000 SUBPROVIDER - IPF	7,484,662	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
43.00	04300 NURSERY	2,977,515	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	160,335,246	50.00
50.01	05001 ENDOSCOPY	11,254,994	50.01
51.00	05100 RECOVERY ROOM	22,473,904	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	18,166,972	52.00
53.00	05300 ANESTHESIOLOGY	9,358,211	53.00
53.01	05301 PULMONARY FUNCTION TESTING	4,806,168	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	94,092,969	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	13,836,406	55.00
56.00	05600 RADIOISOTOPE	5,131,453	56.00
59.00	05900 CARDIAC CATHETERIZATION	2,006,391	59.00
60.00	06000 LABORATORY	93,032,937	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	3,746,241	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	24,768,386	63.00
65.00	06500 RESPIRATORY THERAPY	44,019,712	65.00
66.00	06600 PHYSICAL THERAPY	38,994,756	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,582,996	67.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 4/6/2023 1:09 pm
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Cost Center Description		Total	
		26.00	
68.00	06800 SPEECH PATHOLOGY	9,605,619	68.00
69.00	06900 ELECTROCARDIOLOGY	7,614,872	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	12,007,935	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	102,799,626	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	89,636,274	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	422,662,072	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	341,557,630	73.03
74.00	07400 RENAL DIALYSIS	12,248,311	74.00
76.00	03020 RH NBN ECMO IC	2,005,565	76.00
76.01	03140 CARDIOLOGY	4,234,815	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,981,168	76.02
76.03	03950 CARDIAC CATH	24,128,917	76.03
76.04	03951 DAY SURGERY	9,168,503	76.04
76.05	03480 ONCOLOGY	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	76.06
76.07	03953 CARDIOLOGY-RILEY	0	76.07
76.08	03954 ECMO-ADULT	4,334,066	76.08
76.97	07697 CARDIAC REHABILITATION	2,019,386	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	2,969,846	77.00
OUTPATIENT SERVICE COST CENTERS			
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 AMB SVC-OB & GYN	1,810,118	90.01
90.02	09002 IUSCC HEM/ONC	43,056,661	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	1,132,074	90.03
90.04	09004 AMB SVC-PSYCH ADULT	1,629,667	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	90.05
90.06	09006 OUTPATIENT SURGERY	4,642,786	90.06
90.07	09007 AMB SVC-RILEY CLINICS	6,467,642	90.07
90.08	09008 MOTILITY LAB	469,683	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	90.10
90.11	09023 SLEEP LAB	7,722,995	90.11
90.12	09024 OP CARE ADULTS	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	90.13
90.14	09012 INFUSION CLINIC	903,952	90.14
90.15	09013 NEUROLOGY UH	0	90.15
90.16	09014 ORTHOPEDICS UH	0	90.16
90.17	09015 PHYSICAL MEDICINE	1,628,478	90.17
90.18	09016 DERMATOLOGY CLINIC	1,792,650	90.18
90.19	09017 INFUSION/HEM/ONC	5,853	90.19
90.20	09025 IUMG - MH	0	90.20
90.21	09019 OP REHAB CLINIC	107,165	90.21
90.22	09020 EATING DISORDERS CLINIC	2,375,120	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	3,205,923	90.23
90.24	09021 LIFE CARE CLINIC	3,590,634	90.24
91.00	09100 EMERGENCY	67,392,384	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	62,604,151	95.00
101.00	10100 HOME HEALTH AGENCY	73,484,727	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	21,545,229	105.00
106.00	10600 HEART ACQUISITION	2,597,741	106.00
107.00	10700 LIVER ACQUISITION	14,838,831	107.00
108.00	10800 LUNG ACQUISITION	3,790,800	108.00
109.00	10900 PANCREAS ACQUISITION	2,093,280	109.00
110.00	11000 INTESTINAL ACQUISITION	872,650	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	591,406	112.00
112.01	08601 POST TRANSPLANT EXPENSES	6,867,958	112.01
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	16,579,923	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,520,957,822	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,336,599	190.00
191.00	19100 RESEARCH	6,349,042	191.00
191.01	19101 RESEARCH-GCRC	139,952	191.01
191.02	19102 OSA	5,781,316	191.02
191.03	19103 RESEARCH ADMIN	2,237,792	191.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,575,045	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	19,002,946	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMG	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	32,821,067	192.03
192.04	19204 MHH RADIOLOGY	0	192.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Total	
			26.00	
192.05	19205	IUH TIPTON	196,988	192.05
192.06	19206	BELTWAY SURGERY	0	192.06
192.07	19207	RHI	455,481	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	192.10
192.11	19211	UNUSED SPACE	0	192.11
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,592,854,050	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	44,536	0	44,536	4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	8,705	8,705	5.01
5.02 00550	DATA PROCESSING	0	54,523	0	54,523	5.02
5.03 00590	PURCHASING, RECEIVING & STORES	0	33,248	0	33,248	5.03
5.04 00570	ADMINISTRATIVE	0	53,540	0	53,540	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,629,040	2,345,018	4,974,058	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	1,038,794	260,332	1,299,126	6.00
7.00 00700	OPERATION OF PLANT	0	1,169,966	592,472	1,762,438	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	14,740	0	14,740	8.00
9.00 00900	HOUSEKEEPING	0	0	0	0	9.00
9.01 00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	9.01
9.02 00902	HOUSEKEEPING - RILEY	0	0	0	0	9.02
9.03 00903	HOUSEKEEPING - METHODIST	0	0	0	0	9.03
9.04 00904	HOUSEKEEPING - SAXONY	0	27,712	3,941	31,653	9.04
9.05 00905	HOUSEKEEPING - MORGAN	0	26,178	2,735	28,913	9.05
10.00 01000	DIETARY	0	728,294	438,178	1,166,472	10.00
11.00 01100	CAFETERIA	0	99,759	0	99,759	11.00
13.00 01300	NURSING ADMINISTRATION	0	606,009	4,502,906	5,108,915	13.00
13.01 01851	PARAMEDICAL ADMINISTRATION	0	172,724	5,064	177,788	13.01
14.00 01400	CENTRAL SERVICES & SUPPLY	0	1,310,993	1,777,167	3,088,160	14.00
15.00 01500	PHARMACY	0	868,188	895,043	1,763,231	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	123,786	0	123,786	17.00
18.00 01850	PATIENT TRANSPORTATION	0	49,104	27,903	77,007	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	84,086	0	84,086	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,524,962	0	2,524,962	22.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	23.00
23.01 02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	23.01
23.02 02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	0	0	23.02
23.03 02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	0	0	23.03
23.04 02304	PARAMEDICAL EMERGENCY	0	0	0	0	23.04
23.05 02312	PARAMEDICAL PASTORAL EDUCATION	0	100,576	0	100,576	23.05
23.06 02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	23.06
23.07 02307	PARAMEDICAL PHARMACY	0	76,433	0	76,433	23.07
23.08 02308	PARAMEDICAL MEDICAL ASSISTANT	0	0	0	0	23.08
23.09 02309	PARAMEDICAL SURGERY TECHNOLOGY	0	32,697	0	32,697	23.09
23.10 02310	PARAMEDICAL PHARMACY TECH	0	37,316	0	37,316	23.10
23.11 02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	11,180,909	3,601,091	14,782,000	30.00
31.00 03100	INTENSIVE CARE UNIT	0	683,058	550,672	1,233,730	31.00
32.00 03200	CORONARY CARE UNIT	0	797,324	1,335,951	2,133,275	32.00
32.01 03201	NEONATAL INTENSIVE CARE UNIT	0	1,027,606	1,234,961	2,262,567	32.01
33.00 03300	BURN INTENSIVE CARE UNIT	0	247,122	153,724	400,846	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02 03401	UH SURG 61C	0	458,863	98,482	557,345	34.02
34.03 03402	UH NS 31C	0	0	0	0	34.03
34.04 03403	RH PEDIC	0	650,495	559,017	1,209,512	34.04
34.05 03404	TRANSPLANT ICU	0	244,254	56,715	300,969	34.05
34.06 03407	PEDS CANCER CARE	0	629,586	205,215	834,801	34.06
40.00 04000	SUBPROVIDER - I/PF	0	401,588	42,165	443,753	40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
43.00 04300	NURSERY	0	82,252	16,006	98,258	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	3,571,459	17,082,007	20,653,466	50.00
50.01 05001	ENDOSCOPY	0	122,736	947,613	1,070,349	50.01
51.00 05100	RECOVERY ROOM	0	1,038,060	449,728	1,487,788	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	580,581	460,619	1,041,200	52.00
53.00 05300	ANESTHESIOLOGY	0	145,229	799,937	945,166	53.00
53.01 05301	PULMONARY FUNCTION TESTING	0	246,239	137,533	383,772	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	4,320,195	15,189,068	19,509,263	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	871,372	2,192,902	3,064,274	55.00
56.00 05600	RADIOISOTOPE	0	333,643	1,243,274	1,576,917	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	198,868	233,585	432,453	59.00
60.00 06000	LABORATORY	0	3,141,992	5,561,256	8,703,248	60.00
60.01 06001	TRANSPLANT IMMUNOLOGY	0	70,463	141,926	212,389	60.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00				2A	4.00
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02		
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	212,207	70,584	282,791	178	63.00		
65.00 06500 RESPIRATORY THERAPY	0	450,609	1,203,325	1,653,934	1,318	65.00		
66.00 06600 PHYSICAL THERAPY	0	917,725	182,736	1,100,461	1,261	66.00		
67.00 06700 OCCUPATIONAL THERAPY	0	98,759	3,502	102,261	269	67.00		
68.00 06800 SPEECH PATHOLOGY	0	346,498	264,685	611,183	304	68.00		
69.00 06900 ELECTROCARDIOLOGY	0	190,548	1,562,602	1,753,150	156	69.00		
70.00 07000 ELECTROENCEPHALOGRAPHY	0	503,382	733,861	1,237,243	334	70.00		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00		
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	126,304	71,757	198,061	529	73.03		
74.00 07400 RENAL DIALYSIS	0	598,772	342,720	941,492	235	74.00		
76.00 03020 RH NBN ECMO IC	0	2,401	71,305	73,706	57	76.00		
76.01 03140 CARDIOLOGY	0	144,378	849,317	993,695	56	76.01		
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	30,906	30,906	166	76.02		
76.03 03950 CARDIAC CATH	0	850,663	1,713,795	2,564,458	514	76.03		
76.04 03951 DAY SURGERY	0	460,713	81,361	542,074	207	76.04		
76.05 03480 ONCOLOGY	0	0	0	0	0	76.05		
76.06 03952 DAY SURGERY-RILEY	0	0	0	0	0	76.06		
76.07 03953 CARDIOLOGY-RILEY	0	0	0	0	0	76.07		
76.08 03954 ECMO-ADULT	0	7,136	121,405	128,541	141	76.08		
76.97 07697 CARDIAC REHABILITATION	0	132,357	100,621	232,978	41	76.97		
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	11,755	0	11,755	18	77.00		
OUTPATIENT SERVICE COST CENTERS								
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00		
90.00 09000 CLINIC	0	0	0	0	0	90.00		
90.01 09001 AMB SVC-OB & GYN	0	329,641	46,056	375,697	43	90.01		
90.02 09002 IUSCC HEM/ONC	0	2,124,658	655,432	2,780,090	990	90.02		
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	0	192,782	192,782	32	90.03		
90.04 09004 AMB SVC-PSYCH ADULT	0	97,908	214	98,122	49	90.04		
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05		
90.06 09006 OUTPATIENT SURGERY	0	251,391	136,689	388,080	128	90.06		
90.07 09007 AMB SVC-RILEY CLINICS	0	596,605	378,733	975,338	375	90.07		
90.08 09008 MOTILITY LAB	0	5,953	47,236	53,189	10	90.08		
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09		
90.10 09010 CLINICAL GERIATRICS	0	0	0	0	0	90.10		
90.11 09023 SLEEP LAB	0	208,522	237,889	446,411	271	90.11		
90.12 09024 OP CARE ADULTS	0	0	0	0	0	90.12		
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13		
90.14 09012 INFUSION CLINIC	0	0	9,027	9,027	22	90.14		
90.15 09013 NEUROLOGY UH	0	0	0	0	0	90.15		
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0	90.16		
90.17 09015 PHYSICAL MEDICINE	0	180,377	4,184	184,561	49	90.17		
90.18 09016 DERMATOLOGY CLINIC	0	135,274	22,833	158,107	50	90.18		
90.19 09017 INFUSION/HEM/ONC	0	0	4,415	4,415	0	90.19		
90.20 09025 IUMG - MH	0	0	0	0	0	90.20		
90.21 09019 OP REHAB CLINIC	0	0	3,289	3,289	2	90.21		
90.22 09020 EATING DISORDERS CLINIC	0	0	10,245	10,245	75	90.22		
90.23 09018 GASTROENTEROLOGY CLINIC	0	246,555	16,088	262,643	86	90.23		
90.24 09021 LIFE CARE CLINIC	0	206,188	0	206,188	105	90.24		
91.00 09100 EMERGENCY	0	2,270,787	1,252,397	3,523,184	1,418	91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00		
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00		
95.00 09500 AMBULANCE SERVICES	0	0	5,882,957	5,882,957	1,306	95.00		
101.00 10100 HOME HEALTH AGENCY	0	374,677	327,132	701,809	1,468	101.00		
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	0	173,457	11,286	184,743	224	105.00		
106.00 10600 HEART ACQUISITION	0	10,555	586	11,141	32	106.00		
107.00 10700 LIVER ACQUISITION	0	76,833	4,998	81,831	81	107.00		
108.00 10800 LUNG ACQUISITION	0	9,821	639	10,460	27	108.00		
109.00 10900 PANCREAS ACQUISITION	0	10,638	692	11,330	11	109.00		
110.00 11000 INTESTINAL ACQUISITION	0	4,469	291	4,760	8	110.00		
112.00 08600 OTHER ORGAN ACQUISITION EXP	0	0	0	0	16	112.00		
112.01 08601 POST TRANSPLANT EXPENSES	0	160,852	10,466	171,318	236	112.01		
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00		
116.00 11600 HOSPICE	0	18,341	16,199	34,540	474	116.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	55,498,807	79,830,148	135,328,955	43,757	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	2A
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	163,286	21,930	185,216	11	190.00
191.00	19100	RESEARCH	0	441,922	9,132	451,054	179	191.00
191.01	19101	RESEARCH-GCRC	0	9,121	34,210	43,331	0	191.01
191.02	19102	OSA	0	11,688	0	11,688	74	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	595,955	0	595,955	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	389,016	196,758	585,774	495	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	11,049,837	0	11,049,837	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	8,670	0	8,670	6	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	33,771	33,771	14	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	68,168,302	80,125,949	148,294,251	44,536	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm		
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE
			5.01	5.02	5.03	5.04	5.05
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES	8,705				5.01
5.02	00550	DATA PROCESSING	0	54,523			5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	0	33,248		5.03
5.04	00570	ADMINISTRATIVE	0	0	0	53,540	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	165	1,036	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	17	104	0	0	6.00
7.00	00700	OPERATION OF PLANT	122	762	7	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	13	79	0	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	12	73	0	0	9.05
10.00	01000	DIETARY	192	1,201	1	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	270	1,689	15	0	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	2	12	8	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	71	445	65	0	14.00
15.00	01500	PHARMACY	320	2,006	83	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	73	457	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	51	317	1	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	0	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	10	61	0	0	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	20	128	0	0	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	4	24	0	0	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	3	18	0	0	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,593	10,000	840	11,179	30.00
31.00	03100	INTENSIVE CARE UNIT	171	1,073	122	1,426	31.00
32.00	03200	CORONARY CARE UNIT	194	1,213	175	1,299	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	224	1,402	104	1,637	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	20	128	4	102	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	36	226	31	224	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PEDIC	128	805	66	701	34.04
34.05	03404	TRANSPLANT ICU	19	122	16	134	34.05
34.06	03407	PEDS CANCER CARE	25	159	8	125	34.06
40.00	04000	SUBPROVIDER - I PF	39	244	3	127	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	16	98	6	75	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	464	2,908	5,884	6,240	50.00
50.01	05001	ENDOSCOPY	34	213	365	421	50.01
51.00	05100	RECOVERY ROOM	102	640	20	437	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	88	549	56	513	52.00
53.00	05300	ANESTHESIOLOGY	18	116	240	533	53.00
53.01	05301	PULMONARY FUNCTION TESTING	27	171	14	29	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	384	2,402	641	2,847	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	47	293	33	120	55.00
56.00	05600	RADIOISOTOPE	12	73	3	71	56.00
59.00	05900	CARDIAC CATHETERIZATION	6	37	0	24	59.00
60.00	06000	LABORATORY	641	4,018	7,114	2,396	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	12	73	224	30	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	40	250	208	1,428	63.00
65.00	06500	RESPIRATORY THERAPY	266	1,664	797	1,804	65.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
66.00	06600	PHYSICAL THERAPY	259	1,622	28	474	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	55	348	1	177	0	67.00
68.00	06800	SPEECH PATHOLOGY	62	390	9	123	0	68.00
69.00	06900	ELECTROCARDIOLOGY	35	219	1	591	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	68	427	8	466	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	7,905	2,051	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,650	4,100	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,536	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	101	634	11	0	0	73.03
74.00	07400	RENAL DIALYSIS	46	287	8	231	0	74.00
76.00	03020	RH NBN ECMO I C	9	55	26	46	0	76.00
76.01	03140	CARDIOLOGY	12	73	50	97	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	38	238	4	0	0	76.02
76.03	03950	CARDIAC CATH	84	524	263	731	0	76.03
76.04	03951	DAY SURGERY	49	305	33	4	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	21	134	0	184	0	76.08
76.97	07697	CARDIAC REHABILITATION	10	61	0	4	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4	24	0	52	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	13	79	7	0	0	90.01
90.02	09002	IUSCC HEM/ONC	213	1,335	72	8	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	9	55	2	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	12	73	1	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	27	171	1	135	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	80	500	13	4	0	90.07
90.08	09008	MOTILITY LAB	2	12	2	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	66	415	27	15	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	5	30	1	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	16	98	1	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	13	79	5	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	1	6	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	18	110	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	23	146	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	27	171	0	0	0	90.24
91.00	09100	EMERGENCY	310	1,939	199	1,967	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	327	2,048	116	1	0	95.00
101.00	10100	HOME HEALTH AGENCY	315	1,975	575	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	40	250	24	320	0	105.00
106.00	10600	HEART ACQUISITION	5	30	0	27	0	106.00
107.00	10700	LIVER ACQUISITION	18	110	9	197	0	107.00
108.00	10800	LUNG ACQUISITION	5	30	0	44	0	108.00
109.00	10900	PANCREAS ACQUISITION	2	12	1	23	0	109.00
110.00	11000	INTESTINAL ACQUISITION	2	12	0	10	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	2	12	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	47	293	19	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	99	622	7	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,501	53,243	33,233	53,540	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29	183	0	0	0	190.00
191.00	19100	RESEARCH	20	128	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	3	0	0	191.01
191.02	19102	OSA	10	61	2	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	140	878	3	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	1	6	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	4	24	7	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	8,705	54,523	33,248	53,540	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,976,503					5.06
6.00	00600	MAINTENANCE & REPAIRS	72,624	1,371,957				6.00
7.00	00700	OPERATION OF PLANT	106,090	24,958	1,894,774			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	194	314	442	15,690		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	9,846	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	8,298	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	13,479	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	2,039	591	832	0	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	1,644	558	786	0	0	9.05
10.00	01000	DIETARY	37,149	15,536	21,854	0	0	10.00
11.00	01100	CAFETERIA	5,887	2,128	2,993	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	211,119	12,927	18,184	0	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	875	3,685	5,183	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	260,427	27,966	39,339	36	0	14.00
15.00	01500	PHARMACY	104,252	18,520	26,052	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	33,003	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	18,915	2,641	3,714	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	12,152	1,047	1,473	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	94,768	1,794	2,523	2	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	225,766	53,862	75,766	15	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	1,612	2,145	3,018	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	4,355	1,630	2,294	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	753	697	981	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	603	796	1,120	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	475,048	238,515	335,508	7,415	0	30.00
31.00	03100	INTENSIVE CARE UNIT	59,726	14,571	20,496	679	0	31.00
32.00	03200	CORONARY CARE UNIT	61,867	17,009	23,925	546	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	63,012	21,921	30,835	303	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	6,017	5,272	7,415	108	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	12,163	9,788	13,769	49	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	33,332	13,876	19,519	316	0	34.04
34.05	03404	TRANSPLANT ICU	7,093	5,210	7,329	49	0	34.05
34.06	03407	PEDS CANCER CARE	7,907	13,430	18,892	130	0	34.06
40.00	04000	SUBPROVIDER - I PF	9,503	8,567	12,050	74	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	3,875	1,755	2,468	149	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	207,912	76,186	107,168	1,727	0	50.00
50.01	05001	ENDOSCOPY	14,574	2,618	3,683	44	0	50.01
51.00	05100	RECOVERY ROOM	30,404	22,144	31,149	110	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,830	12,385	17,421	435	0	52.00
53.00	05300	ANESTHESIOLOGY	12,893	3,098	4,358	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	7,218	5,253	7,389	62	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	140,344	92,158	129,635	1,017	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,078	18,588	26,147	97	0	55.00
56.00	05600	RADIOISOTOPE	7,782	7,117	10,012	30	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,899	4,242	5,967	0	0	59.00
60.00	06000	LABORATORY	96,560	67,025	94,281	15	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,588	1,503	2,114	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,251	4,527	6,368	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	69,708	9,612	13,521	2	0	65.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
66.00	06600	PHYSICAL THERAPY	65,809	19,577	27,538	118		0 66.00
67.00	06700	OCCUPATIONAL THERAPY	13,093	2,107	2,963	0		0 67.00
68.00	06800	SPEECH PATHOLOGY	15,468	7,391	10,397	0		0 68.00
69.00	06900	ELECTROCARDIOLOGY	12,207	4,065	5,718	58		0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,352	10,738	15,105	11		0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	119,254	0	0	0		0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	104,839	0	0	0		0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	640,124	0	0	0		0 73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	609,982	2,694	3,790	0		0 73.03
74.00	07400	RENAL DIALYSIS	17,378	12,773	17,967	93		0 74.00
76.00	03020	RH NBN ECMO I C	2,847	51	72	0		0 76.00
76.01	03140	CARDIOLOGY	5,970	3,080	4,332	0		0 76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,863	0	0	15		0 76.02
76.03	03950	CARDIAC CATH	34,112	18,146	25,526	225		0 76.03
76.04	03951	DAY SURGERY	11,715	9,828	13,825	64		0 76.04
76.05	03480	ONCOLOGY	0	0	0	0		0 76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0		0 76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0		0 76.07
76.08	03954	ECMO-ADULT	6,892	152	214	0		0 76.08
76.97	07697	CARDIAC REHABILITATION	2,919	2,823	3,972	0		0 76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	5,130	251	353	0		0 77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		0 89.00
90.00	09000	CLINIC	0	0	0	0		0 90.00
90.01	09001	AMB SVC-OB & GYN	1,712	7,032	9,891	18		0 90.01
90.02	09002	IUSCC HEM/ONC	60,919	45,323	63,754	29		0 90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	1,919	0	0	0		0 90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,505	2,089	2,938	0		0 90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0		0 90.05
90.06	09006	OUTPATIENT SURGERY	6,682	5,363	7,543	4		0 90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,342	12,727	17,902	82		0 90.07
90.08	09008	MOTILITY LAB	675	127	179	0		0 90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0		0 90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0		0 90.10
90.11	09023	SLEEP LAB	12,449	4,448	6,257	0		0 90.11
90.12	09024	OP CARE ADULTS	0	0	0	0		0 90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0		0 90.13
90.14	09012	INFUSION CLINIC	1,389	0	0	0		0 90.14
90.15	09013	NEUROLOGY UH	0	0	0	0		0 90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0		0 90.16
90.17	09015	PHYSICAL MEDICINE	1,967	3,848	5,413	7		0 90.17
90.18	09016	DERMATOLOGY CLINIC	2,232	2,886	4,059	14		0 90.18
90.19	09017	INFUSION/HEM/ONC	10	0	0	0		0 90.19
90.20	09025	IUMG - MH	0	0	0	0		0 90.20
90.21	09019	OP REHAB CLINIC	125	0	0	6		0 90.21
90.22	09020	EATING DISORDERS CLINIC	4,167	0	0	0		0 90.22
90.23	09018	GASTROENTEROLOGY CLINIC	4,064	5,260	7,398	2		0 90.23
90.24	09021	LIFE CARE CLINIC	5,452	4,398	6,187	0		0 90.24
91.00	09100	EMERGENCY	93,749	48,440	68,139	1,515		0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						0 92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		0 94.00
95.00	09500	AMBULANCE SERVICES	106,663	0	0	0		0 95.00
101.00	10100	HOME HEALTH AGENCY	120,386	7,993	11,243	0		0 101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	37,589	3,700	5,205	0		0 105.00
106.00	10600	HEART ACQUISITION	4,542	225	317	0		0 106.00
107.00	10700	LIVER ACQUISITION	26,110	1,639	2,306	0		0 107.00
108.00	10800	LUNG ACQUISITION	6,736	209	295	0		0 108.00
109.00	10900	PANCREAS ACQUISITION	3,695	227	319	0		0 109.00
110.00	11000	INTESTINAL ACQUISITION	1,542	95	134	0		0 110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	996	0	0	0		0 112.00
112.01	08601	POST TRANSPLANT EXPENSES	11,571	3,431	4,827	0		0 112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	25,333	391	550	0		0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,893,909	1,101,692	1,514,601	15,671		0 118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,813	3,483	4,900	0		0 190.00
191.00	19100	RESEARCH	9,345	9,427	13,261	0		0 191.00
191.01	19101	RESEARCH-GCRC	149	195	274	14		0 191.01
191.02	19102	OSA	10,047	249	351	0		0 191.02
191.03	19103	RESEARCH ADMIN	4,010	0	0	0		0 191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,089	12,713	17,883	0		0 192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	30,590	8,298	11,673	5	0	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	21,470	235,715	331,571	0	0	192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205 IUH TIPTON	323	185	260	0	0	192.05
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207 RHI	758	0	0	0	0	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212 CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	192.11
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)	4,976,503	1,371,957	1,894,774	15,690	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	9,846					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	8,298				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	13,479			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	35,235		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	32,010	9.05
10.00	01000	DIETARY	137	16	250	519	0	10.00
11.00	01100	CAFETERIA	0	0	0	912	0	11.00
13.00	01300	NURSING ADMINISTRATION	42	159	140	0	278	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	0	104	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	165	245	270	1,182	1,024	14.00
15.00	01500	PHARMACY	213	89	151	794	488	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1	31	42	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	10	0	19	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4	29	18	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	285	126	400	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	4	57	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	46	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	20	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	23	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,854	1,816	2,760	4,369	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	413	0	0	31.00
32.00	03200	CORONARY CARE UNIT	174	89	215	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	539	82	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	149	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	269	2	1	0	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	393	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	145	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	381	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	4	115	124	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	50	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	835	524	525	2,910	2,146	50.00
50.01	05001	ENDOSCOPY	0	0	65	0	0	50.01
51.00	05100	RECOVERY ROOM	80	176	138	3,506	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2	349	0	0	52.00
53.00	05300	ANESTHESIOLOGY	12	62	14	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	41	43	61	53	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	782	557	1,073	1,650	2,472	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	245	0	180	0	3,167	55.00
56.00	05600	RADIOISOTOPE	79	21	90	143	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,819	0	59.00
60.00	06000	LABORATORY	73	82	194	1,250	1,170	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	43	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8	5	20	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	46	71	141	89	263	65.00
66.00	06600	PHYSICAL THERAPY	35	16	416	690	1,124	66.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056			Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN		
			9.01	9.02	9.03	9.04	9.05		
67.00	06700	OCCUPATIONAL THERAPY	6	32	15	0	217	67.00	
68.00	06800	SPEECH PATHOLOGY	46	131	24	0	232	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	20	77	0	599	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	48	257	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	1	76	0	0	73.03	
74.00	07400	RENAL DIALYSIS	312	0	44	0	0	74.00	
76.00	03020	RH NBN ECMO I C	0	1	0	0	0	76.00	
76.01	03140	CARDIOLOGY	13	74	0	0	0	76.01	
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02	
76.03	03950	CARDIAC CATH	0	36	478	0	0	76.03	
76.04	03951	DAY SURGERY	267	0	5	0	0	76.04	
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05	
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06	
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07	
76.08	03954	ECMO-ADULT	0	0	4	0	0	76.08	
76.97	07697	CARDIAC REHABILITATION	0	0	0	768	962	76.97	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	7	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	AMB SVC-OB & GYN	195	0	0	0	0	90.01	
90.02	09002	IUSCC HEM/ONC	1,086	1	174	0	0	90.02	
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03	
90.04	09004	AMB SVC-PSYCH ADULT	0	0	59	0	0	90.04	
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05	
90.06	09006	OUTPATIENT SURGERY	129	0	20	0	0	90.06	
90.07	09007	AMB SVC-RILEY CLINICS	0	361	0	0	0	90.07	
90.08	09008	MOTILITY LAB	0	4	0	0	0	90.08	
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09	
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10	
90.11	09023	SLEEP LAB	0	75	0	506	580	90.11	
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12	
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13	
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14	
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15	
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16	
90.17	09015	PHYSICAL MEDICINE	107	0	0	0	0	90.17	
90.18	09016	DERMATOLOGY CLINIC	80	0	0	0	0	90.18	
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19	
90.20	09025	IUMG - MH	0	0	0	0	0	90.20	
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21	
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	146	0	0	0	0	90.23	
90.24	09021	LIFE CARE CLINIC	0	0	125	0	0	90.24	
91.00	09100	EMERGENCY	0	397	676	1,944	5,608	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
101.00	10100	HOME HEALTH AGENCY	7	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	60	7	37	0	0	105.00	
106.00	10600	HEART ACQUISITION	3	0	2	0	0	106.00	
107.00	10700	LIVER ACQUISITION	27	3	16	0	0	107.00	
108.00	10800	LUNG ACQUISITION	3	0	2	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	4	0	2	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	2	0	1	0	0	110.00	
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00	
112.01	08601	POST TRANSPLANT EXPENSES	55	6	35	0	0	112.01	
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	6	0	1	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,093	6,939	10,631	23,104	20,330	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20	78	0	0	0	190.00	
191.00	19100	RESEARCH	0	0	266	0	0	191.00	
191.01	19101	RESEARCH-GCRC	5	0	0	0	0	191.01	
191.02	19102	OSA	0	5	2	0	0	191.02	
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	74	11,680	192.00	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	81	28	120	0	0	192.01	
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	1,647	1,248	2,460	11,974	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	83	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	9,846	8,298	13,479	35,235	32,010	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY	1,243,866					10.00
11.00	01100	CAFETERIA	0	111,679				11.00
13.00	01300	NURSING ADMINISTRATION	0	3,679	5,361,781			13.00
13.01	01851	PARAMED ADMINISTRATION	0	27	0	187,695		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	970	0	0	3,420,574	14.00
15.00	01500	PHARMACY	0	4,369	0	0	8,570	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	996	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	691	0	0	56	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	133	0	21,542	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	279	0	69,167	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	53	0	11,599	11	23.09
23.10	02310	PARAMED PHARMACY TECH	0	40	0	9,257	25	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,063,291	21,781	2,014,982	0	86,575	30.00
31.00	03100	INTENSIVE CARE UNIT	33,313	2,337	246,573	0	12,540	31.00
32.00	03200	CORONARY CARE UNIT	35,879	2,643	276,413	0	18,025	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	10,618	3,055	326,670	0	10,681	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	8,757	279	28,269	0	459	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	2,799	491	48,686	0	3,216	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	14,755	1,753	174,329	0	6,775	34.04
34.05	03404	TRANSPLANT ICU	3,344	266	29,840	0	1,663	34.05
34.06	03407	PEDS CANCER CARE	9,944	345	39,263	0	849	34.06
40.00	04000	SUBPROVIDER - I PF	17,325	531	39,263	0	312	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	212	20,417	0	591	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,335	353,369	0	606,528	50.00
50.01	05001	ENDOSCOPY	0	465	45,545	0	37,604	50.01
51.00	05100	RECOVERY ROOM	1,025	1,394	136,636	0	2,069	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,195	98,943	0	5,781	52.00
53.00	05300	ANESTHESIOLOGY	0	252	20,417	0	24,766	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	372	7,853	0	1,423	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,233	113,078	30,390	66,073	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	637	14,135	0	3,395	55.00
56.00	05600	RADIOISOTOPE	0	159	0	0	267	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	80	0	0	20	59.00
60.00	06000	LABORATORY	0	8,752	21,987	16,595	733,337	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	159	0	0	23,139	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	545	0	0	21,461	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,626	0	29,145	82,182	65.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
66.00	06600	PHYSICAL THERAPY	0	3,533	1,571	0	2,890	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	757	0	0	146	67.00
68.00	06800	SPEECH PATHOLOGY	0	850	7,853	0	923	68.00
69.00	06900	ELECTROCARDIOLOGY	0	478	6,282	0	99	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	930	0	0	813	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	817,944	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	685,542	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	1,381	0	0	1,180	73.03
74.00	07400	RENAL DIALYSIS	0	624	56,539	0	861	74.00
76.00	03020	RH NBN ECMO IC	0	120	12,564	0	2,718	76.00
76.01	03140	CARDIOLOGY	0	159	10,994	0	5,111	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	518	25,128	0	413	76.02
76.03	03950	CARDIAC CATH	1,391	1,142	75,385	0	27,149	76.03
76.04	03951	DAY SURGERY	0	664	67,533	0	3,437	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	292	18,846	0	17	76.08
76.97	07697	CARDIAC REHABILITATION	0	133	4,712	0	24	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	53	3,141	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	173	7,853	0	753	90.01
90.02	09002	IUSCC HEM/ONC	0	2,909	188,463	0	7,383	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	120	1,571	0	249	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	159	1,571	0	61	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	372	15,705	0	87	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,114	1,089	69,103	0	1,318	90.07
90.08	09008	MOTILITY LAB	0	27	3,141	0	186	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	282	903	6,282	0	2,748	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	66	4,712	0	89	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	212	7,853	0	70	90.17
90.18	09016	DERMATOLOGY CLINIC	0	173	10,994	0	500	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	13	1,571	0	7	90.21
90.22	09020	EATING DISORDERS CLINIC	0	239	1,571	0	19	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	319	20,417	0	24	90.23
90.24	09021	LIFE CARE CLINIC	0	372	6,282	0	11	90.24
91.00	09100	EMERGENCY	35,595	4,223	320,388	0	20,510	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	4,462	70,674	0	11,963	95.00
101.00	10100	HOME HEALTH AGENCY	0	4,303	102,084	0	59,244	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	545	1,571	0	2,443	105.00
106.00	10600	HEART ACQUISITION	0	66	1,571	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	239	0	0	951	107.00
108.00	10800	LUNG ACQUISITION	0	66	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	27	0	0	103	109.00
110.00	11000	INTESTINAL ACQUISITION	0	27	0	0	8	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	27	1,571	0	1	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	637	0	0	1,938	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	1,355	100,514	0	690	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,242,432	108,891	5,292,678	187,695	3,419,016	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	398	0	0	0	190.00
191.00	19100	RESEARCH	0	279	12,564	0	1	191.00
191.01	19101	RESEARCH-GCRC	1,434	0	0	0	286	191.01
191.02	19102	OSA	0	133	6,282	0	210	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			DI ETARY	CAFETERIA	NURSING ADMINISTRATI ON	PARAMED ED ADMINISTRATI ON	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	1,912	50,257	0	350	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	13	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	53	0	0	711	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	1,243,866	111,679	5,361,781	187,695	3,420,574	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV
	15.00	16.00	17.00	18.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00590	PURCHASING, RECEIVING & STORES					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
9.01 00901	HOUSEKEEPING - UNIVERSITY					9.01
9.02 00902	HOUSEKEEPING - RILEY					9.02
9.03 00903	HOUSEKEEPING - METHODIST					9.03
9.04 00904	HOUSEKEEPING - SAXONY					9.04
9.05 00905	HOUSEKEEPING - MORGAN					9.05
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
13.01 01851	PARAMED ED ADMINISTRATION					13.01
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY	1,931,105				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	33,003			16.00
17.00 01700	SOCIAL SERVICE	11	0	150,971		17.00
18.00 01850	PATIENT TRANSPORTATION	0	0	0	92,949	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	183,224
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01 02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	23.01
23.02 02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	23.02
23.03 02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	23.03
23.04 02304	PARAMED EMERGENCY	0	0	0	0	23.04
23.05 02312	PARAMED PASTORAL EDUCATION	0	0	0	0	23.05
23.06 02306	PARAMED LAB SCIENCE PRO	0	0	0	0	23.06
23.07 02307	PARAMED PHARMACY	0	0	0	0	23.07
23.08 02308	PARAMED MEDICAL ASSIST	0	0	0	0	23.08
23.09 02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	23.09
23.10 02310	PARAMED PHARMACY TECH	0	0	0	0	23.10
23.11 02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	10,725	3,571	108,452	9,524	30.00
31.00 03100	INTENSIVE CARE UNIT	1,514	475	9,210	1,267	31.00
32.00 03200	CORONARY CARE UNIT	3,461	433	8,117	1,154	32.00
32.01 03201	NEONATAL INTENSIVE CARE UNIT	2,267	546	12,261	1,455	32.01
33.00 03300	BURN INTENSIVE CARE UNIT	39	34	785	91	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02 03401	UH SURG 61C	615	75	1,463	199	34.02
34.03 03402	UH NS 31C	0	0	0	0	34.03
34.04 03403	RH PEDIC	1,289	234	4,350	623	34.04
34.05 03404	TRANSPLANT ICU	361	45	893	119	34.05
34.06 03407	PEDS CANCER CARE	228	42	1,401	111	34.06
40.00 04000	SUBPROVIDER - I PF	3	42	2,129	113	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00 04300	NURSERY	0	25	1,910	67	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,310	3,327	0	8,871	50.00
50.01 05001	ENDOSCOPY	87	316	0	841	50.01
51.00 05100	RECOVERY ROOM	497	435	0	1,161	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	202	0	539	52.00
53.00 05300	ANESTHESIOLOGY	4,546	272	0	725	53.00
53.01 05301	PULMONARY FUNCTION TESTING	2	78	0	209	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,982	2,185	0	5,827	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	11	587	0	1,566	55.00
56.00 05600	RADIOISOTOPE	76	175	0	466	56.00
59.00 05900	CARDIAC CATHETERIZATION	35	12	0	32	59.00
60.00 06000	LABORATORY	5,055	1,613	0	4,302	60.00
60.01 06001	TRANSPLANT IMMUNOLOGY	34	59	0	157	60.01
60.02 06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCI AL SERVI CE	OTHER GENERAL SERVI CE	INTERN S & RESI DENTS	PATI ENT TRANSPORTATI O N	SERVI CES-SALA RY & FRI NGES APPRV	
	15.00	16.00	17.00	18.00	21.00			
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	165	592	0	1,578				63.00
65.00 06500 RESPIRATORY THERAPY	7	613	0	1,636				65.00
66.00 06600 PHYSICAL THERAPY	1	312	0	833				66.00
67.00 06700 OCCUPATIONAL THERAPY	1	73	0	194				67.00
68.00 06800 SPEECH PATHOLOGY	0	89	0	238				68.00
69.00 06900 ELECTROCARDIOLOGY	72	356	0	950				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	239	0	639				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,190	0	3,173				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,988	0	5,300				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,875,424	5,043	0	18,380				73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	1,119	0	2,984				73.03
74.00 07400 RENAL DIALYSIS	217	115	0	308				74.00
76.00 03020 RH NBN ECMO IC	21	15	0	41				76.00
76.01 03140 CARDIOLOGY	146	201	0	537				76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	39	0	0	0				76.02
76.03 03950 CARDIAC CATH	1,344	676	0	1,803				76.03
76.04 03951 DAY SURGERY	657	80	0	214				76.04
76.05 03480 ONCOLOGY	0	0	0	0				76.05
76.06 03952 DAY SURGERY-RILEY	0	0	0	0				76.06
76.07 03953 CARDIOLOGY-RILEY	0	0	0	0				76.07
76.08 03954 ECMO-ADULT	0	61	0	164				76.08
76.97 07697 CARDIAC REHABILITATION	4	22	0	60				76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	17	0	46				77.00
OUTPATIENT SERVICE COST CENTERS								
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0				89.00
90.00 09000 CLINIC	0	0	0	0				90.00
90.01 09001 AMB SVC-OB & GYN	2	17	0	46				90.01
90.02 09002 IUSCC HEM/ONC	3,253	401	0	1,069				90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	15	0	41				90.03
90.04 09004 AMB SVC-PSYCH ADULT	0	3	0	7				90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0				90.05
90.06 09006 OUTPATIENT SURGERY	2	92	0	246				90.06
90.07 09007 AMB SVC-RILEY CLINICS	725	83	0	220				90.07
90.08 09008 MOTILITY LAB	0	4	0	11				90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0				90.09
90.10 09010 CLINICAL GERIATRICS	0	0	0	0				90.10
90.11 09023 SLEEP LAB	4	105	0	280				90.11
90.12 09024 OP CARE ADULTS	0	0	0	0				90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0				90.13
90.14 09012 INFUSION CLINIC	120	19	0	51				90.14
90.15 09013 NEUROLOGY UH	0	0	0	0				90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0				90.16
90.17 09015 PHYSICAL MEDICINE	1	3	0	8				90.17
90.18 09016 DERMATOLOGY CLINIC	0	23	0	63				90.18
90.19 09017 INFUSION/HEM/ONC	0	0	0	0				90.19
90.20 09025 IUMG - MH	0	0	0	0				90.20
90.21 09019 OP REHAB CLINIC	0	3	0	7				90.21
90.22 09020 EATING DISORDERS CLINIC	0	9	0	25				90.22
90.23 09018 GASTROENTEROLOGY CLINIC	2	4	0	11				90.23
90.24 09021 LIFE CARE CLINIC	0	2	0	6				90.24
91.00 09100 EMERGENCY	5,334	2,265	0	6,041				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART								92.00
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0				94.00
95.00 09500 AMBULANCE SERVICES	382	1,123	0	2,995				95.00
101.00 10100 HOME HEALTH AGENCY	2,208	900	0	2,399				101.00
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	8	107	0	285				105.00
106.00 10600 HEART ACQUISITION	0	9	0	24				106.00
107.00 10700 LIVER ACQUISITION	732	66	0	175				107.00
108.00 10800 LUNG ACQUISITION	0	15	0	39				108.00
109.00 10900 PANCREAS ACQUISITION	0	8	0	20				109.00
110.00 11000 INTESTINAL ACQUISITION	0	3	0	9				110.00
112.00 08600 OTHER ORGAN ACQUISITION EXP	0	0	0	0				112.00
112.01 08601 POST TRANSPLANT EXPENSES	0	0	0	0				112.01
113.00 11300 INTEREST EXPENSE								113.00
116.00 11600 HOSPICE	16	140	0	374				116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,931,035	33,003	150,971	92,949	0			118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0				190.00
191.00 19100 RESEARCH	0	0	0	0				191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
						PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
191.01	19101	RESEARCH-GCRC	55	0	0	0	0	191.01
191.02	19102	OSA	1	0	0	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	14	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments					183,224	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,931,105	33,003	150,971	92,949	183,224	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-MET HODIST	PARAMED RESPIRATORY THERAPY	
		R PRGM COSTS APPRV					
		22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01
9.02	00902	HOUSEKEEPING - RILEY					9.02
9.03	00903	HOUSEKEEPING - METHODIST					9.03
9.04	00904	HOUSEKEEPING - SAXONY					9.04
9.05	00905	HOUSEKEEPING - MORGAN					9.05
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01851	PARAMED ADMINISTRATION					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PATIENT TRANSPORTATION					18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,881,182				22.00
23.00	02300	PARAMED PRGM		0			23.00
23.01	02301	PARAMED HEALTH SCIENCES			0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					0 23.03
23.04	02304	PARAMED EMERGENCY					23.04
23.05	02312	PARAMED PASTORAL EDUCATION					23.05
23.06	02306	PARAMED LAB SCIENCE PRO					23.06
23.07	02307	PARAMED PHARMACY					23.07
23.08	02308	PARAMED MEDICAL ASSIST					23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					23.09
23.10	02310	PARAMED PHARMACY TECH					23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY					23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
32.00	03200	CORONARY CARE UNIT					32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT					32.01
33.00	03300	BURN INTENSIVE CARE UNIT					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					34.00
34.02	03401	UH SURG 61C					34.02
34.03	03402	UH NS 31C					34.03
34.04	03403	RH PEDIC					34.04
34.05	03404	TRANSPLANT ICU					34.05
34.06	03407	PEDS CANCER CARE					34.06
40.00	04000	SUBPROVIDER - I PF					40.00
41.00	04100	SUBPROVIDER - I RF					41.00
43.00	04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
50.01	05001	ENDOSCOPY					50.01
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
53.01	05301	PULMONARY FUNCTION TESTING					53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
56.00	05600	RADIOISOTOPE					56.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
60.01	06001	TRANSPLANT IMMUNOLOGY					60.01
60.02	06002	BONE MARROW TRANSPLANT LAB					60.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV 22.00	PARAMED PRGM 23.00	PARAMED HEALTH SCIENCES 23.01	PARAMED RADIOLOGY-MET HODIST 23.02	PARAMED RESPIRATORY THERAPY 23.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY					73.03
74.00	07400	RENAL DIALYSIS					74.00
76.00	03020	RH NBN ECMO IC					76.00
76.01	03140	CARDIOLOGY					76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					76.02
76.03	03950	CARDIAC CATH					76.03
76.04	03951	DAY SURGERY					76.04
76.05	03480	ONCOLOGY					76.05
76.06	03952	DAY SURGERY-RILEY					76.06
76.07	03953	CARDIOLOGY-RILEY					76.07
76.08	03954	ECMO-ADULT					76.08
76.97	07697	CARDIAC REHABILITATION					76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION					77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC					90.00
90.01	09001	AMB SVC-OB & GYN					90.01
90.02	09002	IUSCC HEM/ONC					90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY					90.03
90.04	09004	AMB SVC-PSYCH ADULT					90.04
90.05	09005	AMB SVC-DIABETES ADULT					90.05
90.06	09006	OUTPATIENT SURGERY					90.06
90.07	09007	AMB SVC-RILEY CLINICS					90.07
90.08	09008	MOTILITY LAB					90.08
90.09	09009	AMB SVC - PSYCH CHILD					90.09
90.10	09010	CLINICAL GERIATRICS					90.10
90.11	09023	SLEEP LAB					90.11
90.12	09024	OP CARE ADULTS					90.12
90.13	09011	PEDIATRIC CLINIC					90.13
90.14	09012	INFUSION CLINIC					90.14
90.15	09013	NEUROLOGY UH					90.15
90.16	09014	ORTHOPEDECS UH					90.16
90.17	09015	PHYSICAL MEDICINE					90.17
90.18	09016	DERMATOLOGY CLINIC					90.18
90.19	09017	INFUSION/HEM/ONC					90.19
90.20	09025	IUMG - MH					90.20
90.21	09019	OP REHAB CLINIC					90.21
90.22	09020	EATING DISORDERS CLINIC					90.22
90.23	09018	GASTROENTEROLOGY CLINIC					90.23
90.24	09021	LIFE CARE CLINIC					90.24
91.00	09100	EMERGENCY					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS					94.00
95.00	09500	AMBULANCE SERVICES					95.00
101.00	10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION					105.00
106.00	10600	HEART ACQUISITION					106.00
107.00	10700	LIVER ACQUISITION					107.00
108.00	10800	LUNG ACQUISITION					108.00
109.00	10900	PANCREAS ACQUISITION					109.00
110.00	11000	INTESTINAL ACQUISITION					110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP					112.00
112.01	08601	POST TRANSPLANT EXPENSES					112.01
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN					190.00
191.00	19100	RESEARCH					191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-MET HODIST	PARAMED RESPIRATORY THERAPY	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	23.01	23.02	23.03	
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02
191.03	19103	RESEARCH ADMIN						191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.05	19205	IUH TIPTON						192.05
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
200.00		Cross Foot Adjustments	2,881,182	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)	2,881,182	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED PRGM						23.00
23.01	02301	PARAMED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY	0					23.04
23.05	02312	PARAMED PASTORAL EDUCATION		129,188				23.05
23.06	02306	PARAMED LAB SCIENCE PRO			0			23.06
23.07	02307	PARAMED PHARMACY				154,443		23.07
23.08	02308	PARAMED MEDICAL ASSIST					0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.02	03401	UH SURG 61C						34.02
34.03	03402	UH NS 31C						34.03
34.04	03403	RH PED IC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - I PF						40.00
41.00	04100	SUBPROVIDER - I RF						41.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RH NBN ECMO IC						76.00
76.01	03140	CARDIOLOGY						76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						76.02
76.03	03950	CARDIAC CATH						76.03
76.04	03951	DAY SURGERY						76.04
76.05	03480	ONCOLOGY						76.05
76.06	03952	DAY SURGERY-RILEY						76.06
76.07	03953	CARDIOLOGY-RILEY						76.07
76.08	03954	ECMO-ADULT						76.08
76.97	07697	CARDIAC REHABILITATION						76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION						77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	INFUSION CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDECS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	OP REHAB CLINIC						90.21
90.22	09020	EATING DISORDERS CLINIC						90.22
90.23	09018	GASTROENTEROLOGY CLINIC						90.23
90.24	09021	LIFE CARE CLINIC						90.24
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02
191.03	19103	RESEARCH ADMIN						191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.05	19205	IUH TIPTON						192.05
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
200.00		Cross Foot Adjustments	0	129,188	0	154,443	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	129,188	0	154,443	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center	Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		23.09	23.10	23.11	24.00	25.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00590	PURCHASING, RECEIVING & STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY				9.01
9.02	00902	HOUSEKEEPING - RILEY				9.02
9.03	00903	HOUSEKEEPING - METHODIST				9.03
9.04	00904	HOUSEKEEPING - SAXONY				9.04
9.05	00905	HOUSEKEEPING - MORGAN				9.05
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
13.01	01851	PARAMED ADMINISTRATION				13.01
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	PATIENT TRANSPORTATION				18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED PRGM				23.00
23.01	02301	PARAMED HEALTH SCIENCES				23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				23.02
23.03	02303	PARAMED RESPIRATORY THERAPY				23.03
23.04	02304	PARAMED EMERGENCY				23.04
23.05	02312	PARAMED PASTORAL EDUCATION				23.05
23.06	02306	PARAMED LAB SCIENCE PRO				23.06
23.07	02307	PARAMED PHARMACY				23.07
23.08	02308	PARAMED MEDICAL ASSIST				23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	46,855			23.09
23.10	02310	PARAMED PHARMACY TECH		49,213		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			19,199,305	0 30.00
31.00	03100	INTENSIVE CARE UNIT			1,640,529	0 31.00
32.00	03200	CORONARY CARE UNIT			2,587,118	0 32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			2,751,347	0 32.01
33.00	03300	BURN INTENSIVE CARE UNIT			458,881	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0 34.00
34.02	03401	UH SURG 61C			651,620	0 34.02
34.03	03402	UH NS 31C			0	0 34.03
34.04	03403	RH PEDIC			1,483,361	0 34.04
34.05	03404	TRANSPLANT ICU			357,713	0 34.05
34.06	03407	PEDS CANCER CARE			928,167	0 34.06
40.00	04000	SUBPROVIDER - I PF			534,504	0 40.00
41.00	04100	SUBPROVIDER - I RF			0	0 41.00
43.00	04300	NURSERY			130,046	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			22,053,816	0 50.00
50.01	05001	ENDOSCOPY			1,177,415	0 50.01
51.00	05100	RECOVERY ROOM			1,720,370	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,205,917	0 52.00
53.00	05300	ANESTHESIOLOGY			1,017,561	0 53.00
53.01	05301	PULMONARY FUNCTION TESTING			414,199	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC			20,114,877	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			3,153,875	0 55.00
56.00	05600	RADIOISOTOPE			1,603,555	0 56.00
59.00	05900	CARDIAC CATHETERIZATION			447,659	0 59.00
60.00	06000	LABORATORY			9,772,928	0 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY			244,582	0 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB			0	0 60.02

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm			
Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				361,415	0	63.00
65.00	06500	RESPIRATORY THERAPY				1,870,445	0	65.00
66.00	06600	PHYSICAL THERAPY				1,228,568	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				122,715	0	67.00
68.00	06800	SPEECH PATHOLOGY				655,713	0	68.00
69.00	06900	ELECTROCARDIOLOGY				1,785,133	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				1,286,678	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				951,517	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				808,419	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				2,546,507	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY				822,543	0	73.03
74.00	07400	RENAL DIALYSIS				1,049,530	0	74.00
76.00	03020	RH NBN ECMO IC				92,349	0	76.00
76.01	03140	CARDIOLOGY				1,024,600	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				65,328	0	76.02
76.03	03950	CARDIAC CATH				2,753,987	0	76.03
76.04	03951	DAY SURGERY				650,961	0	76.04
76.05	03480	ONCOLOGY				0	0	76.05
76.06	03952	DAY SURGERY-RILEY				0	0	76.06
76.07	03953	CARDIOLOGY-RILEY				0	0	76.07
76.08	03954	ECMO-ADULT				155,663	0	76.08
76.97	07697	CARDIAC REHABILITATION				249,493	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION				20,851	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00	09000	CLINIC				0	0	90.00
90.01	09001	AMB SVC-OB & GYN				403,531	0	90.01
90.02	09002	IUSCC HEM/ONC				3,157,472	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY				196,795	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT				107,649	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT				0	0	90.05
90.06	09006	OUTPATIENT SURGERY				424,787	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS				1,090,376	0	90.07
90.08	09008	MOTILITY LAB				57,569	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD				0	0	90.09
90.10	09010	CLINICAL GERIATRICS				0	0	90.10
90.11	09023	SLEEP LAB				482,124	0	90.11
90.12	09024	OP CARE ADULTS				0	0	90.12
90.13	09011	PEDIATRIC CLINIC				0	0	90.13
90.14	09012	INFUSION CLINIC				15,531	0	90.14
90.15	09013	NEUROLOGY UH				0	0	90.15
90.16	09014	ORTHOPEDI CS UH				0	0	90.16
90.17	09015	PHYSICAL MEDICINE				204,214	0	90.17
90.18	09016	DERMATOLOGY CLINIC				179,278	0	90.18
90.19	09017	INFUSION/HEM/ONC				4,425	0	90.19
90.20	09025	IUMG - MH				0	0	90.20
90.21	09019	OP REHAB CLINIC				5,030	0	90.21
90.22	09020	EATING DISORDERS CLINIC				16,478	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC				300,545	0	90.23
90.24	09021	LIFE CARE CLINIC				229,326	0	90.24
91.00	09100	EMERGENCY				4,143,841	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS				0	0	94.00
95.00	09500	AMBULANCE SERVICES				6,085,017	0	95.00
101.00	10100	HOME HEALTH AGENCY				1,016,909	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION				237,158	0	105.00
106.00	10600	HEART ACQUISITION				17,994	0	106.00
107.00	10700	LIVER ACQUISITION				114,510	0	107.00
108.00	10800	LUNG ACQUISITION				17,931	0	108.00
109.00	10900	PANCREAS ACQUISITION				15,784	0	109.00
110.00	11000	INTESTINAL ACQUISITION				6,613	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP				2,625	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES				194,413	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				165,112	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	131,044,797	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN				196,131	0	190.00
191.00	19100	RESEARCH				496,524	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
191.01	19101	RESEARCH-GCRC				45,746		0191.01
191.02	19102	OSA				29,115		0191.02
191.03	19103	RESEARCH ADMIN				4,010		0191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES				642,394		0192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST				690,618		0192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC				0		0192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES				11,655,922		0192.03
192.04	19204	MHH RADIOLOGY				0		0192.04
192.05	19205	IUH TIPTON				9,547		0192.05
192.06	19206	BELTWAY SURGERY				0		0192.06
192.07	19207	RHI				35,342		0192.07
192.08	19208	NON-ALLOWABLE ADVERTISING				0		0192.08
192.09	19209	ARTHRITIS CLINIC - NR				0		0192.09
192.10	19212	CARDIO PHYSICIANS				0		0192.10
192.11	19211	UNUSED SPACE				0		0192.11
200.00		Cross Foot Adjustments	46,855	49,213	0	3,444,105		0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118 through 201)	46,855	49,213	0	148,294,251		0202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00590 PURCHASING, RECEIVING & STORES		5.03
5.04	00570 ADMINITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING - UNIVERSITY		9.01
9.02	00902 HOUSEKEEPING - RILEY		9.02
9.03	00903 HOUSEKEEPING - METHODIST		9.03
9.04	00904 HOUSEKEEPING - SAXONY		9.04
9.05	00905 HOUSEKEEPING - MORGAN		9.05
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
13.01	01851 PARAMED ED ADMINISTRATION		13.01
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
18.00	01850 PATIENT TRANSPORTATION		18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02301 PARAMED ED HEALTH SCIENCES		23.01
23.02	02302 PARAMED RADIOLOGY-METHODIST		23.02
23.03	02303 PARAMED RESPIRATORY THERAPY		23.03
23.04	02304 PARAMED EMERGENCY		23.04
23.05	02312 PARAMED PASTORAL EDUCATION		23.05
23.06	02306 PARAMED LAB SCIENCE PRO		23.06
23.07	02307 PARAMED PHARMACY		23.07
23.08	02308 PARAMED MEDICAL ASSIST		23.08
23.09	02309 PARAMED SURGERY TECHNOLOGY		23.09
23.10	02310 PARAMED PHARMACY TECH		23.10
23.11	02311 PARAMED NEUROPHYSIOLOGY		23.11
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	19,199,305	30.00
31.00	03100 INTENSIVE CARE UNIT	1,640,529	31.00
32.00	03200 CORONARY CARE UNIT	2,587,118	32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT	2,751,347	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	458,881	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401 UH SURG 61C	651,620	34.02
34.03	03402 UH NS 31C	0	34.03
34.04	03403 RH PED 1C	1,483,361	34.04
34.05	03404 TRANSPLANT ICU	357,713	34.05
34.06	03407 PEDS CANCER CARE	928,167	34.06
40.00	04000 SUBPROVIDER - IPF	534,504	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
43.00	04300 NURSERY	130,046	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	22,053,816	50.00
50.01	05001 ENDOSCOPY	1,177,415	50.01
51.00	05100 RECOVERY ROOM	1,720,370	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,205,917	52.00
53.00	05300 ANESTHESIOLOGY	1,017,561	53.00
53.01	05301 PULMONARY FUNCTION TESTING	414,199	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,114,877	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,153,875	55.00
56.00	05600 RADIOISOTOPE	1,603,555	56.00
59.00	05900 CARDIAC CATHETERIZATION	447,659	59.00
60.00	06000 LABORATORY	9,772,928	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	244,582	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	361,415	63.00
65.00	06500 RESPIRATORY THERAPY	1,870,445	65.00
66.00	06600 PHYSICAL THERAPY	1,228,568	66.00
67.00	06700 OCCUPATIONAL THERAPY	122,715	67.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm
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Cost Center Description		Total	
		26.00	
68.00	06800 SPEECH PATHOLOGY	655,713	68.00
69.00	06900 ELECTROCARDIOLOGY	1,785,133	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,286,678	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	951,517	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	808,419	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,546,507	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	822,543	73.03
74.00	07400 RENAL DIALYSIS	1,049,530	74.00
76.00	03020 RH NBN ECMO I C	92,349	76.00
76.01	03140 CARDIOLOGY	1,024,600	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	65,328	76.02
76.03	03950 CARDIAC CATH	2,753,987	76.03
76.04	03951 DAY SURGERY	650,961	76.04
76.05	03480 ONCOLOGY	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	76.06
76.07	03953 CARDIOLOGY-RILEY	0	76.07
76.08	03954 ECMO-ADULT	155,663	76.08
76.97	07697 CARDIAC REHABILITATION	249,493	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	20,851	77.00
OUTPATIENT SERVICE COST CENTERS			
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 AMB SVC-OB & GYN	403,531	90.01
90.02	09002 IUSCC HEM/ONC	3,157,472	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	196,795	90.03
90.04	09004 AMB SVC-PSYCH ADULT	107,649	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	90.05
90.06	09006 OUTPATIENT SURGERY	424,787	90.06
90.07	09007 AMB SVC-RILEY CLINICS	1,090,376	90.07
90.08	09008 MOTILITY LAB	57,569	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	90.10
90.11	09023 SLEEP LAB	482,124	90.11
90.12	09024 OP CARE ADULTS	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	90.13
90.14	09012 INFUSION CLINIC	15,531	90.14
90.15	09013 NEUROLOGY UH	0	90.15
90.16	09014 ORTHOPEDICS UH	0	90.16
90.17	09015 PHYSICAL MEDICINE	204,214	90.17
90.18	09016 DERMATOLOGY CLINIC	179,278	90.18
90.19	09017 INFUSION/HEM/ONC	4,425	90.19
90.20	09025 IUMG - MH	0	90.20
90.21	09019 OP REHAB CLINIC	5,030	90.21
90.22	09020 EATING DISORDERS CLINIC	16,478	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	300,545	90.23
90.24	09021 LIFE CARE CLINIC	229,326	90.24
91.00	09100 EMERGENCY	4,143,841	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	6,085,017	95.00
101.00	10100 HOME HEALTH AGENCY	1,016,909	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	237,158	105.00
106.00	10600 HEART ACQUISITION	17,994	106.00
107.00	10700 LIVER ACQUISITION	114,510	107.00
108.00	10800 LUNG ACQUISITION	17,931	108.00
109.00	10900 PANCREAS ACQUISITION	15,784	109.00
110.00	11000 INTESTINAL ACQUISITION	6,613	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	2,625	112.00
112.01	08601 POST TRANSPLANT EXPENSES	194,413	112.01
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	165,112	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	131,044,797	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	196,131	190.00
191.00	19100 RESEARCH	496,524	191.00
191.01	19101 RESEARCH-GCRC	45,746	191.01
191.02	19102 OSA	29,115	191.02
191.03	19103 RESEARCH ADMIN	4,010	191.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	642,394	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	690,618	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMG	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	11,655,922	192.03
192.04	19204 MHH RADIOLOGY	0	192.04

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 4/6/2023 1:09 pm
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Cost Center Description		Total	
		26.00	
192.05	19205 IUH TIPTON	9,547	192.05
192.06	19206 BELTWAY SURGERY	0	192.06
192.07	19207 RHI	35,342	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	192.09
192.10	19212 CARDIO PHYSICIANS	0	192.10
192.11	19211 UNUSED SPACE	0	192.11
200.00	Cross Foot Adjustments	3,444,105	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	148,294,251	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,088,351				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		65,612,926			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,671	0	742,449,678		4.00
5.01	00540	NONPATIENT TELEPHONES	0	7,128	0	8,943	5.01
5.02	00550	DATA PROCESSING	3,270	0	0	0	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	1,994	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	3,211	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	157,675	1,920,270	20,738,523	170	5.06
6.00	00600	MAINTENANCE & REPAIRS	62,301	213,179	1,429,943	17	6.00
7.00	00700	OPERATION OF PLANT	70,168	485,159	6,619,201	125	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	884	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	1,662	3,227	470,021	13	9.04
9.05	00905	HOUSEKEEPING - MORGAN	1,570	2,240	402,011	12	9.05
10.00	01000	DIETARY	43,679	358,812	8,983,928	197	10.00
11.00	01100	CAFETERIA	5,983	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	36,345	3,687,304	72,740,912	277	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	10,359	4,147	178,296	2	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	78,626	1,455,272	3,482,537	73	14.00
15.00	01500	PHARMACY	52,069	732,926	32,789,860	329	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,424	0	5,062,058	75	17.00
18.00	01850	PATIENT TRANSPORTATION	2,945	22,849	2,090,710	52	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,043	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	151,433	0	4,516	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	0	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	6,032	0	495,665	10	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	4,584	0	1,509,308	21	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	1,961	0	259,334	4	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	2,238	0	207,796	3	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	670,568	2,948,833	125,290,315	1,640	30.00
31.00	03100	INTENSIVE CARE UNIT	40,966	450,930	14,876,713	176	31.00
32.00	03200	CORONARY CARE UNIT	47,819	1,093,973	16,873,960	199	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	61,630	1,011,275	19,468,863	230	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	14,821	125,880	1,776,264	21	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURGIC	27,520	80,644	2,888,676	37	34.02
34.03	03402	UH NSIC	0	0	0	0	34.03
34.04	03403	RH PEDIC	39,013	457,763	10,075,206	132	34.04
34.05	03404	TRANSPLANT ICU	14,649	46,442	1,597,922	20	34.05
34.06	03407	PEDS CANCER CARE	37,759	168,045	2,091,705	26	34.06
40.00	04000	SUBPROVIDER - IPF	24,085	34,528	3,047,505	40	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	4,933	13,107	1,231,994	16	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	214,196	13,988,004	36,347,392	477	50.00
50.01	05001	ENDOSCOPY	7,361	775,974	3,181,383	35	50.01
51.00	05100	RECOVERY ROOM	62,257	368,270	7,641,839	105	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,820	377,188	7,145,572	90	52.00
53.00	05300	ANESTHESIOLOGY	8,710	655,046	1,218,738	19	53.00
53.01	05301	PULMONARY FUNCTION TESTING	14,768	112,622	2,157,612	28	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	259,101	12,437,903	31,405,808	394	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	52,260	1,795,706	4,584,287	48	55.00
56.00	05600	RADIOISOTOPE	20,010	1,018,082	1,040,414	12	56.00
59.00	05900	CARDIAC CATHETERIZATION	11,927	191,276	558,323	6	59.00
60.00	06000	LABORATORY	188,439	4,553,957	53,661,969	659	60.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period: From 01/01/2021 To 12/31/2021

Worksheet B-1

Date/Time Prepared: 4/6/2023 1:09 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00		2.00		4.00	5.01	5.02	
60.01	06001	TRANSPLANT IMMUNOLOGY	4,226	116,219	964,464	12	12	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,727	57,799	2,972,024	41	41	63.00
65.00	06500	RESPIRATORY THERAPY	27,025	985,369	21,967,965	273	273	65.00
66.00	06600	PHYSICAL THERAPY	55,040	149,637	21,020,664	266	266	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,923	2,868	4,483,621	57	57	67.00
68.00	06800	SPEECH PATHOLOGY	20,781	216,743	5,058,666	64	64	68.00
69.00	06900	ELECTROCARDIOLOGY	11,428	1,279,571	2,607,504	36	36	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,190	600,938	5,574,113	70	70	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	7,575	58,760	8,816,784	104	104	73.03
74.00	07400	RENAL DIALYSIS	35,911	280,644	3,909,703	47	47	74.00
76.00	03020	RH NBN ECMO IC	144	58,390	943,826	9	9	76.00
76.01	03140	CARDIOLOGY	8,659	695,482	929,324	12	12	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	25,308	2,773,836	39	39	76.02
76.03	03950	CARDIAC CATH	51,018	1,403,379	8,560,676	86	86	76.03
76.04	03951	DAY SURGERY	27,631	66,624	3,451,171	50	50	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	428	99,415	2,345,156	22	22	76.08
76.97	07697	CARDIAC REHABILITATION	7,938	82,396	686,191	10	10	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	705	0	293,048	4	4	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	19,770	37,714	714,379	13	13	90.01
90.02	09002	IUSCC HEM/ONC	127,425	536,715	16,494,639	219	219	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	157,864	535,408	9	9	90.03
90.04	09004	AMB SVC-PSYCH ADULT	5,872	175	817,874	12	12	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	15,077	111,931	2,126,773	28	28	90.06
90.07	09007	AMB SVC-RILEY CLINICS	35,781	310,134	6,250,537	82	82	90.07
90.08	09008	MOTILITY LAB	357	38,680	166,960	2	2	90.08
90.09	09009	AMB SVC - PSYCH CHILDRN	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	12,506	194,801	4,519,654	68	68	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	7,392	372,723	5	5	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	10,818	3,426	815,995	16	16	90.17
90.18	09016	DERMATOLOGY CLINIC	8,113	18,697	825,100	13	13	90.18
90.19	09017	INFUSION/HEM/ONC	0	3,615	0	0	0	90.19
90.20	09025	UMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	2,693	32,735	1	1	90.21
90.22	09020	EATING DISORDERS CLINIC	0	8,389	1,257,523	18	18	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	14,787	13,174	1,441,391	24	24	90.23
90.24	09021	LIFE CARE CLINIC	12,366	0	1,754,444	28	28	90.24
91.00	09100	EMERGENCY	136,189	1,025,553	23,627,736	318	318	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	4,817,389	21,771,516	336	336	95.00
101.00	10100	HOME HEALTH AGENCY	22,471	267,879	24,471,053	324	324	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,403	9,242	3,735,793	41	41	105.00
106.00	10600	HEART ACQUISITION	633	480	527,448	5	5	106.00
107.00	10700	LIVER ACQUISITION	4,608	4,093	1,355,650	18	18	107.00
108.00	10800	LUNG ACQUISITION	589	523	451,934	5	5	108.00
109.00	10900	PANCREAS ACQUISITION	638	567	190,253	2	2	109.00
110.00	11000	INTESTINAL ACQUISITION	268	238	129,131	2	2	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	260,834	2	2	112.00
112.01	08601	POST TRANSPLANT EXPENSES	9,647	8,570	3,940,298	48	48	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	1,100	13,265	7,905,465	102	102	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,328,506	65,370,702	729,479,061	8,733	8,733	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,793	17,958	180,233	30	30	190.00
191.00	19100	RESEARCH	26,504	7,478	2,983,589	21	21	191.00
191.01	19101	RESEARCH-GCRC	547	28,014	0	0	0	191.01
191.02	19102	OSA	701	0	1,231,734	10	10	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	35,742	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	23,331	161,120	8,244,667	144	144	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	662,707	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	520	0	103,039	1	1	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	27,654	227,355	4	4	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRI TIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	68,168,302	80,125,949	139,552,224	46,499	98,585,523	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.673789	1.221192	0.187962	5.199486	11,023.764173	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			44,536	8,705	54,523	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000060	0.973387	6.096724	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,435,836	158,646,021	197,308,080	0	21,230,515	63.00
65.00	06500	RESPIRATORY THERAPY	5,498,258	200,493,560	204,477,272	0	35,876,442	65.00
66.00	06600	PHYSICAL THERAPY	193,358	52,627,647	104,142,126	0	33,869,681	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,780	19,675,261	24,261,272	0	6,738,681	67.00
68.00	06800	SPEECH PATHOLOGY	61,732	13,699,744	29,712,157	0	7,960,686	68.00
69.00	06900	ELECTROCARDIOLOGY	6,608	65,686,874	118,744,816	0	6,282,761	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	54,378	51,722,427	79,825,928	0	9,959,606	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	54,718,297	227,846,834	396,653,097	0	61,376,005	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,864,880	455,542,441	662,562,309	0	53,957,206	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	837,368,816	1,876,717,816	0	328,864,111	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	78,916	0	372,989,925	0	313,938,357	73.03
74.00	07400	RENAL DIALYSIS	57,608	25,661,603	38,485,295	0	8,943,982	74.00
76.00	03020	RH NBN ECMO IC	181,874	5,078,609	5,078,609	0	1,465,120	76.00
76.01	03140	CARDIOLOGY	341,940	10,784,128	67,149,141	0	3,072,785	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	27,615	0	636	0	4,046,932	76.02
76.03	03950	CARDIAC CATH	1,816,373	81,230,263	225,365,545	0	17,556,154	76.03
76.04	03951	DAY SURGERY	229,964	453,620	26,748,570	0	6,029,356	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	1,131	20,497,633	20,497,633	0	3,546,948	76.08
76.97	07697	CARDIAC REHABILITATION	1,584	450,105	7,477,252	0	1,502,419	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	5,767,967	5,767,967	0	2,640,481	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	50,348	24,133	5,793,188	0	880,883	90.01
90.02	09002	IUSCC HEM/ONC	493,962	852,433	133,627,918	0	31,352,981	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	16,683	5,796	5,161,783	0	987,819	90.03
90.04	09004	AMB SVC-PSYCH ADULT	4,109	3,405	848,506	0	1,289,022	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	5,850	15,003,731	30,704,473	0	3,439,210	90.06
90.07	09007	AMB SVC-RILEY CLINICS	88,188	421,759	27,506,967	0	3,263,903	90.07
90.08	09008	MOTILITY LAB	12,414	35,630	1,357,866	0	347,339	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	183,835	1,644,141	34,947,637	0	6,407,303	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	5,973	0	6,357,039	0	714,887	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	4,673	4,181	1,017,333	0	1,012,379	90.17
90.18	09016	DERMATOLOGY CLINIC	33,439	15,045	7,820,667	0	1,148,678	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	5,398	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	449	0	900,006	0	64,099	90.21
90.22	09020	EATING DISORDERS CLINIC	1,273	123	3,093,438	0	2,144,388	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,581	5,131	1,373,295	0	2,091,453	90.23
90.24	09021	LIFE CARE CLINIC	765	548	744,953	0	2,805,836	90.24
91.00	09100	EMERGENCY	1,372,191	218,594,727	755,135,653	0	48,249,508	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	800,341	152,206	374,433,466	0	54,896,176	95.00
101.00	10100	HOME HEALTH AGENCY	3,963,572	0	299,913,019	0	61,958,578	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	163,454	35,564,855	35,564,855	0	19,346,063	105.00
106.00	10600	HEART ACQUISITION	0	2,946,582	2,946,582	0	2,337,582	106.00
107.00	10700	LIVER ACQUISITION	63,649	21,862,856	21,862,856	0	13,438,160	107.00
108.00	10800	LUNG ACQUISITION	0	4,896,160	4,896,160	0	3,466,895	108.00
109.00	10900	PANCREAS ACQUISITION	6,893	2,556,817	2,556,817	0	1,901,712	109.00
110.00	11000	INTESTINAL ACQUISITION	554	1,098,810	1,098,810	0	793,596	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	50	0	0	0	512,506	112.00
112.01	08601	POST TRANSPLANT EXPENSES	129,654	0	0	0	5,955,177	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	46,191	0	46,723,212	0	13,038,259	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	229,394,644	5,783,912,260	11,197,909,886	-215,659,438	2,518,150,387	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	932,916	190.00
191.00	19100	RESEARCH	69	0	0	4,809,597	191.00
191.01	19101	RESEARCH-GCRC	19,155	0	0	76,458	191.01
191.02	19102	OSA	14,051	0	0	5,170,674	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	2,063,965	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,104,288	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	23,405	0	0	15,743,828	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	11,049,837	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	166,095	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	192.06
192.07	19207	RHI	47,566	0	0	390,228	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	192.11
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)	16,477,095	18,569,486	56,391,181	215,659,438	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.071796	0.003211	0.005036	0.084220	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	33,248	53,540	0	4,976,503	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000145	0.000009	0.000000	0.001943	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet B-1	
Date/Time Prepared: 4/6/2023 1:09 pm							
Cost Center	Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
		6.00	7.00	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600	3,857,229					6.00
7.00	00700	70,168	3,787,061				7.00
8.00	00800	884	884	5,024,456			8.00
9.00	00900	0	0	0	3,786,177		9.00
9.01	00901	0	0	0	0	998,028	9.01
9.02	00902	0	0	0	0	0	9.02
9.03	00903	0	0	0	0	0	9.03
9.04	00904	1,662	1,662	98	1,662	0	9.04
9.05	00905	1,570	1,570	0	1,570	0	9.05
10.00	01000	43,679	43,679	0	43,679	13,917	10.00
11.00	01100	5,983	5,983	0	5,983	0	11.00
13.00	01300	36,345	36,345	0	36,345	4,243	13.00
13.01	01851	10,359	10,359	0	10,359	0	13.01
14.00	01400	78,626	78,626	11,552	78,626	16,757	14.00
15.00	01500	52,069	52,069	0	52,069	21,627	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	7,424	7,424	0	7,424	135	17.00
18.00	01850	2,945	2,945	0	2,945	1,032	18.00
21.00	02100	5,043	5,043	578	5,043	410	21.00
22.00	02200	151,433	151,433	4,759	151,433	28,903	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	6,032	6,032	0	6,032	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	4,584	4,584	0	4,584	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	1,961	1,961	0	1,961	0	23.09
23.10	02310	2,238	2,238	0	2,238	0	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	670,568	670,568	2,374,562	670,568	188,055	30.00
31.00	03100	40,966	40,966	217,280	40,966	0	31.00
32.00	03200	47,819	47,819	174,774	47,819	17,662	32.00
32.01	03201	61,630	61,630	97,030	61,630	0	32.01
33.00	03300	14,821	14,821	34,618	14,821	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	27,520	27,520	15,782	27,520	27,233	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	39,013	39,013	101,085	39,013	0	34.04
34.05	03404	14,649	14,649	15,801	14,649	14,649	34.05
34.06	03407	37,759	37,759	41,587	37,759	0	34.06
40.00	04000	24,085	24,085	23,634	24,085	362	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	4,933	4,933	47,629	4,933	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	214,196	214,196	553,145	214,196	84,618	50.00
50.01	05001	7,361	7,361	13,977	7,361	0	50.01
51.00	05100	62,257	62,257	35,361	62,257	8,110	51.00
52.00	05200	34,820	34,820	139,261	34,820	0	52.00
53.00	05300	8,710	8,710	0	8,710	1,197	53.00
53.01	05301	14,768	14,768	19,740	14,768	4,118	53.01
54.00	05400	259,101	259,101	325,687	259,101	79,228	54.00
55.00	05500	52,260	52,260	30,913	52,260	24,819	55.00
56.00	05600	20,010	20,010	9,556	20,010	8,052	56.00
59.00	05900	11,927	11,927	0	11,927	0	59.00
60.00	06000	188,439	188,439	4,684	188,439	7,351	60.00
60.01	06001	4,226	4,226	0	4,226	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	12,727	12,727	8	12,727	790	63.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet B-1	
Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
			6.00	7.00	8.00	9.00	9.01	
65.00	06500	RESPIRATORY THERAPY	27,025	27,025	638	27,025	4,666	65.00
66.00	06600	PHYSICAL THERAPY	55,040	55,040	37,938	55,040	3,538	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,923	5,923	0	5,923	635	67.00
68.00	06800	SPEECH PATHOLOGY	20,781	20,781	99	20,781	4,706	68.00
69.00	06900	ELECTROCARDIOLOGY	11,428	11,428	18,634	11,428	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,190	30,190	3,678	30,190	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	7,575	7,575	0	7,575	0	73.03
74.00	07400	RENAL DIALYSIS	35,911	35,911	29,786	35,911	31,596	74.00
76.00	03020	RH NBN ECMO I C	144	144	0	144	0	76.00
76.01	03140	CARDIOLOGY	8,659	8,659	0	8,659	1,326	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	4,738	0	0	76.02
76.03	03950	CARDIAC CATH	51,018	51,018	71,936	51,018	0	76.03
76.04	03951	DAY SURGERY	27,631	27,631	20,543	27,631	27,106	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	428	428	0	428	0	76.08
76.97	07697	CARDIAC REHABILITATION	7,938	7,938	0	7,938	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	705	705	0	705	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	19,770	19,770	5,872	19,770	19,770	90.01
90.02	09002	IUSCC HEM/ONC	127,425	127,425	9,384	127,425	110,072	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	5,872	5,872	0	5,872	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	15,077	15,077	1,425	15,077	13,065	90.06
90.07	09007	AMB SVC-RILEY CLINICS	35,781	35,781	26,379	35,781	0	90.07
90.08	09008	MOTILITY LAB	357	357	0	357	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	12,506	12,506	0	12,506	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	10,818	10,818	2,159	10,818	10,818	90.17
90.18	09016	DERMATOLOGY CLINIC	8,113	8,113	4,349	8,113	8,113	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	1,964	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	14,787	14,787	603	14,787	14,787	90.23
90.24	09021	LIFE CARE CLINIC	12,366	12,366	0	12,366	0	90.24
91.00	09100	EMERGENCY	136,189	136,189	485,047	136,189	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	106	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	22,471	22,471	0	22,471	678	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,403	10,403	0	10,403	6,066	105.00
106.00	10600	HEART ACQUISITION	633	633	0	633	315	106.00
107.00	10700	LIVER ACQUISITION	4,608	4,608	0	4,608	2,687	107.00
108.00	10800	LUNG ACQUISITION	589	589	0	589	344	108.00
109.00	10900	PANCREAS ACQUISITION	638	638	0	638	372	109.00
110.00	11000	INTESTINAL ACQUISITION	268	268	0	268	156	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	9,647	9,647	0	9,647	5,625	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,100	1,100	0	1,100	628	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,097,384	3,027,216	5,018,379	3,026,332	820,337	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,793	9,793	0	9,793	2,069	190.00
191.00	19100	RESEARCH	26,504	26,504	0	26,504	0	191.00
191.01	19101	RESEARCH-GCRC	547	547	4,547	547	520	191.01
191.02	19102	OSA	701	701	0	701	0	191.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
		6.00	7.00	8.00	9.00	9.01	
191.03	19103 RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	35,742	35,742	0	35,742	0	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	23,331	23,331	1,530	23,331	8,179	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	662,707	662,707	0	662,707	166,923	192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205 IUH TIPTON	520	520	0	520	0	192.05
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207 RHI	0	0	0	0	0	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212 CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	192.11
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)	40,525,302	59,936,642	131,491	0	5,494,366	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.506325	15.826690	0.026170	0.000000	5.505222	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,371,957	1,894,774	15,690	0	9,846	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.355685	0.500328	0.003123	0.000000	0.009865	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
		9.02	9.03	9.04	9.05	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902	823,063					9.02
9.03	00903	0	1,336,402				9.03
9.04	00904	0	0	231,035			9.04
9.05	00905	0	0	0	96,618		9.05
10.00	01000	1,579	24,780	3,402	0	608,914	10.00
11.00	01100	0	0	5,983	0	0	11.00
13.00	01300	15,722	13,836	0	838	0	13.00
13.01	01851	0	10,359	0	0	0	13.01
14.00	01400	24,256	26,771	7,749	3,092	0	14.00
15.00	01500	8,842	14,923	5,203	1,473	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	3,079	4,210	0	0	0	17.00
18.00	01850	0	1,912	0	0	0	18.00
21.00	02100	2,887	1,746	0	0	0	21.00
22.00	02200	12,471	39,659	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	425	5,607	0	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	0	4,584	0	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	0	1,961	0	0	0	23.09
23.10	02310	0	2,238	0	0	0	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	180,320	273,546	28,647	0	520,516	30.00
31.00	03100	0	40,966	0	0	16,308	31.00
32.00	03200	8,824	21,333	0	0	17,564	32.00
32.01	03201	53,415	8,167	0	0	5,198	32.01
33.00	03300	14,821	0	0	0	4,287	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	150	138	0	0	1,370	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	39,013	0	0	0	7,223	34.04
34.05	03404	0	0	0	0	1,637	34.05
34.06	03407	37,759	0	0	0	4,868	34.06
40.00	04000	11,453	12,270	0	0	8,481	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	4,933	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	51,947	52,071	19,083	6,477	0	50.00
50.01	05001	0	6,429	0	0	0	50.01
51.00	05100	17,499	13,660	22,987	0	502	51.00
52.00	05200	229	34,591	0	0	0	52.00
53.00	05300	6,168	1,345	0	0	0	53.00
53.01	05301	4,256	6,047	347	0	0	53.01
54.00	05400	55,218	106,375	10,818	7,461	0	54.00
55.00	05500	0	17,883	0	9,559	0	55.00
56.00	05600	2,057	8,962	940	0	0	56.00
59.00	05900	0	0	11,927	0	0	59.00
60.00	06000	8,179	19,209	8,194	3,530	0	60.00
60.01	06001	0	4,226	0	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	510	1,995	0	0	0	63.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet B-1	
Cost Center Description			HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
			9.02	9.03	9.04	9.05	10.00	
65.00	06500	RESPIRATORY THERAPY	7,021	13,958	585	795	0	65.00
66.00	06600	PHYSICAL THERAPY	1,556	41,222	4,523	3,392	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,131	1,502	0	656	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,996	2,380	0	699	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,958	7,663	0	1,807	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,716	25,474	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	84	7,491	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	4,315	0	0	0	74.00
76.00	03020	RH NBN ECMO I C	144	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	7,333	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	3,611	47,408	0	0	681	76.03
76.04	03951	DAY SURGERY	0	525	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	428	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	5,034	2,905	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	17	688	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	62	17,292	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	5,872	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	2,013	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	35,781	0	0	0	2,014	90.07
90.08	09008	MOTILITY LAB	357	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	7,439	0	3,315	1,752	138	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	12,366	0	0	0	90.24
91.00	09100	EMERGENCY	39,349	67,054	12,748	16,926	17,425	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	647	3,690	0	0	0	105.00
106.00	10600	HEART ACQUISITION	34	192	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	287	1,634	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	37	209	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	40	226	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	17	95	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	600	3,421	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	134	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	688,296	1,053,984	151,485	61,362	608,212	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,724	0	0	0	0	190.00
191.00	19100	RESEARCH	0	26,421	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	702	191.01
191.02	19102	OSA	486	215	0	0	0	191.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (M SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
		9.02	9.03	9.04	9.05	10.00	
191.03	19103 RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	487	35,256	0	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	2,760	11,905	0	0	0	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	123,797	243,877	78,516	0	0	192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205 IUH TIPTON	0	0	547	0	0	192.05
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207 RHI	0	0	0	0	0	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212 CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	192.11
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)	4,630,276	7,521,347	1,181,710	958,751	22,122,224	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.625664	5.628057	5.114853	9.923110	36.330621	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	8,298	13,479	35,235	32,010	1,243,866	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.010082	0.010086	0.152509	0.331305	2.042761	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	PARAMED ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
			11.00	13.00	13.01	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	8,409					11.00
13.00	01300	NURSING ADMINISTRATION	277	3,414				13.00
13.01	01851	PARAMED ADMINISTRATION	2	0	4,638,521			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	73	0	0	228,842,278		14.00
15.00	01500	PHARMACY	329	0	0	573,382	326,129,678	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	75	0	0	0	1,791	17.00
18.00	01850	PATIENT TRANSPORTATION	52	0	0	3,760	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	10	0	532,378	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	21	0	1,709,282	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	4	0	286,648	728	0	23.09
23.10	02310	PARAMED PHARMACY TECH	3	0	228,779	1,690	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,640	1,283	0	5,792,113	1,811,393	30.00
31.00	03100	INTENSIVE CARE UNIT	176	157	0	838,942	255,718	31.00
32.00	03200	CORONARY CARE UNIT	199	176	0	1,205,908	584,589	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	230	208	0	714,571	382,813	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	21	18	0	30,696	6,670	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	37	31	0	215,131	103,892	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	132	111	0	453,267	217,688	34.04
34.05	03404	TRANSPLANT ICU	20	19	0	111,268	60,956	34.05
34.06	03407	PEDS CANCER CARE	26	25	0	56,781	38,489	34.06
40.00	04000	SUBPROVIDER - I PF	40	25	0	20,843	473	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	16	13	0	39,517	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	477	225	0	40,578,598	727,983	50.00
50.01	05001	ENDOSCOPY	35	29	0	2,515,848	14,748	50.01
51.00	05100	RECOVERY ROOM	105	87	0	138,436	83,931	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	90	63	0	386,775	0	52.00
53.00	05300	ANESTHESIOLOGY	19	13	0	1,656,909	767,814	53.00
53.01	05301	PULMONARY FUNCTION TESTING	28	5	0	95,232	313	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	394	72	751,038	4,420,499	841,328	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	48	9	0	227,116	1,818	55.00
56.00	05600	RADIOISOTOPE	12	0	0	17,859	12,895	56.00
59.00	05900	CARDIAC CATHETERIZATION	6	0	0	1,340	5,953	59.00
60.00	06000	LABORATORY	659	14	410,119	49,062,516	853,752	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	12	0	0	1,548,084	5,704	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATIVE (DIRECT NRSNG HR)	PARAMED ADMINISTRATIVE (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
		11.00	13.00	13.01	14.00	15.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	41	0	0	1,435,836	27,854	63.00
65.00	06500 RESPIRATORY THERAPY	273	0	720,277	5,498,258	1,184	65.00
66.00	06600 PHYSICAL THERAPY	266	1	0	193,358	147	66.00
67.00	06700 OCCUPATIONAL THERAPY	57	0	0	9,780	113	67.00
68.00	06800 SPEECH PATHOLOGY	64	5	0	61,732	36	68.00
69.00	06900 ELECTROCARDIOLOGY	36	4	0	6,608	12,095	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	70	0	0	54,378	16	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	54,718,297	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,864,880	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	316,725,660	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	104	0	0	78,916	0	73.03
74.00	07400 RENAL DIALYSIS	47	36	0	57,608	36,707	74.00
76.00	03020 RH NBN ECMO IC	9	8	0	181,874	3,600	76.00
76.01	03140 CARDIOLOGY	12	7	0	341,940	24,678	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	39	16	0	27,615	6,505	76.02
76.03	03950 CARDIAC CATH	86	48	0	1,816,373	227,001	76.03
76.04	03951 DAY SURGERY	50	43	0	229,964	110,915	76.04
76.05	03480 ONCOLOGY	0	0	0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953 CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954 ECMO-ADULT	22	12	0	1,131	12	76.08
76.97	07697 CARDIAC REHABILITATION	10	3	0	1,584	668	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4	2	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	13	5	0	50,348	281	90.01
90.02	09002 IUSCC HEM/ONC	219	120	0	493,962	549,320	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	9	1	0	16,683	69	90.03
90.04	09004 AMB SVC-PSYCH ADULT	12	1	0	4,109	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	28	10	0	5,850	274	90.06
90.07	09007 AMB SVC-RILEY CLINICS	82	44	0	88,188	122,518	90.07
90.08	09008 MOTILITY LAB	2	2	0	12,414	31	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023 SLEEP LAB	68	4	0	183,835	690	90.11
90.12	09024 OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012 INFUSION CLINIC	5	3	0	5,973	20,230	90.14
90.15	09013 NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	16	5	0	4,673	153	90.17
90.18	09016 DERMATOLOGY CLINIC	13	7	0	33,439	0	90.18
90.19	09017 INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025 IUMG - MH	0	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	1	1	0	449	0	90.21
90.22	09020 EATING DISORDERS CLINIC	18	1	0	1,273	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	24	13	0	1,581	278	90.23
90.24	09021 LIFE CARE CLINIC	28	4	0	765	0	90.24
91.00	09100 EMERGENCY	318	204	0	1,372,191	900,859	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	336	45	0	800,341	64,598	95.00
101.00	10100 HOME HEALTH AGENCY	324	65	0	3,963,572	372,950	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	41	1	0	163,454	1,291	105.00
106.00	10600 HEART ACQUISITION	5	1	0	0	40	106.00
107.00	10700 LIVER ACQUISITION	18	0	0	63,649	123,618	107.00
108.00	10800 LUNG ACQUISITION	5	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	2	0	0	6,893	0	109.00
110.00	11000 INTESTINAL ACQUISITION	2	0	0	554	0	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	2	1	0	50	0	112.00
112.01	08601 POST TRANSPLANT EXPENSES	48	0	0	129,654	0	112.01
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	102	64	0	46,191	2,733	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,199	3,370	4,638,521	228,738,032	326,117,835	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	30	0	0	0	0	190.00
191.00	19100 RESEARCH	21	8	0	69	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ED ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
			11.00	13.00	13.01	14.00	15.00	
191.01	19101	RESEARCH-GCRC	0	0	0	19,155	9,219	191.01
191.02	19102	OSA	10	4	0	14,051	199	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	144	32	0	23,405	2,425	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	1	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	4	0	0	47,566	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,473,240	119,076,971	819,934	147,872,268	60,345,385	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	413.038411	34,879.019039	0.176766	0.646175	0.185035	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	111,679	5,361,781	187,695	3,420,574	1,931,105	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	13.280890	1,570.527534	0.040464	0.014947	0.005921	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
			PATIENT TRANSPORTATION (GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	16.00	17.00	18.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00590 PURCHASING, RECEIVING & STORES						5.03
5.04 00570 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING - UNIVERSITY						9.01
9.02 00902 HOUSEKEEPING - RILEY						9.02
9.03 00903 HOUSEKEEPING - METHODIST						9.03
9.04 00904 HOUSEKEEPING - SAXONY						9.04
9.05 00905 HOUSEKEEPING - MORGAN						9.05
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
13.01 01851 PARAMED ED ADMINISTRATION						13.01
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	11,197,909,886					16.00
17.00 01700 SOCIAL SERVICE		348,496				17.00
18.00 01850 PATIENT TRANSPORTATION			11,197,909,886			18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV				57,935		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV					57,935	22.00
23.00 02300 PARAMED ED PRGM						23.00
23.01 02301 PARAMED ED HEALTH SCIENCES						23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST						23.02
23.03 02303 PARAMED RESPIRATORY THERAPY						23.03
23.04 02304 PARAMED EMERGENCY						23.04
23.05 02312 PARAMED PASTORAL EDUCATION						23.05
23.06 02306 PARAMED LAB SCIENCE PRO						23.06
23.07 02307 PARAMED PHARMACY						23.07
23.08 02308 PARAMED MEDICAL ASSIST						23.08
23.09 02309 PARAMED SURGERY TECHNOLOGY						23.09
23.10 02310 PARAMED PHARMACY TECH						23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY						23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,190,469,640	250,348	1,190,469,640	23,040	23,040	30.00
31.00 03100 INTENSIVE CARE UNIT	158,402,550	21,259	158,402,550	2,474	2,474	31.00
32.00 03200 CORONARY CARE UNIT	144,285,492	18,738	144,285,492	580	580	32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	181,841,900	28,303	181,841,900	617	617	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	11,347,770	1,811	11,347,770	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02 03401 UH SURG 61C	24,880,229	3,378	24,880,229	100	100	34.02
34.03 03402 UH NS 31C	0	0	0	0	0	34.03
34.04 03403 RHPEDIC	77,885,844	10,041	77,885,844	842	842	34.04
34.05 03404 TRANSPLANT ICU	14,858,676	2,061	14,858,676	78	78	34.05
34.06 03407 PEDS CANCER CARE	13,833,569	3,233	13,833,569	0	0	34.06
40.00 04000 SUBPROVIDER - I PF	14,138,752	4,915	14,138,752	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00 04300 NURSERY	8,351,513	4,409	8,351,513	92	92	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,108,908,499	0	1,108,908,499	5,440	5,440	50.00
50.01 05001 ENDOSCOPY	105,182,671	0	105,182,671	0	0	50.01
51.00 05100 RECOVERY ROOM	145,144,833	0	145,144,833	208	208	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	67,425,763	0	67,425,763	0	0	52.00
53.00 05300 ANESTHESIOLOGY	90,621,249	0	90,621,249	4,474	4,474	53.00
53.01 05301 PULMONARY FUNCTION TESTING	26,156,282	0	26,156,282	181	181	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	728,343,962	0	728,343,962	3,448	3,448	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	195,792,070	0	195,792,070	21	21	55.00
56.00 05600 RADIOISOTOPE	58,303,733	0	58,303,733	0	0	56.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
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To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
					PATIENT TRANSPORTATION (GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	18.00	21.00	22.00	
59.00	05900	CARDIAC CATHETERIZATION LABORATORY	4,021,389	0	4,021,389	142	142	59.00
60.00	06000	LABORATORY	537,713,135	0	537,713,135	2,173	2,173	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	19,648,420	0	19,648,420	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	197,308,080	0	197,308,080	48	48	63.00
65.00	06500	RESPIRATORY THERAPY	204,477,272	0	204,477,272	8	8	65.00
66.00	06600	PHYSICAL THERAPY	104,142,126	0	104,142,126	20	20	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,261,272	0	24,261,272	50	50	67.00
68.00	06800	SPEECH PATHOLOGY	29,712,157	0	29,712,157	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	118,744,816	0	118,744,816	668	668	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	79,825,928	0	79,825,928	1,364	1,364	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	396,653,097	0	396,653,097	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	662,562,309	0	662,562,309	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,876,717,816	0	1,876,717,816	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	372,989,925	0	372,989,925	0	0	73.03
74.00	07400	RENAL DIALYSIS	38,485,295	0	38,485,295	196	196	74.00
76.00	03020	RH NBN ECMO IC	5,078,609	0	5,078,609	0	0	76.00
76.01	03140	CARDIOLOGY	67,149,141	0	67,149,141	807	807	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	636	0	636	0	0	76.02
76.03	03950	CARDIAC CATH	225,365,545	0	225,365,545	0	0	76.03
76.04	03951	DAY SURGERY	26,748,570	0	26,748,570	75	75	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	20,497,633	0	20,497,633	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	7,477,252	0	7,477,252	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	5,767,967	0	5,767,967	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	5,793,188	0	5,793,188	348	348	90.01
90.02	09002	IUSCC HEM/ONC	133,627,918	0	133,627,918	222	222	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	5,161,783	0	5,161,783	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	848,506	0	848,506	77	77	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	30,704,473	0	30,704,473	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	27,506,967	0	27,506,967	312	312	90.07
90.08	09008	MOTILITY LAB	1,357,866	0	1,357,866	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	34,947,637	0	34,947,637	24	24	90.11
90.12	09024	OP CARE ADULTS	0	0	0	288	288	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	6,357,039	0	6,357,039	159	159	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,017,333	0	1,017,333	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	7,820,667	0	7,820,667	85	85	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	892	892	90.19
90.20	09025	IUMG - MH	0	0	0	54	54	90.20
90.21	09019	OP REHAB CLINIC	900,006	0	900,006	112	112	90.21
90.22	09020	EATING DISORDERS CLINIC	3,093,438	0	3,093,438	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,373,295	0	1,373,295	0	0	90.23
90.24	09021	LIFE CARE CLINIC	744,953	0	744,953	0	0	90.24
91.00	09100	EMERGENCY	755,135,653	0	755,135,653	4,992	4,992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	374,433,466	0	374,433,466	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	299,913,019	0	299,913,019	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	35,564,855	0	35,564,855	50	50	105.00
106.00	10600	HEART ACQUISITION	2,946,582	0	2,946,582	0	0	106.00
107.00	10700	LIVER ACQUISITION	21,862,856	0	21,862,856	109	109	107.00
108.00	10800	LUNG ACQUISITION	4,896,160	0	4,896,160	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,556,817	0	2,556,817	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	1,098,810	0	1,098,810	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:

4/6/2023 1:09 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
				PATIENT TRANSPORTATION (GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		16.00	17.00	18.00	21.00	22.00	
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	46,723,212	0	46,723,212		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,197,909,886	348,496	11,197,909,886	54,870	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	3,002	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	63	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	192.09
192.10	19210	CARDIO PHYSICIANS	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	192.11
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)	18,416,377	10,823,423	6,898,978	53,042,689	130,420,972
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001645	31.057524	0.000616	915.555174	2,251.160300
204.00		Cost to be allocated (per Wkst. B, Part II)	33,003	150,971	92,949	183,224	2,881,182
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000003	0.433207	0.000008	3.162579	49.731285
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-MET HODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01
9.02	00902	HOUSEKEEPING - RILEY					9.02
9.03	00903	HOUSEKEEPING - METHODIST					9.03
9.04	00904	HOUSEKEEPING - SAXONY					9.04
9.05	00905	HOUSEKEEPING - MORGAN					9.05
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01851	PARAMED ADMINISTRATION					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PATIENT TRANSPORTATION					18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED PRGM	0				23.00
23.01	02301	PARAMED HEALTH SCIENCES		0			23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST			100		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY				100	23.03
23.04	02304	PARAMED EMERGENCY					23.04
23.05	02312	PARAMED PASTORAL EDUCATION				0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO					23.06
23.07	02307	PARAMED PHARMACY					23.07
23.08	02308	PARAMED MEDICAL ASSIST					23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					23.09
23.10	02310	PARAMED PHARMACY TECH					23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY					23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	0	0	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	100	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METRODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	23.04	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	100	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	0	76.03
76.04	03951	DAY SURGERY	0	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	100	100	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-MET HODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	23.04	
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
		23.05	23.06	23.07	23.08	23.09	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01
9.02	00902	HOUSEKEEPING - RILEY					9.02
9.03	00903	HOUSEKEEPING - METHODIST					9.03
9.04	00904	HOUSEKEEPING - SAXONY					9.04
9.05	00905	HOUSEKEEPING - MORGAN					9.05
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01851	PARAMED ADMINISTRATION					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PATIENT TRANSPORTATION					18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED PRGM					23.00
23.01	02301	PARAMED HEALTH SCIENCES					23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST					23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					23.03
23.04	02304	PARAMED EMERGENCY					23.04
23.05	02312	PARAMED PASTORAL EDUCATION	348,496				23.05
23.06	02306	PARAMED LAB SCIENCE PRO		100			23.06
23.07	02307	PARAMED PHARMACY			326,127,887		23.07
23.08	02308	PARAMED MEDICAL ASSIST				0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					23.09
23.10	02310	PARAMED PHARMACY TECH				100	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY					23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	250,348	0	1,811,393	0	30.00
31.00	03100	INTENSIVE CARE UNIT	21,259	0	255,718	0	31.00
32.00	03200	CORONARY CARE UNIT	18,738	0	584,589	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	28,303	0	382,813	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,811	0	6,670	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	3,378	0	103,892	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PEDIC	10,041	0	217,688	0	34.04
34.05	03404	TRANSPLANT ICU	2,061	0	60,956	0	34.05
34.06	03407	PEDS CANCER CARE	3,233	0	38,489	0	34.06
40.00	04000	SUBPROVIDER - I PF	4,915	0	473	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	4,409	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	727,983	0	100
50.01	05001	ENDOSCOPY	0	0	14,748	0	0
51.00	05100	RECOVERY ROOM	0	0	83,931	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	767,814	0	0
53.01	05301	PULMONARY FUNCTION TESTING	0	0	313	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	841,328	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,818	0	0
56.00	05600	RADIOISOTOPE	0	0	12,895	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	5,953	0	0
60.00	06000	LABORATORY	0	100	853,752	0	0
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	5,704	0	0
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
		23.05	23.06	23.07	23.08	23.09	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	27,854	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,184	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	147	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	113	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	36	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	12,095	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	16	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	316,725,660	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	36,707	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	3,600	0	76.00
76.01	03140	CARDIOLOGY	0	0	24,678	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	6,505	0	76.02
76.03	03950	CARDIAC CATH	0	0	227,001	0	76.03
76.04	03951	DAY SURGERY	0	0	110,915	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	12	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	668	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	281	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	549,320	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	69	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	274	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	122,518	0	90.07
90.08	09008	MOTILITY LAB	0	0	31	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	690	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	20,230	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	153	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	278	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	900,859	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	64,598	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	372,950	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	1,291	0	105.00
106.00	10600	HEART ACQUISITION	0	0	40	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	123,618	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	2,733	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	348,496	100	326,116,044	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
			23.05	23.06	23.07	23.08	23.09	
191.01	19101	RESEARCH-GCRC	0	0	9,219	0	0	191.01
191.02	19102	OSA	0	0	199	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	2,425	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,190,474	0	2,887,369	0	535,791	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.416033	0.000000	0.008853	0.000000	5,357.910000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	129,188	0	154,443	0	46,855	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.370702	0.000000	0.000474	0.000000	468.550000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
From 01/01/2021
To 12/31/2021

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Cost Center Description		PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
		23.10	23.11	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00590	PURCHASING, RECEIVING & STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY		9.01
9.02	00902	HOUSEKEEPING - RILEY		9.02
9.03	00903	HOUSEKEEPING - METHODIST		9.03
9.04	00904	HOUSEKEEPING - SAXONY		9.04
9.05	00905	HOUSEKEEPING - MORGAN		9.05
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
13.01	01851	PARAMED ED ADMINISTRATION		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY		23.03
23.04	02304	PARAMED EMERGENCY		23.04
23.05	02312	PARAMED PASTORAL EDUCATION		23.05
23.06	02306	PARAMED LAB SCIENCE PRO		23.06
23.07	02307	PARAMED PHARMACY		23.07
23.08	02308	PARAMED MEDICAL ASSIST		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY		23.09
23.10	02310	PARAMED PHARMACY TECH	100	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY		23.11
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401	UH SURG 61C	0	34.02
34.03	03402	UH NS 31C	0	34.03
34.04	03403	RH PEDIC	0	34.04
34.05	03404	TRANSPLANT ICU	0	34.05
34.06	03407	PEDS CANCER CARE	0	34.06
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ENDOSCOPY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	60.02

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description		PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)		
		23.10	23.11		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	76.03
76.04	03951	DAY SURGERY	0	0	76.04
76.05	03480	ONCOLOGY	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	90.10
90.11	09023	SLEEP LAB	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	90.19
90.20	09025	IUMG - MH	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	90.24
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
			23.10	23.11	
191.01	19101	RESEARCH-GCRC	0	0	191.01
191.02	19102	OSA	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	192.04
192.05	19205	IUH TIPTON	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	192.06
192.07	19207	RHI	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	192.11
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)	450,637	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,506.370000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	49,213	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	492.130000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 4/6/2023 1:09 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	366,293,171		366,293,171	30.00
31.00	03100	INTENSIVE CARE UNIT	42,466,876		42,466,876	31.00
32.00	03200	CORONARY CARE UNIT	44,777,155		44,777,155	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	46,594,879		46,594,879	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,733,567		4,733,567	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
34.02	03401	UH SURG 6IC	9,142,013		9,142,013	34.02
34.03	03402	UH NS 3IC	0		0	34.03
34.04	03403	RH PED IC	24,895,032		24,895,032	34.04
34.05	03404	TRANSPLANT ICU	5,343,828		5,343,828	34.05
34.06	03407	PEDS CANCER CARE	6,866,296		6,866,296	34.06
40.00	04000	SUBPROVIDER - IPF	7,484,662		7,484,662	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	41.00
43.00	04300	NURSERY	2,977,515		2,977,515	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	160,335,246		160,335,246	50.00
50.01	05001	ENDOSCOPY	11,254,994		11,254,994	50.01
51.00	05100	RECOVERY ROOM	22,473,904		22,473,904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,166,972		18,166,972	52.00
53.00	05300	ANESTHESIOLOGY	9,358,211		9,358,211	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,806,168		4,806,168	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,092,969		94,092,969	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,836,406		13,836,406	55.00
56.00	05600	RADIOISOTOPE	5,131,453		5,131,453	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,006,391		2,006,391	59.00
60.00	06000	LABORATORY	93,032,937		93,032,937	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,746,241		3,746,241	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,768,386		24,768,386	63.00
65.00	06500	RESPIRATORY THERAPY	44,019,712	0	44,019,712	65.00
66.00	06600	PHYSICAL THERAPY	38,994,756	0	38,994,756	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,582,996	0	7,582,996	67.00
68.00	06800	SPEECH PATHOLOGY	9,605,619	0	9,605,619	68.00
69.00	06900	ELECTROCARDIOLOGY	7,614,872		7,614,872	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,007,935		12,007,935	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	102,799,626		102,799,626	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	89,636,274		89,636,274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	422,662,072		422,662,072	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	341,557,630		341,557,630	73.03
74.00	07400	RENAL DIALYSIS	12,248,311		12,248,311	74.00
76.00	03020	RH NBN ECMO IC	2,005,565		2,005,565	76.00
76.01	03140	CARDIOLOGY	4,234,815		4,234,815	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,981,168		4,981,168	76.02
76.03	03950	CARDIAC CATH	24,128,917		24,128,917	76.03
76.04	03951	DAY SURGERY	9,168,503		9,168,503	76.04
76.05	03480	ONCOLOGY	0		0	76.05
76.06	03952	DAY SURGERY-RILEY	0		0	76.06
76.07	03953	CARDIOLOGY-RILEY	0		0	76.07
76.08	03954	ECMO-ADULT	4,334,066		4,334,066	76.08
76.97	07697	CARDIAC REHABILITATION	2,019,386		2,019,386	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,969,846		2,969,846	77.00
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	89.00
90.00	09000	CLINIC	0		0	90.00
90.01	09001	AMB SVC-OB & GYN	1,810,118		1,810,118	90.01
90.02	09002	IUSCC HEM/ONC	43,056,661		43,056,661	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	1,132,074		1,132,074	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,629,667		1,629,667	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	90.05
90.06	09006	OUTPATIENT SURGERY	4,642,786		4,642,786	90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,467,642		6,467,642	90.07
90.08	09008	MOTILITY LAB	469,683		469,683	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	90.09
90.10	09010	CLINICAL GERIATRICS	0		0	90.10
90.11	09023	SLEEP LAB	7,722,995		7,722,995	90.11
90.12	09024	OP CARE ADULTS	0		0	90.12
90.13	09011	PEDIATRIC CLINIC	0		0	90.13
90.14	09012	INFUSION CLINIC	903,952		903,952	90.14
90.15	09013	NEUROLOGY UH	0		0	90.15

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

			Title XVIII		Hospital		PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
90.16	09014	ORTHOPEDICS UH	0		0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,628,478		1,628,478	0	1,628,478		90.17
90.18	09016	DERMATOLOGY CLINIC	1,792,650		1,792,650	0	1,792,650		90.18
90.19	09017	INFUSION/HEM/ONC	5,853		5,853	0	5,853		90.19
90.20	09025	IUMG - MH	0		0	0	0		90.20
90.21	09019	OP REHAB CLINIC	107,165		107,165	0	107,165		90.21
90.22	09020	EATING DISORDERS CLINIC	2,375,120		2,375,120	0	2,375,120		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	3,205,923		3,205,923	0	3,205,923		90.23
90.24	09021	LIFE CARE CLINIC	3,590,634		3,590,634	0	3,590,634		90.24
91.00	09100	EMERGENCY	67,392,384		67,392,384	1,842,626	69,235,010		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	22,569,045		22,569,045		22,569,045		92.00
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	62,604,151		62,604,151	0	62,604,151		95.00
101.00	10100	HOME HEALTH AGENCY	73,484,727		73,484,727		73,484,727		101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	21,545,229		21,545,229		21,545,229		105.00
106.00	10600	HEART ACQUISITION	2,597,741		2,597,741		2,597,741		106.00
107.00	10700	LIVER ACQUISITION	14,838,831		14,838,831		14,838,831		107.00
108.00	10800	LUNG ACQUISITION	3,790,800		3,790,800		3,790,800		108.00
109.00	10900	PANCREAS ACQUISITION	2,093,280		2,093,280		2,093,280		109.00
110.00	11000	INTESTINAL ACQUISITION	872,650		872,650		872,650		110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	591,406		591,406		591,406		112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,867,958		6,867,958		6,867,958		112.01
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	16,579,923		16,579,923		16,579,923		116.00
200.00		Subtotal (see instructions)	2,543,526,867	0	2,543,526,867	1,842,626	2,545,369,493		200.00
201.00		Less Observation Beds	22,569,045		22,569,045		22,569,045		201.00
202.00		Total (see instructions)	2,520,957,822	0	2,520,957,822	1,842,626	2,522,800,448		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
90.17	09015	PHYSICAL MEDICINE	4,181	1,013,152	1,017,333	1.600733	0.000000	90.17
90.18	09016	DERMATOLOGY CLINIC	15,045	7,805,622	7,820,667	0.229220	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0.000000	0.000000	90.19
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	900,006	900,006	0.119071	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	123	3,093,315	3,093,438	0.767793	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	5,131	1,368,164	1,373,295	2.334475	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	548	744,405	744,953	4.819947	0.000000	90.24
91.00	09100	EMERGENCY	218,594,727	536,540,926	755,135,653	0.089245	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,734,695	113,249,784	115,984,479	0.194587	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	152,206	374,281,260	374,433,466	0.167197	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	299,913,019	299,913,019			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	35,564,855	0	35,564,855			105.00
106.00	10600	HEART ACQUISITION	2,946,582	0	2,946,582			106.00
107.00	10700	LIVER ACQUISITION	21,862,856	0	21,862,856			107.00
108.00	10800	LUNG ACQUISITION	4,896,160	0	4,896,160			108.00
109.00	10900	PANCREAS ACQUISITION	2,556,817	0	2,556,817			109.00
110.00	11000	INTESTINAL ACQUISITION	1,098,810	0	1,098,810			110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	46,723,212	46,723,212			116.00
200.00		Subtotal (see instructions)	5,783,912,260	5,413,997,626	11,197,909,886			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	5,783,912,260	5,413,997,626	11,197,909,886			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 4/6/2023 1:09 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PEDIC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144588		50.00
50.01	05001	ENDOSCOPY	0.107004		50.01
51.00	05100	RECOVERY ROOM	0.154838		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.269437		52.00
53.00	05300	ANESTHESIOLOGY	0.103267		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.183748		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129188		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070669		55.00
56.00	05600	RADIOISOTOPE	0.088012		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.498930		59.00
60.00	06000	LABORATORY	0.173016		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.190664		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125532		63.00
65.00	06500	RESPIRATORY THERAPY	0.215279		65.00
66.00	06600	PHYSICAL THERAPY	0.374438		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.312556		67.00
68.00	06800	SPEECH PATHOLOGY	0.323289		68.00
69.00	06900	ELECTROCARDIOLOGY	0.064128		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.150427		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259168		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.135287		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225213		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.915729		73.03
74.00	07400	RENAL DIALYSIS	0.318260		74.00
76.00	03020	RH NBN ECMO IC	0.394904		76.00
76.01	03140	CARDIOLOGY	0.063066		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,832.025157		76.02
76.03	03950	CARDIAC CATH	0.107066		76.03
76.04	03951	DAY SURGERY	0.342766		76.04
76.05	03480	ONCOLOGY	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000		76.07
76.08	03954	ECMO-ADULT	0.211442		76.08
76.97	07697	CARDIAC REHABILITATION	0.270071		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.514886		77.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.312456		90.01
90.02	09002	IUSCC HEM/ONC	0.322213		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.219318		90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.920631		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.151209		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.235127		90.07
90.08	09008	MOTILITY LAB	0.345898		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	0.000000		90.10
90.11	09023	SLEEP LAB	0.220988		90.11
90.12	09024	OP CARE ADULTS	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	INFUSION CLINIC	0.142197		90.14
90.15	09013	NEUROLOGY UH	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1.600733		90.17
90.18	09016	DERMATOLOGY CLINIC	0.229220		90.18

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
90.19	09017	INFUSION/HEM/ONC	0.000000			90.19
90.20	09025	IUMG - MH	0.000000			90.20
90.21	09019	OP REHAB CLINIC	0.119071			90.21
90.22	09020	EATING DISORDERS CLINIC	0.767793			90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.334475			90.23
90.24	09021	LIFE CARE CLINIC	4.819947			90.24
91.00	09100	EMERGENCY	0.091686			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.194587			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.167197			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP				112.00
112.01	08601	POST TRANSPLANT EXPENSES				112.01
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 4/6/2023 1:09 pm	
			Title XIX	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	366,293,171		366,293,171	30.00
31.00	03100	INTENSIVE CARE UNIT	42,466,876		42,466,876	31.00
32.00	03200	CORONARY CARE UNIT	44,777,155		44,777,155	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	46,594,879		46,594,879	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,733,567		4,733,567	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
34.02	03401	UH SURG 6IC	9,142,013		9,142,013	34.02
34.03	03402	UH NS 3IC	0		0	34.03
34.04	03403	RH PEDIC	24,895,032		24,895,032	34.04
34.05	03404	TRANSPLANT ICU	5,343,828		5,343,828	34.05
34.06	03407	PEDS CANCER CARE	6,866,296		6,866,296	34.06
40.00	04000	SUBPROVIDER - I PF	7,484,662		7,484,662	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	41.00
43.00	04300	NURSERY	2,977,515		2,977,515	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	160,335,246		160,335,246	50.00
50.01	05001	ENDOSCOPY	11,254,994		11,254,994	50.01
51.00	05100	RECOVERY ROOM	22,473,904		22,473,904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,166,972		18,166,972	52.00
53.00	05300	ANESTHESIOLOGY	9,358,211		9,358,211	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,806,168		4,806,168	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,092,969		94,092,969	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,836,406		13,836,406	55.00
56.00	05600	RADIOISOTOPE	5,131,453		5,131,453	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,006,391		2,006,391	59.00
60.00	06000	LABORATORY	93,032,937		93,032,937	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,746,241		3,746,241	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,768,386		24,768,386	63.00
65.00	06500	RESPIRATORY THERAPY	44,019,712	0	44,019,712	65.00
66.00	06600	PHYSICAL THERAPY	38,994,756	0	38,994,756	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,582,996	0	7,582,996	67.00
68.00	06800	SPEECH PATHOLOGY	9,605,619	0	9,605,619	68.00
69.00	06900	ELECTROCARDIOLOGY	7,614,872		7,614,872	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,007,935		12,007,935	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	102,799,626		102,799,626	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	89,636,274		89,636,274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	422,662,072		422,662,072	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	341,557,630		341,557,630	73.03
74.00	07400	RENAL DIALYSIS	12,248,311		12,248,311	74.00
76.00	03020	RH NBN ECMO IC	2,005,565		2,005,565	76.00
76.01	03140	CARDIOLOGY	4,234,815		4,234,815	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,981,168		4,981,168	76.02
76.03	03950	CARDIAC CATH	24,128,917		24,128,917	76.03
76.04	03951	DAY SURGERY	9,168,503		9,168,503	76.04
76.05	03480	ONCOLOGY	0		0	76.05
76.06	03952	DAY SURGERY-RILEY	0		0	76.06
76.07	03953	CARDIOLOGY-RILEY	0		0	76.07
76.08	03954	ECMO-ADULT	4,334,066		4,334,066	76.08
76.97	07697	CARDIAC REHABILITATION	2,019,386		2,019,386	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,969,846		2,969,846	77.00
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	89.00
90.00	09000	CLINIC	0		0	90.00
90.01	09001	AMB SVC-OB & GYN	1,810,118		1,810,118	90.01
90.02	09002	IUSCC HEM/ONC	43,056,661		43,056,661	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	1,132,074		1,132,074	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,629,667		1,629,667	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	90.05
90.06	09006	OUTPATIENT SURGERY	4,642,786		4,642,786	90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,467,642		6,467,642	90.07
90.08	09008	MOTILITY LAB	469,683		469,683	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	90.09
90.10	09010	CLINICAL GERIATRICS	0		0	90.10
90.11	09023	SLEEP LAB	7,722,995		7,722,995	90.11
90.12	09024	OP CARE ADULTS	0		0	90.12
90.13	09011	PEDIATRIC CLINIC	0		0	90.13
90.14	09012	INFUSION CLINIC	903,952		903,952	90.14
90.15	09013	NEUROLOGY UH	0		0	90.15

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

			Title XIX		Hospital		PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
90.16	09014	ORTHOPEDICS UH	0		0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,628,478		1,628,478	0	1,628,478		90.17
90.18	09016	DERMATOLOGY CLINIC	1,792,650		1,792,650	0	1,792,650		90.18
90.19	09017	INFUSION/HEM/ONC	5,853		5,853	0	5,853		90.19
90.20	09025	IUMG - MH	0		0	0	0		90.20
90.21	09019	OP REHAB CLINIC	107,165		107,165	0	107,165		90.21
90.22	09020	EATING DISORDERS CLINIC	2,375,120		2,375,120	0	2,375,120		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	3,205,923		3,205,923	0	3,205,923		90.23
90.24	09021	LIFE CARE CLINIC	3,590,634		3,590,634	0	3,590,634		90.24
91.00	09100	EMERGENCY	67,392,384		67,392,384	1,842,626	69,235,010		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	22,569,045		22,569,045		22,569,045		92.00
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	62,604,151		62,604,151	0	62,604,151		95.00
101.00	10100	HOME HEALTH AGENCY	73,484,727		73,484,727		73,484,727		101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	21,545,229		21,545,229		21,545,229		105.00
106.00	10600	HEART ACQUISITION	2,597,741		2,597,741		2,597,741		106.00
107.00	10700	LIVER ACQUISITION	14,838,831		14,838,831		14,838,831		107.00
108.00	10800	LUNG ACQUISITION	3,790,800		3,790,800		3,790,800		108.00
109.00	10900	PANCREAS ACQUISITION	2,093,280		2,093,280		2,093,280		109.00
110.00	11000	INTESTINAL ACQUISITION	872,650		872,650		872,650		110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	591,406		591,406		591,406		112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,867,958		6,867,958		6,867,958		112.01
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	16,579,923		16,579,923		16,579,923		116.00
200.00		Subtotal (see instructions)	2,543,526,867	0	2,543,526,867	1,842,626	2,545,369,493		200.00
201.00		Less Observation Beds	22,569,045		22,569,045		22,569,045		201.00
202.00		Total (see instructions)	2,520,957,822	0	2,520,957,822	1,842,626	2,522,800,448		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 4/6/2023 1:09 pm
				Title XIX	Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,074,485,161		1,074,485,161	30.00
31.00	03100	INTENSIVE CARE UNIT	158,402,550		158,402,550	31.00
32.00	03200	CORONARY CARE UNIT	144,285,492		144,285,492	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	181,841,900		181,841,900	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	11,347,770		11,347,770	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
34.02	03401	UH SURG 61C	24,880,229		24,880,229	34.02
34.03	03402	UH NS 31C	0		0	34.03
34.04	03403	RH PEDIC	77,885,844		77,885,844	34.04
34.05	03404	TRANSPLANT ICU	14,858,676		14,858,676	34.05
34.06	03407	PEDS CANCER CARE	13,833,569		13,833,569	34.06
40.00	04000	SUBPROVIDER - I PF	14,138,752		14,138,752	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	41.00
43.00	04300	NURSERY	8,351,513		8,351,513	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	693,371,438	415,537,061	1,108,908,499	50.00
50.01	05001	ENDOSCOPY	46,754,626	58,428,045	105,182,671	50.01
51.00	05100	RECOVERY ROOM	48,514,754	96,630,079	145,144,833	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,025,348	10,400,415	67,425,763	52.00
53.00	05300	ANESTHESIOLOGY	59,259,272	31,361,977	90,621,249	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,260,544	22,895,738	26,156,282	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	316,312,883	412,031,079	728,343,962	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,308,767	182,483,303	195,792,070	55.00
56.00	05600	RADIOISOTOPE	7,870,016	50,433,717	58,303,733	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,706,780	1,314,609	4,021,389	59.00
60.00	06000	LABORATORY	266,277,306	271,435,829	537,713,135	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,281,753	16,366,667	19,648,420	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	158,646,021	38,662,059	197,308,080	63.00
65.00	06500	RESPIRATORY THERAPY	200,493,560	3,983,712	204,477,272	65.00
66.00	06600	PHYSICAL THERAPY	52,627,647	51,514,479	104,142,126	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,675,261	4,586,011	24,261,272	67.00
68.00	06800	SPEECH PATHOLOGY	13,699,744	16,012,413	29,712,157	68.00
69.00	06900	ELECTROCARDIOLOGY	65,686,874	53,057,942	118,744,816	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,722,427	28,103,501	79,825,928	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	227,846,834	168,806,263	396,653,097	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	455,542,441	207,019,868	662,562,309	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	837,368,816	1,039,349,000	1,876,717,816	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	372,989,925	372,989,925	73.03
74.00	07400	RENAL DIALYSIS	25,661,603	12,823,692	38,485,295	74.00
76.00	03020	RH NBN ECMO IC	5,078,609	0	5,078,609	76.00
76.01	03140	CARDIOLOGY	10,784,128	56,365,013	67,149,141	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	636	636	76.02
76.03	03950	CARDIAC CATH	81,230,263	144,135,282	225,365,545	76.03
76.04	03951	DAY SURGERY	453,620	26,294,950	26,748,570	76.04
76.05	03480	ONCOLOGY	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	76.07
76.08	03954	ECMO-ADULT	20,497,633	0	20,497,633	76.08
76.97	07697	CARDIAC REHABILITATION	450,105	7,027,147	7,477,252	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	5,767,967	0	5,767,967	77.00
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	24,133	5,769,055	5,793,188	90.01
90.02	09002	IUSCC HEM/ONC	852,433	132,775,485	133,627,918	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	5,796	5,155,987	5,161,783	90.03
90.04	09004	AMB SVC-PSYCH ADULT	3,405	845,101	848,506	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	15,003,731	15,700,742	30,704,473	90.06
90.07	09007	AMB SVC-RILEY CLINICS	421,759	27,085,208	27,506,967	90.07
90.08	09008	MOTILITY LAB	35,630	1,322,236	1,357,866	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	90.10
90.11	09023	SLEEP LAB	1,644,141	33,303,496	34,947,637	90.11
90.12	09024	OP CARE ADULTS	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	6,357,039	6,357,039	90.14
90.15	09013	NEUROLOGY UH	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	90.16

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
90.17	09015	PHYSICAL MEDICINE	4,181	1,013,152	1,017,333	1.600733	0.000000	90.17	
90.18	09016	DERMATOLOGY CLINIC	15,045	7,805,622	7,820,667	0.229220	0.000000	90.18	
90.19	09017	INFUSION/HEM/ONC	0	0	0	0.000000	0.000000	90.19	
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20	
90.21	09019	OP REHAB CLINIC	0	900,006	900,006	0.119071	0.000000	90.21	
90.22	09020	EATING DISORDERS CLINIC	123	3,093,315	3,093,438	0.767793	0.000000	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	5,131	1,368,164	1,373,295	2.334475	0.000000	90.23	
90.24	09021	LIFE CARE CLINIC	548	744,405	744,953	4.819947	0.000000	90.24	
91.00	09100	EMERGENCY	218,594,727	536,540,926	755,135,653	0.089245	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,734,695	113,249,784	115,984,479	0.194587	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	152,206	374,281,260	374,433,466	0.167197	0.000000	95.00	
101.00	10100	HOME HEALTH AGENCY	0	299,913,019	299,913,019			101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	35,564,855	0	35,564,855			105.00	
106.00	10600	HEART ACQUISITION	2,946,582	0	2,946,582			106.00	
107.00	10700	LIVER ACQUISITION	21,862,856	0	21,862,856			107.00	
108.00	10800	LUNG ACQUISITION	4,896,160	0	4,896,160			108.00	
109.00	10900	PANCREAS ACQUISITION	2,556,817	0	2,556,817			109.00	
110.00	11000	INTESTINAL ACQUISITION	1,098,810	0	1,098,810			110.00	
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0			112.00	
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01	
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	46,723,212	46,723,212			116.00	
200.00		Subtotal (see instructions)	5,783,912,260	5,413,997,626	11,197,909,886			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	5,783,912,260	5,413,997,626	11,197,909,886			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 4/6/2023 1:09 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PEDIC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144588		50.00
50.01	05001	ENDOSCOPY	0.107004		50.01
51.00	05100	RECOVERY ROOM	0.154838		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.269437		52.00
53.00	05300	ANESTHESIOLOGY	0.103267		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.183748		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129188		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070669		55.00
56.00	05600	RADIOISOTOPE	0.088012		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.498930		59.00
60.00	06000	LABORATORY	0.173016		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.190664		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125532		63.00
65.00	06500	RESPIRATORY THERAPY	0.215279		65.00
66.00	06600	PHYSICAL THERAPY	0.374438		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.312556		67.00
68.00	06800	SPEECH PATHOLOGY	0.323289		68.00
69.00	06900	ELECTROCARDIOLOGY	0.064128		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.150427		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259168		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.135287		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225213		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.915729		73.03
74.00	07400	RENAL DIALYSIS	0.318260		74.00
76.00	03020	RH NBN ECMO IC	0.394904		76.00
76.01	03140	CARDIOLOGY	0.063066		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,832.025157		76.02
76.03	03950	CARDIAC CATH	0.107066		76.03
76.04	03951	DAY SURGERY	0.342766		76.04
76.05	03480	ONCOLOGY	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000		76.07
76.08	03954	ECMO-ADULT	0.211442		76.08
76.97	07697	CARDIAC REHABILITATION	0.270071		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.514886		77.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.312456		90.01
90.02	09002	IUSCC HEM/ONC	0.322213		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.219318		90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.920631		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.151209		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.235127		90.07
90.08	09008	MOTILITY LAB	0.345898		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	0.000000		90.10
90.11	09023	SLEEP LAB	0.220988		90.11
90.12	09024	OP CARE ADULTS	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	INFUSION CLINIC	0.142197		90.14
90.15	09013	NEUROLOGY UH	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1.600733		90.17
90.18	09016	DERMATOLOGY CLINIC	0.229220		90.18

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
90.19	09017	INFUSION/HEM/ONC	0.000000			90.19
90.20	09025	IUMG - MH	0.000000			90.20
90.21	09019	OP REHAB CLINIC	0.119071			90.21
90.22	09020	EATING DISORDERS CLINIC	0.767793			90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.334475			90.23
90.24	09021	LIFE CARE CLINIC	4.819947			90.24
91.00	09100	EMERGENCY	0.091686			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.194587			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.167197			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP				112.00
112.01	08601	POST TRANSPLANT EXPENSES				112.01
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part II Date/Time Prepared: 4/6/2023 1:09 pm	
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	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	160,335,246	22,053,816	138,281,430	0	0	50.00
50.01	05001	ENDOSCOPY	11,254,994	1,177,415	10,077,579	0	0	50.01
51.00	05100	RECOVERY ROOM	22,473,904	1,720,370	20,753,534	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,166,972	1,205,917	16,961,055	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,358,211	1,017,561	8,340,650	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,806,168	414,199	4,391,969	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,092,969	20,114,877	73,978,092	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,836,406	3,153,875	10,682,531	0	0	55.00
56.00	05600	RADIOISOTOPE	5,131,453	1,603,555	3,527,898	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,006,391	447,659	1,558,732	0	0	59.00
60.00	06000	LABORATORY	93,032,937	9,772,928	83,260,009	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,746,241	244,582	3,501,659	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,768,386	361,415	24,406,971	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	44,019,712	1,870,445	42,149,267	0	0	65.00
66.00	06600	PHYSICAL THERAPY	38,994,756	1,228,568	37,766,188	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,582,996	122,715	7,460,281	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,605,619	655,713	8,949,906	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,614,872	1,785,133	5,829,739	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,007,935	1,286,678	10,721,257	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	102,799,626	951,517	101,848,109	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	89,636,274	808,419	88,827,855	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	422,662,072	2,546,507	420,115,565	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	341,557,630	822,543	340,735,087	0	0	73.03
74.00	07400	RENAL DIALYSIS	12,248,311	1,049,530	11,198,781	0	0	74.00
76.00	03020	RH NBN ECMO IC	2,005,565	92,349	1,913,216	0	0	76.00
76.01	03140	CARDIOLOGY	4,234,815	1,024,600	3,210,215	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,981,168	65,328	4,915,840	0	0	76.02
76.03	03950	CARDIAC CATH	24,128,917	2,753,987	21,374,930	0	0	76.03
76.04	03951	DAY SURGERY	9,168,503	650,961	8,517,542	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	4,334,066	155,663	4,178,403	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	2,019,386	249,493	1,769,893	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,969,846	20,851	2,948,995	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1,810,118	403,531	1,406,587	0	0	90.01
90.02	09002	IUSCC HEM/ONC	43,056,661	3,157,472	39,899,189	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	1,132,074	196,795	935,279	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,629,667	107,649	1,522,018	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,642,786	424,787	4,217,999	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,467,642	1,090,376	5,377,266	0	0	90.07
90.08	09008	MOTILITY LAB	469,683	57,569	412,114	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	7,722,995	482,124	7,240,871	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	903,952	15,531	888,421	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,628,478	204,214	1,424,264	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,792,650	179,278	1,613,372	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	5,853	4,425	1,428	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	107,165	5,030	102,135	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	2,375,120	16,478	2,358,642	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	3,205,923	300,545	2,905,378	0	0	90.23
90.24	09021	LIFE CARE CLINIC	3,590,634	229,326	3,361,308	0	0	90.24
91.00	09100	EMERGENCY	67,392,384	4,143,841	63,248,543	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	22,569,045	1,182,956	21,386,089	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	62,604,151	6,085,017	56,519,134	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	73,484,727	1,016,909	72,467,818	0	0	101.00

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

Provider CCN: 15-0056

Period: From 01/01/2021 To 12/31/2021

Worksheet C Part II Date/Time Prepared: 4/6/2023 1:09 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	21,545,229	237,158	21,308,071	0	0	105.00
106.00	10600	HEART ACQUISITION	2,597,741	17,994	2,579,747	0	0	106.00
107.00	10700	LIVER ACQUISITION	14,838,831	114,510	14,724,321	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,790,800	17,931	3,772,869	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,093,280	15,784	2,077,496	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	872,650	6,613	866,037	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	591,406	2,625	588,781	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,867,958	194,413	6,673,545	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	16,579,923	165,112	16,414,811	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,981,951,873	101,505,162	1,880,446,711	0	0	200.00
201.00		Less Observation Beds	22,569,045	1,182,956	21,386,089	0	0	201.00
202.00		Total (line 200 minus line 201)	1,959,382,828	100,322,206	1,859,060,622	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part II Date/Time Prepared: 4/6/2023 1:09 pm
Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)
		6.00	7.00	8.00
Title XIX				
Hospital				
PPS				
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	160,335,246	1,108,908,499	0.144588
50.01	05001 ENDOSCOPY	11,254,994	105,182,671	0.107004
51.00	05100 RECOVERY ROOM	22,473,904	145,144,833	0.154838
52.00	05200 DELIVERY ROOM & LABOR ROOM	18,166,972	67,425,763	0.269437
53.00	05300 ANESTHESIOLOGY	9,358,211	90,621,249	0.103267
53.01	05301 PULMONARY FUNCTION TESTING	4,806,168	26,156,282	0.183748
54.00	05400 RADIOLOGY-DIAGNOSTIC	94,092,969	728,343,962	0.129188
55.00	05500 RADIOLOGY-THERAPEUTIC	13,836,406	195,792,070	0.070669
56.00	05600 RADIOISOTOPE	5,131,453	58,303,733	0.088012
59.00	05900 CARDIAC CATHETERIZATION	2,006,391	4,021,389	0.498930
60.00	06000 LABORATORY	93,032,937	537,713,135	0.173016
60.01	06001 TRANSPLANT IMMUNOLOGY	3,746,241	19,648,420	0.190664
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0.000000
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	24,768,386	197,308,080	0.125532
65.00	06500 RESPIRATORY THERAPY	44,019,712	204,477,272	0.215279
66.00	06600 PHYSICAL THERAPY	38,994,756	104,142,126	0.374438
67.00	06700 OCCUPATIONAL THERAPY	7,582,996	24,261,272	0.312556
68.00	06800 SPEECH PATHOLOGY	9,605,619	29,712,157	0.323289
69.00	06900 ELECTROCARDIOLOGY	7,614,872	118,744,816	0.064128
70.00	07000 ELECTROENCEPHALOGRAPHY	12,007,935	79,825,928	0.150427
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	102,799,626	396,653,097	0.259168
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	89,636,274	662,562,309	0.135287
73.00	07300 DRUGS CHARGED TO PATIENTS	422,662,072	1,876,717,816	0.225213
73.03	07303 OUTPATIENT RETAIL PHARMACY	341,557,630	372,989,925	0.915729
74.00	07400 RENAL DIALYSIS	12,248,311	38,485,295	0.318260
76.00	03020 RH NBN ECMO IC	2,005,565	5,078,609	0.394904
76.01	03140 CARDIOLOGY	4,234,815	67,149,141	0.063066
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,981,168	636	7,832.025157
76.03	03950 CARDIAC CATH	24,128,917	225,365,545	0.107066
76.04	03951 DAY SURGERY	9,168,503	26,748,570	0.342766
76.05	03480 ONCOLOGY	0	0	0.000000
76.06	03952 DAY SURGERY-RILEY	0	0	0.000000
76.07	03953 RADIOLOGY-RILEY	0	0	0.000000
76.08	03954 ECMO-ADULT	4,334,066	20,497,633	0.211442
76.97	07697 CARDIAC REHABILITATION	2,019,386	7,477,252	0.270071
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	2,969,846	5,767,967	0.514886
OUTPATIENT SERVICE COST CENTERS				
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000
90.00	09000 CLINIC	0	0	0.000000
90.01	09001 AMB SVC-OB & GYN	1,810,118	5,793,188	0.312456
90.02	09002 IUSCC HEM/ONC	43,056,661	133,627,918	0.322213
90.03	09003 AMB SVC-OPHTHALMOLOGY	1,132,074	5,161,783	0.219318
90.04	09004 AMB SVC-PSYCH ADULT	1,629,667	848,506	1.920631
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0.000000
90.06	09006 OUTPATIENT SURGERY	4,642,786	30,704,473	0.151209
90.07	09007 AMB SVC-RILEY CLINICS	6,467,642	27,506,967	0.235127
90.08	09008 MOTILITY LAB	469,683	1,357,866	0.345898
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0.000000
90.10	09010 CLINICAL GERIATRICS	0	0	0.000000
90.11	09023 SLEEP LAB	7,722,995	34,947,637	0.220988
90.12	09024 OP CARE ADULTS	0	0	0.000000
90.13	09011 PEDIATRIC CLINIC	0	0	0.000000
90.14	09012 INFUSION CLINIC	903,952	6,357,039	0.142197
90.15	09013 NEUROLOGY UH	0	0	0.000000
90.16	09014 ORTHOPEDICS UH	0	0	0.000000
90.17	09015 PHYSICAL MEDICINE	1,628,478	1,017,333	1.600733
90.18	09016 DERMATOLOGY CLINIC	1,792,650	7,820,667	0.229220
90.19	09017 INFUSION/HEM/ONC	5,853	0	0.000000
90.20	09025 IUMG - MH	0	0	0.000000
90.21	09019 OP REHAB CLINIC	107,165	900,006	0.119071
90.22	09020 EATING DISORDERS CLINIC	2,375,120	3,093,438	0.767793
90.23	09018 GASTROENTEROLOGY CLINIC	3,205,923	1,373,295	2.334475
90.24	09021 LIFE CARE CLINIC	3,590,634	744,953	4.819947
91.00	09100 EMERGENCY	67,392,384	755,135,653	0.089245
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	22,569,045	115,984,479	0.194587
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000
95.00	09500 AMBULANCE SERVICES	62,604,151	374,433,466	0.167197
101.00	10100 HOME HEALTH AGENCY	73,484,727	299,913,019	0.245020

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY	Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part II Date/Time Prepared: 4/6/2023 1:09 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
SPECIAL PURPOSE COST CENTERS		6.00	7.00	8.00		
105.00	10500 KIDNEY ACQUISITION	21,545,229	35,564,855	0.605801		105.00
106.00	10600 HEART ACQUISITION	2,597,741	2,946,582	0.881612		106.00
107.00	10700 LIVER ACQUISITION	14,838,831	21,862,856	0.678723		107.00
108.00	10800 LUNG ACQUISITION	3,790,800	4,896,160	0.774239		108.00
109.00	10900 PANCREAS ACQUISITION	2,093,280	2,556,817	0.818705		109.00
110.00	11000 INTESTINAL ACQUISITION	872,650	1,098,810	0.794177		110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	591,406	0	0.000000		112.00
112.01	08601 POST TRANSPLANT EXPENSES	6,867,958	0	0.000000		112.01
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE	16,579,923	46,723,212	0.354854		116.00
200.00	Subtotal (sum of lines 50 thru 199)	1,981,951,873	9,473,598,430			200.00
201.00	Less Observation Beds	22,569,045	0			201.00
202.00	Total (line 200 minus line 201)	1,959,382,828	9,473,598,430			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 4/6/2023 1:09 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	19,199,305	0	19,199,305	266,786	71.97	30.00
31.00	INTENSIVE CARE UNIT	1,640,529		1,640,529	21,259	77.17	31.00
32.00	CORONARY CARE UNIT	2,587,118		2,587,118	18,738	138.07	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,751,347		2,751,347	28,303	97.21	32.01
33.00	BURN INTENSIVE CARE UNIT	458,881		458,881	1,811	253.39	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 61C	651,620		651,620	3,378	192.90	34.02
34.03	UH NS 31C	0		0	0	0.00	34.03
34.04	RH PED IC	1,483,361		1,483,361	10,041	147.73	34.04
34.05	TRANSPLANT ICU	357,713		357,713	2,061	173.56	34.05
34.06	PEDS CANCER CARE	928,167		928,167	3,233	287.09	34.06
40.00	SUBPROVIDER - IPF	534,504	0	534,504	4,915	108.75	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	130,046		130,046	4,409	29.50	43.00
200.00	Total (lines 30 through 199)	30,722,591		30,722,591	364,934		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	55,768	4,013,623	30.00
31.00	INTENSIVE CARE UNIT	4,864	375,355	31.00
32.00	CORONARY CARE UNIT	3,291	454,388	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	0	0	32.01
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	UH SURG 61C	948	182,869	34.02
34.03	UH NS 31C	0	0	34.03
34.04	RH PED IC	49	7,239	34.04
34.05	TRANSPLANT ICU	763	132,426	34.05
34.06	PEDS CANCER CARE	85	24,403	34.06
40.00	SUBPROVIDER - IPF	543	59,051	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	66,311	5,249,354	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 4/6/2023 1:09 pm		
Title XVIII			Hospital		PPS				
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	871,235	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	74,885	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	69,185	0	32.00	
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	100,073	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	6,245	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.02	03401	UH SURG 61C	0	0	0	12,459	0	34.02	
34.03	03402	UH NS 31C	0	0	0	0	0	34.03	
34.04	03403	RH PED IC	0	0	0	36,227	0	34.04	
34.05	03404	TRANSPLANT ICU	0	0	0	7,580	0	34.05	
34.06	03407	PEDS CANCER CARE	0	0	0	11,385	0	34.06	
40.00	04000	SUBPROVIDER - IPF	0	0	0	16,794	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	15,061	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	1,221,129	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	871,235	266,786	3.27	55,768	30.00	
31.00	03100	INTENSIVE CARE UNIT		74,885	21,259	3.52	4,864	31.00	
32.00	03200	CORONARY CARE UNIT		69,185	18,738	3.69	3,291	32.00	
32.01	03201	NEONATAL INTENSIVE CARE UNIT		100,073	28,303	3.54	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT		6,245	1,811	3.45	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.02	03401	UH SURG 61C		12,459	3,378	3.69	948	34.02	
34.03	03402	UH NS 31C		0	0	0.00	0	34.03	
34.04	03403	RH PED IC		36,227	10,041	3.61	49	34.04	
34.05	03404	TRANSPLANT ICU		7,580	2,061	3.68	763	34.05	
34.06	03407	PEDS CANCER CARE		11,385	3,233	3.52	85	34.06	
40.00	04000	SUBPROVIDER - IPF	0	16,794	4,915	3.42	543	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
43.00	04300	NURSERY		15,061	4,409	3.42	0	43.00	
200.00		Total (lines 30 through 199)		1,221,129	364,934		66,311	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	182,361						30.00
31.00	03100	INTENSIVE CARE UNIT	17,121						31.00
32.00	03200	CORONARY CARE UNIT	12,144						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0						32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.02	03401	UH SURG 61C	3,498						34.02
34.03	03402	UH NS 31C	0						34.03
34.04	03403	RH PED IC	177						34.04
34.05	03404	TRANSPLANT ICU	2,808						34.05
34.06	03407	PEDS CANCER CARE	299						34.06
40.00	04000	SUBPROVIDER - IPF	1,857						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	220,265						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 4/6/2023 1:09 pm
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Cost Center Description		Title XVIII					Hospital	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	542,236	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	131	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	743	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	6,797	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	3	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	7,448	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	16	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	114	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	53	59.00
60.00	06000	LABORATORY	0	0	0	0	7,558	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	50	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	247	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	10	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,254,772	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	325	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	32	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	218	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	58	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	2,010	76.03
76.04	03951	DAY SURGERY	0	0	0	0	982	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	6	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	2	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	4,863	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	1	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	2	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	1,085	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	6	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	179	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	1	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	2	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	7,975	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	53,692	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	3,891,726	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 4/6/2023 1:09 pm		
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	542,236	542,236	1,108,908,499	0.000489	50.00
50.01	05001	ENDOSCOPY	0	131	131	105,182,671	0.000001	50.01
51.00	05100	RECOVERY ROOM	0	743	743	145,144,833	0.000005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	67,425,763	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	6,797	6,797	90,621,249	0.000075	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	3	3	26,156,282	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,448	7,448	728,343,962	0.000010	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	16	16	195,792,070	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	114	114	58,303,733	0.000002	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	53	53	4,021,389	0.000013	59.00
60.00	06000	LABORATORY	0	7,558	7,558	537,713,135	0.000014	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	50	50	19,648,420	0.000003	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	247	247	197,308,080	0.000001	63.00
65.00	06500	RESPIRATORY THERAPY	0	10	10	204,477,272	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	1	1	104,142,126	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1	1	24,261,272	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	29,712,157	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	107	107	118,744,816	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	79,825,928	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	396,653,097	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	662,562,309	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,254,772	3,254,772	1,876,717,816	0.001734	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	372,989,925	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	325	325	38,485,295	0.000008	74.00
76.00	03020	RH NBN ECMO IC	0	32	32	5,078,609	0.000006	76.00
76.01	03140	CARDIOLOGY	0	218	218	67,149,141	0.000003	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	58	58	636	0.091195	76.02
76.03	03950	CARDIAC CATH	0	2,010	2,010	225,365,545	0.000009	76.03
76.04	03951	DAY SURGERY	0	982	982	26,748,570	0.000037	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	20,497,633	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	6	6	7,477,252	0.000001	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	5,767,967	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	2	2	5,793,188	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	0	4,863	4,863	133,627,918	0.000036	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	1	1	5,161,783	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	848,506	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	2	2	30,704,473	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	1,085	1,085	27,506,967	0.000039	90.07
90.08	09008	MOTILITY LAB	0	0	0	1,357,866	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	6	6	34,947,637	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	INFUSION CLINIC	0	179	179	6,357,039	0.000028	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	1	1	1,017,333	0.000001	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	7,820,667	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0.000000	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	900,006	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	3,093,438	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	2	2	1,373,295	0.000001	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	744,953	0.000000	90.24
91.00	09100	EMERGENCY	0	7,975	7,975	755,135,653	0.000011	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	53,692	53,692	115,984,479	0.000463	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
200.00	Total (lines 50 through 199)	0	3,891,726	3,891,726	8,683,602,653	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000489	146,864,735	71,817	49,335,746	24,125	50.00
50.01	05001 ENDOSCOPY	0.000001	12,319,720	12	13,070,170	13	50.01
51.00	05100 RECOVERY ROOM	0.000005	11,259,151	56	13,383,386	67	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	419,397	0	99,444	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000075	11,723,642	879	3,126,367	234	53.00
53.01	05301 PULMONARY FUNCTION TESTING	0.000000	211,994	0	3,826,938	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000010	68,479,970	685	63,275,218	633	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	3,391,068	0	40,749,716	0	55.00
56.00	05600 RADIOISOTOPE	0.000002	2,122,984	4	6,827,440	14	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000013	1,086,835	14	414,182	5	59.00
60.00	06000 LABORATORY	0.000014	54,691,542	766	28,304,869	396	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0.000003	901,651	3	1,474,453	4	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000001	26,818,871	27	5,937,771	6	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	26,270,764	0	268,791	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	12,470,991	0	2,020,313	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,199,985	0	12,624	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	2,431,071	0	1,100,656	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000001	13,520,554	14	5,505,882	6	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	7,796,169	0	1,543,329	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	52,854,971	0	38,174,640	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	108,389,526	0	42,182,139	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001734	144,461,107	250,496	271,532,609	470,838	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0.000000	0	0	3,905	0	73.03
74.00	07400 RENAL DIALYSIS	0.000008	6,834,644	55	311,156	2	74.00
76.00	03020 RH NBN ECMO IC	0.000006	0	0	0	0	76.00
76.01	03140 RADIOLOGY	0.000003	3,693,032	11	21,201,527	64	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.091195	0	0	0	0	76.02
76.03	03950 CARDIAC CATH	0.000009	20,416,574	184	24,839,686	224	76.03
76.04	03951 DAY SURGERY	0.000037	152,957	6	6,347,688	235	76.04
76.05	03480 ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954 ECMO-ADULT	0.000000	1,111,764	0	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0.000001	119,082	0	1,780,411	2	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	0.000000	123	0	251,609	0	90.01
90.02	09002 IUSCC HEM/ONC	0.000036	293,639	11	33,906,260	1,221	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0.000000	123	0	1,307,206	0	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0.000000	0	0	38,548	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	0.000000	3,970,275	0	4,247,950	0	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0.000039	14,897	1	201,717	8	90.07
90.08	09008 MOTILITY LAB	0.000000	0	0	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023 SLEEP LAB	0.000000	5,852	0	3,307,073	0	90.11
90.12	09024 OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012 INFUSION CLINIC	0.000028	0	0	2,840,902	80	90.14
90.15	09013 NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	0.000001	3,112	0	896,070	1	90.17
90.18	09016 DERMATOLOGY CLINIC	0.000000	14,049	0	1,893,937	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.000000	0	0	5,552	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.000000	0	0	70,795	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0.000001	3,106	0	435,764	0	90.23
90.24	09021 LIFE CARE CLINIC	0.000000	67	0	123,258	0	90.24
91.00	09100 EMERGENCY	0.000011	48,655,148	535	39,313,198	432	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000463	263,025	122	9,613,408	4,451	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		797,238,167	325,698	745,104,303	503,061	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 4/6/2023 1:09 pm				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.144588	49,335,746	0	0	7,133,357	50.00
50.01	05001	ENDOSCOPY	0.107004	13,070,170	0	0	1,398,560	50.01
51.00	05100	RECOVERY ROOM	0.154838	13,383,386	0	0	2,072,257	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.269437	99,444	0	0	26,794	52.00
53.00	05300	ANESTHESIOLOGY	0.103267	3,126,367	0	0	322,851	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.183748	3,826,938	0	0	703,192	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129188	63,275,218	350	0	8,174,399	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070669	40,749,716	0	0	2,879,742	55.00
56.00	05600	RADIOISOTOPE	0.088012	6,827,440	0	0	600,897	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.498930	414,182	0	0	206,648	59.00
60.00	06000	LABORATORY	0.173016	28,304,869	0	0	4,897,195	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.190664	1,474,453	0	0	281,125	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125532	5,937,771	0	0	745,380	63.00
65.00	06500	RESPIRATORY THERAPY	0.215279	268,791	0	0	57,865	65.00
66.00	06600	PHYSICAL THERAPY	0.374438	2,020,313	0	0	756,482	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.312556	12,624	0	0	3,946	67.00
68.00	06800	SPEECH PATHOLOGY	0.323289	1,100,656	0	0	355,830	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064128	5,505,882	0	0	353,081	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.150427	1,543,329	0	0	232,158	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259168	38,174,640	0	0	9,893,645	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.135287	42,182,139	0	0	5,706,695	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225213	271,532,609	6,748	465,855	61,152,673	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.915729	3,905	0	0	3,576	73.03
74.00	07400	RENAL DIALYSIS	0.318260	311,156	0	0	99,029	74.00
76.00	03020	RH NBN ECMO IC	0.394904	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.063066	21,201,527	0	0	1,337,096	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,832.025157	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.107066	24,839,686	0	0	2,659,486	76.03
76.04	03951	DAY SURGERY	0.342766	6,347,688	0	0	2,175,772	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.211442	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.270071	1,780,411	0	0	480,837	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.514886	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.312456	251,609	0	0	78,617	90.01
90.02	09002	IUSCC HEM/ONC	0.322213	33,906,260	0	0	10,925,038	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.219318	1,307,206	0	0	286,694	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.920631	38,548	0	0	74,036	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.151209	4,247,950	0	0	642,328	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.235127	201,717	0	0	47,429	90.07
90.08	09008	MOTILITY LAB	0.345898	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.220988	3,307,073	0	0	730,823	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.142197	2,840,902	0	0	403,968	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.600733	896,070	0	0	1,434,369	90.17
90.18	09016	DERMATOLOGY CLINIC	0.229220	1,893,937	0	0	434,128	90.18
90.19	09017	INFUSION/HEM/ONC	0.000000	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.119071	5,552	0	0	661	90.21
90.22	09020	EATING DISORDERS CLINIC	0.767793	70,795	0	0	54,356	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.334475	435,764	0	0	1,017,280	90.23
90.24	09021	LIFE CARE CLINIC	4.819947	123,258	0	0	594,097	90.24
91.00	09100	EMERGENCY	0.089245	39,313,198	0	0	3,508,506	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.194587	9,613,408	0	0	1,870,644	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 4/6/2023 1:09 pm		
			Title XVIII	Hospital	PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
			1.00	2.00	3.00	4.00	5.00
95.00	09500	AMBULANCE SERVICES	0.167197		0		95.00
200.00		Subtotal (see instructions)		745,104,303	7,098	465,855	136,813,542
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		745,104,303	7,098	465,855	136,813,542

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 4/6/2023 1:09 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00
50.01	05001	ENDOSCOPY	0	0			50.01
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0			53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	45	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0			56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	0	0			60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0			60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0			60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,520	104,917			73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0			73.03
74.00	07400	RENAL DIALYSIS	0	0			74.00
76.00	03020	RH NBN ECMO IC	0	0			76.00
76.01	03140	CARDIOLOGY	0	0			76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			76.02
76.03	03950	CARDIAC CATH	0	0			76.03
76.04	03951	DAY SURGERY	0	0			76.04
76.05	03480	ONCOLOGY	0	0			76.05
76.06	03952	DAY SURGERY-RILEY	0	0			76.06
76.07	03953	CARDIOLOGY-RILEY	0	0			76.07
76.08	03954	ECMO-ADULT	0	0			76.08
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0			77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC	0	0			90.00
90.01	09001	AMB SVC-OB & GYN	0	0			90.01
90.02	09002	IUSCC HEM/ONC	0	0			90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0			90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0			90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0			90.05
90.06	09006	OUTPATIENT SURGERY	0	0			90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0			90.07
90.08	09008	MOTILITY LAB	0	0			90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0			90.09
90.10	09010	CLINICAL GERIATRICS	0	0			90.10
90.11	09023	SLEEP LAB	0	0			90.11
90.12	09024	OP CARE ADULTS	0	0			90.12
90.13	09011	PEDIATRIC CLINIC	0	0			90.13
90.14	09012	INFUSION CLINIC	0	0			90.14
90.15	09013	NEUROLOGY UH	0	0			90.15
90.16	09014	ORTHOPEDICS UH	0	0			90.16
90.17	09015	PHYSICAL MEDICINE	0	0			90.17
90.18	09016	DERMATOLOGY CLINIC	0	0			90.18
90.19	09017	INFUSION/HEM/ONC	0	0			90.19
90.20	09025	IUMG - MH	0	0			90.20
90.21	09019	OP REHAB CLINIC	0	0			90.21
90.22	09020	EATING DISORDERS CLINIC	0	0			90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0			90.23
90.24	09021	LIFE CARE CLINIC	0	0			90.24
91.00	09100	EMERGENCY	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0			94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 4/6/2023 1:09 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Costs					
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
			6.00	7.00				
95.00	09500	AMBULANCE SERVICES	0					95.00
200.00		Subtotal (see instructions)	1,565	104,917				200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					201.00
202.00		Net Charges (line 200 - line 201)	1,565	104,917				202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 4/6/2023 1:09 pm	
Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	22,053,816	1,108,908,499	0.019888	115,596	2,299	50.00
50.01 05001 ENDOSCOPY	1,177,415	105,182,671	0.011194	0	0	50.01
51.00 05100 RECOVERY ROOM	1,720,370	145,144,833	0.011853	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,205,917	67,425,763	0.017885	0	0	52.00
53.00 05300 ANESTHESIOLOGY	1,017,561	90,621,249	0.011229	0	0	53.00
53.01 05301 PULMONARY FUNCTION TESTING	414,199	26,156,282	0.015836	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	20,114,877	728,343,962	0.027617	28,232	780	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	3,153,875	195,792,070	0.016108	0	0	55.00
56.00 05600 RADIO SOTOPE	1,603,555	58,303,733	0.027503	12,185	335	56.00
59.00 05900 CARDIAC CATHETERIZATION	447,659	4,021,389	0.111319	223	25	59.00
60.00 06000 LABORATORY	9,772,928	537,713,135	0.018175	64,761	1,177	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	244,582	19,648,420	0.012448	0	0	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	361,415	197,308,080	0.001832	1,476	3	63.00
65.00 06500 RESPIRATORY THERAPY	1,870,445	204,477,272	0.009147	10,739	98	65.00
66.00 06600 PHYSICAL THERAPY	1,228,568	104,142,126	0.011797	11,458	135	66.00
67.00 06700 OCCUPATIONAL THERAPY	122,715	24,261,272	0.005058	5,594	28	67.00
68.00 06800 SPEECH PATHOLOGY	655,713	29,712,157	0.022069	1,969	43	68.00
69.00 06900 ELECTROCARDIOLOGY	1,785,133	118,744,816	0.015033	6,672	100	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,286,678	79,825,928	0.016119	4,431	71	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	951,517	396,653,097	0.002399	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	808,419	662,562,309	0.001220	150	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,546,507	1,876,717,816	0.001357	294,379	399	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	822,543	372,989,925	0.002205	0	0	73.03
74.00 07400 RENAL DIALYSIS	1,049,530	38,485,295	0.027271	1,455	40	74.00
76.00 03020 RH NBN ECMO IC	92,349	5,078,609	0.018184	0	0	76.00
76.01 03140 RADIOLOGY	1,024,600	67,149,141	0.015259	0	0	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	65,328	636	102.716981	0	0	76.02
76.03 03950 RADIOLOGY	2,753,987	225,365,545	0.012220	0	0	76.03
76.04 03951 DAY SURGERY	650,961	26,748,570	0.024336	2,590	63	76.04
76.05 03480 RADIOLOGY	0	0	0.000000	0	0	76.05
76.06 03952 DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07 03953 RADIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08 03954 ECMO-ADULT	155,663	20,497,633	0.007594	0	0	76.08
76.97 07697 RADIOLOGY	249,493	7,477,252	0.033367	0	0	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	20,851	5,767,967	0.003615	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0	0	90.00
90.01 09001 AMB SVC-OB & GYN	403,531	5,793,188	0.069656	0	0	90.01
90.02 09002 IUSCC HEM/ONC	3,157,472	133,627,918	0.023629	0	0	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	196,795	5,161,783	0.038125	0	0	90.03
90.04 09004 AMB SVC-PSYCH ADULT	107,649	848,506	0.126869	0	0	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06 09006 OUTPATIENT SURGERY	424,787	30,704,473	0.013835	3,100	43	90.06
90.07 09007 AMB SVC-RILEY CLINICS	1,090,376	27,506,967	0.039640	0	0	90.07
90.08 09008 MOTILITY LAB	57,569	1,357,866	0.042397	0	0	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10 09010 CLINICAL GERIATRICS	0	0	0.000000	0	0	90.10
90.11 09023 SLEEP LAB	482,124	34,947,637	0.013796	0	0	90.11
90.12 09024 OP CARE ADULTS	0	0	0.000000	0	0	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14 09012 INFUSION CLINIC	15,531	6,357,039	0.002443	0	0	90.14
90.15 09013 RADIOLOGY UH	0	0	0.000000	0	0	90.15
90.16 09014 ORTHOPEDIC UH	0	0	0.000000	0	0	90.16
90.17 09015 PHYSICAL MEDICINE	204,214	1,017,333	0.200735	0	0	90.17
90.18 09016 DERMATOLOGY CLINIC	179,278	7,820,667	0.022924	0	0	90.18
90.19 09017 INFUSION/HEM/ONC	4,425	0	0.000000	0	0	90.19
90.20 09025 IUMG - MH	0	0	0.000000	0	0	90.20
90.21 09019 OP REHAB CLINIC	5,030	900,006	0.005589	0	0	90.21
90.22 09020 EATING DISORDERS CLINIC	16,478	3,093,438	0.005327	0	0	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	300,545	1,373,295	0.218850	0	0	90.23
90.24 09021 LIFE CARE CLINIC	229,326	744,953	0.307840	0	0	90.24
91.00 09100 RADIOLOGY	4,143,841	755,135,653	0.005488	209,020	1,147	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	115,984,479	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00 09500 RADIOLOGY	0	0	0.000000	0	0	95.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 4/6/2023 1:09 pm	
				Title XVIII		Subprovider - IPF	
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	
200.00	Total (lines 50 through 199)	92,448,140	8,683,602,653		774,030	6,786	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 4/6/2023 1:09 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	542,236	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	131	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	743	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	6,797	53.00
53.01	05301 PULMONARY FUNCTION TESTING	0	0	0	0	3	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	7,448	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	16	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	114	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	53	59.00
60.00	06000 LABORATORY	0	0	0	0	7,558	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0	0	0	0	50	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	247	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	10	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	1	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	1	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	107	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	3,254,772	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	0	0	0	0	325	74.00
76.00	03020 RHNBN ECMO IC	0	0	0	0	32	76.00
76.01	03140 RADIOLOGY	0	0	0	0	218	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	58	76.02
76.03	03950 CARDIAC CATH	0	0	0	0	2,010	76.03
76.04	03951 DAY SURGERY	0	0	0	0	982	76.04
76.05	03480 ONCOLOGY	0	0	0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954 ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	6	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	0	0	0	0	2	90.01
90.02	09002 IUSCC HEM/ONC	0	0	0	0	4,863	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0	0	0	0	1	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	0	0	0	0	2	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0	0	0	0	1,085	90.07
90.08	09008 MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023 SLEEP LAB	0	0	0	0	6	90.11
90.12	09024 OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012 INFUSION CLINIC	0	0	0	0	179	90.14
90.15	09013 NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	0	0	0	0	1	90.17
90.18	09016 DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025 IUMG - MH	0	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0	0	0	0	2	90.23
90.24	09021 LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100 EMERGENCY	0	0	0	0	7,975	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	3,838,034	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 4/6/2023 1:09 pm		
		Title XVIII	Subprovider - IPF	PPS		
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	542,236	542,236	1,108,908,499	0.000489	50.00
50.01 05001 ENDOSCOPY	0	131	131	105,182,671	0.000001	50.01
51.00 05100 RECOVERY ROOM	0	743	743	145,144,833	0.000005	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	67,425,763	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	6,797	6,797	90,621,249	0.000075	53.00
53.01 05301 PULMONARY FUNCTION TESTING	0	3	3	26,156,282	0.000000	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	7,448	7,448	728,343,962	0.000010	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	16	16	195,792,070	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	114	114	58,303,733	0.000002	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	53	53	4,021,389	0.000013	59.00
60.00 06000 LABORATORY	0	7,558	7,558	537,713,135	0.000014	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	50	50	19,648,420	0.000003	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	247	247	197,308,080	0.000001	63.00
65.00 06500 RESPIRATORY THERAPY	0	10	10	204,477,272	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	1	1	104,142,126	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1	1	24,261,272	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	29,712,157	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	107	107	118,744,816	0.000001	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	79,825,928	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	396,653,097	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	662,562,309	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,254,772	3,254,772	1,876,717,816	0.001734	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0	0	372,989,925	0.000000	73.03
74.00 07400 RENAL DIALYSIS	0	325	325	38,485,295	0.000008	74.00
76.00 03020 RH NBN ECMO IC	0	32	32	5,078,609	0.000006	76.00
76.01 03140 RADIOLOGY	0	218	218	67,149,141	0.000003	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	58	58	636	0.091195	76.02
76.03 03950 CARDIAC CATH	0	2,010	2,010	225,365,545	0.000009	76.03
76.04 03951 DAY SURGERY	0	982	982	26,748,570	0.000037	76.04
76.05 03480 ONCOLOGY	0	0	0	0	0.000000	76.05
76.06 03952 DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07 03953 RADIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08 03954 ECMO-ADULT	0	0	0	20,497,633	0.000000	76.08
76.97 07697 CARDIAC REHABILITATION	0	6	6	7,477,252	0.000001	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	5,767,967	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 AMB SVC-OB & GYN	0	2	2	5,793,188	0.000000	90.01
90.02 09002 IUSCC HEM/ONC	0	4,863	4,863	133,627,918	0.000036	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	1	1	5,161,783	0.000000	90.03
90.04 09004 AMB SVC-PSYCH ADULT	0	0	0	848,506	0.000000	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06 09006 OUTPATIENT SURGERY	0	2	2	30,704,473	0.000000	90.06
90.07 09007 AMB SVC-RILEY CLINICS	0	1,085	1,085	27,506,967	0.000039	90.07
90.08 09008 MOTILITY LAB	0	0	0	1,357,866	0.000000	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10 09010 CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11 09023 SLEEP LAB	0	6	6	34,947,637	0.000000	90.11
90.12 09024 OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14 09012 INFUSION CLINIC	0	179	179	6,357,039	0.000028	90.14
90.15 09013 NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17 09015 PHYSICAL MEDICINE	0	1	1	1,017,333	0.000001	90.17
90.18 09016 DERMATOLOGY CLINIC	0	0	0	7,820,667	0.000000	90.18
90.19 09017 INFUSION/HEM/ONC	0	0	0	0	0.000000	90.19
90.20 09025 IUMG - MH	0	0	0	0	0.000000	90.20
90.21 09019 OP REHAB CLINIC	0	0	0	900,006	0.000000	90.21
90.22 09020 EATING DISORDERS CLINIC	0	0	0	3,093,438	0.000000	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	2	2	1,373,295	0.000001	90.23
90.24 09021 LIFE CARE CLINIC	0	0	0	744,953	0.000000	90.24
91.00 09100 EMERGENCY	0	7,975	7,975	755,135,653	0.000011	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	115,984,479	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 4/6/2023 1:09 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
95.00	09500	AMBULANCE SERVICES	4.00	5.00	6.00	7.00	8.00	
200.00		Total (lines 50 through 199)	0	3,838,034	3,838,034	8,683,602,653	95.00 200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 4/6/2023 1:09 pm	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000489	115,596	57	0	0	50.00
50.01	05001 ENDOSCOPY	0.000001	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000005	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000075	0	0	0	0	53.00
53.01	05301 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000010	28,232	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000002	12,185	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000013	223	0	0	0	59.00
60.00	06000 LABORATORY	0.000014	64,761	1	0	0	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0.000003	0	0	0	0	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000001	1,476	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	10,739	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	11,458	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	5,594	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,969	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000001	6,672	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	4,431	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	150	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001734	294,379	510	0	0	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	0.000008	1,455	0	0	0	74.00
76.00	03020 RH NBN ECMO IC	0.000006	0	0	0	0	76.00
76.01	03140 CARDIOLOGY	0.000003	0	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.091195	0	0	0	0	76.02
76.03	03950 CARDIAC CATH	0.000009	0	0	0	0	76.03
76.04	03951 DAY SURGERY	0.000037	2,590	0	0	0	76.04
76.05	03480 ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954 ECMO-ADULT	0.000000	0	0	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0.000001	0	0	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	0.000000	0	0	0	0	90.01
90.02	09002 IUSCC HEM/ONC	0.000036	0	0	0	0	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0.000000	0	0	0	0	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0.000000	0	0	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	0.000000	3,100	0	0	0	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0.000039	0	0	0	0	90.07
90.08	09008 MOTILITY LAB	0.000000	0	0	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023 SLEEP LAB	0.000000	0	0	0	0	90.11
90.12	09024 OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012 INFUSION CLINIC	0.000028	0	0	0	0	90.14
90.15	09013 NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	0.000001	0	0	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.000000	0	0	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.000000	0	0	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0.000001	0	0	0	0	90.23
90.24	09021 LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100 EMERGENCY	0.000011	209,020	2	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 4/6/2023 1:09 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
200.00	Total (lines 50 through 199)	9.00	774,030	570	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet D
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	19,199,305	0	19,199,305	266,786	71.97	30.00
31.00	INTENSIVE CARE UNIT	1,640,529		1,640,529	21,259	77.17	31.00
32.00	CORONARY CARE UNIT	2,587,118		2,587,118	18,738	138.07	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,751,347		2,751,347	28,303	97.21	32.01
33.00	BURN INTENSIVE CARE UNIT	458,881		458,881	1,811	253.39	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 61C	651,620		651,620	3,378	192.90	34.02
34.03	UH NS 31C	0		0	0	0.00	34.03
34.04	RH PED IC	1,483,361		1,483,361	10,041	147.73	34.04
34.05	TRANSPLANT ICU	357,713		357,713	2,061	173.56	34.05
34.06	PEDS CANCER CARE	928,167		928,167	3,233	287.09	34.06
40.00	SUBPROVIDER - IPF	534,504	0	534,504	4,915	108.75	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	130,046		130,046	4,409	29.50	43.00
200.00	Total (lines 30 through 199)	30,722,591		30,722,591	364,934		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	9,244	665,291	30.00
31.00	INTENSIVE CARE UNIT	9,284	716,446	31.00
32.00	CORONARY CARE UNIT	386	53,295	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,019	196,267	32.01
33.00	BURN INTENSIVE CARE UNIT	108	27,366	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	UH SURG 61C	0	0	34.02
34.03	UH NS 31C	0	0	34.03
34.04	RH PED IC	3,093	456,929	34.04
34.05	TRANSPLANT ICU	0	0	34.05
34.06	PEDS CANCER CARE	0	0	34.06
40.00	SUBPROVIDER - IPF	177	19,249	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
43.00	NURSERY	3,515	103,693	43.00
200.00	Total (lines 30 through 199)	27,826	2,238,536	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 4/6/2023 1:09 pm			
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	22,053,816	1,108,908,499	0.019888	18,559,985	369,121	50.00
50.01	05001 ENDOSCOPY	1,177,415	105,182,671	0.011194	1,247,452	13,964	50.01
51.00	05100 RECOVERY ROOM	1,720,370	145,144,833	0.011853	1,363,076	16,157	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,205,917	67,425,763	0.017885	1,251,396	22,381	52.00
53.00	05300 ANESTHESIOLOGY	1,017,561	90,621,249	0.011229	1,723,103	19,349	53.00
53.01	05301 PULMONARY FUNCTION TESTING	414,199	26,156,282	0.015836	322,793	5,112	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,114,877	728,343,962	0.027617	10,467,439	289,079	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,153,875	195,792,070	0.016108	478,505	7,708	55.00
56.00	05600 RADIOISOTOPE	1,603,555	58,303,733	0.027503	190,358	5,235	56.00
59.00	05900 CARDIAC CATHETERIZATION	447,659	4,021,389	0.111319	9,085	1,011	59.00
60.00	06000 LABORATORY	9,772,928	537,713,135	0.018175	10,521,653	191,231	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	244,582	19,648,420	0.012448	83,120	1,035	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	361,415	197,308,080	0.001832	5,887,907	10,787	63.00
65.00	06500 RESPIRATORY THERAPY	1,870,445	204,477,272	0.009147	17,879,588	163,545	65.00
66.00	06600 PHYSICAL THERAPY	1,228,568	104,142,126	0.011797	2,023,550	23,872	66.00
67.00	06700 OCCUPATIONAL THERAPY	122,715	24,261,272	0.005058	1,123,594	5,683	67.00
68.00	06800 SPEECH PATHOLOGY	655,713	29,712,157	0.022069	808,313	17,839	68.00
69.00	06900 ELECTROCARDIOLOGY	1,785,133	118,744,816	0.015033	2,853,847	42,902	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,286,678	79,825,928	0.016119	3,024,139	48,746	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	951,517	396,653,097	0.002399	8,300,102	19,912	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	808,419	662,562,309	0.001220	13,425,698	16,379	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,546,507	1,876,717,816	0.001357	33,151,858	44,987	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	822,543	372,989,925	0.002205	0	0	73.03
74.00	07400 RENAL DIALYSIS	1,049,530	38,485,295	0.027271	946,795	25,820	74.00
76.00	03020 RH NBN ECMO IC	92,349	5,078,609	0.018184	418,776	7,615	76.00
76.01	03140 CARDIOLOGY	1,024,600	67,149,141	0.015259	72,045	1,099	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	65,328	636	102.716981	0	0	76.02
76.03	03950 CARDIAC CATH	2,753,987	225,365,545	0.012220	1,686,753	20,612	76.03
76.04	03951 DAY SURGERY	650,961	26,748,570	0.024336	9,324	227	76.04
76.05	03480 ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953 CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954 ECMO-ADULT	155,663	20,497,633	0.007594	686,624	5,214	76.08
76.97	07697 CARDIAC REHABILITATION	249,493	7,477,252	0.033367	7,224	241	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	20,851	5,767,967	0.003615	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	403,531	5,793,188	0.069656	4,861	339	90.01
90.02	09002 IUSCC HEM/ONC	3,157,472	133,627,918	0.023629	13,758	325	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	196,795	5,161,783	0.038125	0	0	90.03
90.04	09004 AMB SVC-PSYCH ADULT	107,649	848,506	0.126869	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	424,787	30,704,473	0.013835	363,250	5,026	90.06
90.07	09007 AMB SVC-RILEY CLINICS	1,090,376	27,506,967	0.039640	13,490	535	90.07
90.08	09008 MOTILITY LAB	57,569	1,357,866	0.042397	16,309	691	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0.000000	0	0	90.10
90.11	09023 SLEEP LAB	482,124	34,947,637	0.013796	189,815	2,619	90.11
90.12	09024 OP CARE ADULTS	0	0	0.000000	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012 INFUSION CLINIC	15,531	6,357,039	0.002443	0	0	90.14
90.15	09013 NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	204,214	1,017,333	0.200735	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	179,278	7,820,667	0.022924	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	4,425	0	0.000000	0	0	90.19
90.20	09025 IUMG - MH	0	0	0.000000	0	0	90.20
90.21	09019 OP REHAB CLINIC	5,030	900,006	0.005589	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	16,478	3,093,438	0.005327	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	300,545	1,373,295	0.218850	123	27	90.23
90.24	09021 LIFE CARE CLINIC	229,326	744,953	0.307840	0	0	90.24
91.00	09100 EMERGENCY	4,143,841	755,135,653	0.005488	7,499,886	41,159	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,182,956	115,984,479	0.010199	97,414	994	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	93,631,096	8,683,602,653		146,723,008	1,448,578	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 4/6/2023 1:09 pm		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	PPS		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	871,235	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	74,885	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	69,185	0	32.00	
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	100,073	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	6,245	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.02	03401	UH SURG 6IC	0	0	0	12,459	0	34.02	
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03	
34.04	03403	RH PED IC	0	0	0	36,227	0	34.04	
34.05	03404	TRANSPLANT ICU	0	0	0	7,580	0	34.05	
34.06	03407	PEDS CANCER CARE	0	0	0	11,385	0	34.06	
40.00	04000	SUBPROVIDER - IPF	0	0	0	16,794	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	15,061	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	1,221,129	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	871,235	266,786	3.27	9,244	30.00	
31.00	03100	INTENSIVE CARE UNIT		74,885	21,259	3.52	9,284	31.00	
32.00	03200	CORONARY CARE UNIT		69,185	18,738	3.69	386	32.00	
32.01	03201	NEONATAL INTENSIVE CARE UNIT		100,073	28,303	3.54	2,019	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT		6,245	1,811	3.45	108	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.02	03401	UH SURG 6IC		12,459	3,378	3.69	0	34.02	
34.03	03402	UH NS 3IC		0	0	0.00	0	34.03	
34.04	03403	RH PED IC		36,227	10,041	3.61	3,093	34.04	
34.05	03404	TRANSPLANT ICU		7,580	2,061	3.68	0	34.05	
34.06	03407	PEDS CANCER CARE		11,385	3,233	3.52	0	34.06	
40.00	04000	SUBPROVIDER - IPF	0	16,794	4,915	3.42	177	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
43.00	04300	NURSERY		15,061	4,409	3.42	3,515	43.00	
200.00		Total (lines 30 through 199)		1,221,129	364,934		27,826	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	30,228						30.00
31.00	03100	INTENSIVE CARE UNIT	32,680						31.00
32.00	03200	CORONARY CARE UNIT	1,424						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	7,147						32.01
33.00	03300	BURN INTENSIVE CARE UNIT	373						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.02	03401	UH SURG 6IC	0						34.02
34.03	03402	UH NS 3IC	0						34.03
34.04	03403	RH PED IC	11,166						34.04
34.05	03404	TRANSPLANT ICU	0						34.05
34.06	03407	PEDS CANCER CARE	0						34.06
40.00	04000	SUBPROVIDER - IPF	605						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	12,021						43.00
200.00		Total (lines 30 through 199)	95,644						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 4/6/2023 1:09 pm
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Cost Center Description	Title XIX			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	542,236	50.00
50.01	05001	ENDOSCOPY	0	0	0	131	50.01
51.00	05100	RECOVERY ROOM	0	0	0	743	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,797	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	3	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7,448	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	16	55.00
56.00	05600	RADIOISOTOPE	0	0	0	114	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	53	59.00
60.00	06000	LABORATORY	0	0	0	7,558	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	50	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	247	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,254,772	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	325	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	32	76.00
76.01	03140	CARDIOLOGY	0	0	0	218	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	58	76.02
76.03	03950	CARDIAC CATH	0	0	0	2,010	76.03
76.04	03951	DAY SURGERY	0	0	0	982	76.04
76.05	03480	ONCOLOGY	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	6	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	2	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	4,863	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	1	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	2	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	1,085	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	6	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	179	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	1	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	7,975	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	53,692	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	3,891,726	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 4/6/2023 1:09 pm
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Cost Center Description	All Other Medical Educational Cost	Title XIX		Hospital	PPS	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)			
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	542,236	542,236	1,108,908,499	0.000489	50.00	
50.01 05001 ENDOSCOPY	0	131	131	105,182,671	0.000001	50.01	
51.00 05100 RECOVERY ROOM	0	743	743	145,144,833	0.000005	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	67,425,763	0.000000	52.00	
53.00 05300 ANESTHESIOLOGY	0	6,797	6,797	90,621,249	0.000075	53.00	
53.01 05301 PULMONARY FUNCTION TESTING	0	3	3	26,156,282	0.000000	53.01	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	7,448	7,448	728,343,962	0.000010	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	16	16	195,792,070	0.000000	55.00	
56.00 05600 RADIOISOTOPE	0	114	114	58,303,733	0.000002	56.00	
59.00 05900 CARDIAC CATHETERIZATION	0	53	53	4,021,389	0.000013	59.00	
60.00 06000 LABORATORY	0	7,558	7,558	537,713,135	0.000014	60.00	
60.01 06001 TRANSPLANT IMMUNOLOGY	0	50	50	19,648,420	0.000003	60.01	
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	247	247	197,308,080	0.000001	63.00	
65.00 06500 RESPIRATORY THERAPY	0	10	10	204,477,272	0.000000	65.00	
66.00 06600 PHYSICAL THERAPY	0	1	1	104,142,126	0.000000	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	1	1	24,261,272	0.000000	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	29,712,157	0.000000	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	107	107	118,744,816	0.000001	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	79,825,928	0.000000	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	396,653,097	0.000000	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	662,562,309	0.000000	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,254,772	3,254,772	1,876,717,816	0.001734	73.00	
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0	0	372,989,925	0.000000	73.03	
74.00 07400 RENAL DIALYSIS	0	325	325	38,485,295	0.000008	74.00	
76.00 03020 RH NBN ECMO IC	0	32	32	5,078,609	0.000006	76.00	
76.01 03140 RADIOLOGY	0	218	218	67,149,141	0.000003	76.01	
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	58	58	636	0.091195	76.02	
76.03 03950 CARDIAC CATH	0	2,010	2,010	225,365,545	0.000009	76.03	
76.04 03951 DAY SURGERY	0	982	982	26,748,570	0.000037	76.04	
76.05 03480 ONCOLOGY	0	0	0	0	0.000000	76.05	
76.06 03952 DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06	
76.07 03953 RADIOLOGY-RILEY	0	0	0	0	0.000000	76.07	
76.08 03954 ECMO-ADULT	0	0	0	20,497,633	0.000000	76.08	
76.97 07697 CARDIAC REHABILITATION	0	6	6	7,477,252	0.000001	76.97	
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	5,767,967	0.000000	77.00	
OUTPATIENT SERVICE COST CENTERS							
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00	
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00	
90.01 09001 AMB SVC-OB & GYN	0	2	2	5,793,188	0.000000	90.01	
90.02 09002 IUSCC HEM/ONC	0	4,863	4,863	133,627,918	0.000036	90.02	
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	1	1	5,161,783	0.000000	90.03	
90.04 09004 AMB SVC-PSYCH ADULT	0	0	0	848,506	0.000000	90.04	
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05	
90.06 09006 OUTPATIENT SURGERY	0	2	2	30,704,473	0.000000	90.06	
90.07 09007 AMB SVC-RILEY CLINICS	0	1,085	1,085	27,506,967	0.000039	90.07	
90.08 09008 MOTILITY LAB	0	0	0	1,357,866	0.000000	90.08	
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09	
90.10 09010 CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10	
90.11 09023 SLEEP LAB	0	6	6	34,947,637	0.000000	90.11	
90.12 09024 OP CARE ADULTS	0	0	0	0	0.000000	90.12	
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13	
90.14 09012 INFUSION CLINIC	0	179	179	6,357,039	0.000028	90.14	
90.15 09013 NEUROLOGY UH	0	0	0	0	0.000000	90.15	
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0.000000	90.16	
90.17 09015 PHYSICAL MEDICINE	0	1	1	1,017,333	0.000001	90.17	
90.18 09016 DERMATOLOGY CLINIC	0	0	0	7,820,667	0.000000	90.18	
90.19 09017 INFUSION/HEM/ONC	0	0	0	0	0.000000	90.19	
90.20 09025 IUMG - MH	0	0	0	0	0.000000	90.20	
90.21 09019 OP REHAB CLINIC	0	0	0	900,006	0.000000	90.21	
90.22 09020 EATING DISORDERS CLINIC	0	0	0	3,093,438	0.000000	90.22	
90.23 09018 GASTROENTEROLOGY CLINIC	0	2	2	1,373,295	0.000001	90.23	
90.24 09021 LIFE CARE CLINIC	0	0	0	744,953	0.000000	90.24	
91.00 09100 EMERGENCY	0	7,975	7,975	755,135,653	0.000011	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	53,692	53,692	115,984,479	0.000463	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Title XIX		Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
200.00	Total (lines 50 through 199)	0	3,891,726	3,891,726	8,683,602,653	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000489	18,559,985	9,076	0	0	50.00
50.01	05001 ENDOSCOPY	0.000001	1,247,452	1	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000005	1,363,076	7	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	1,251,396	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000075	1,723,103	129	0	0	53.00
53.01	05301 PULMONARY FUNCTION TESTING	0.000000	322,793	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000010	10,467,439	105	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	478,505	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000002	190,358	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000013	9,085	0	0	0	59.00
60.00	06000 LABORATORY	0.000014	10,521,653	147	0	0	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0.000003	83,120	0	0	0	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000001	5,887,907	6	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	17,879,588	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,023,550	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,123,594	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	808,313	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000001	2,853,847	3	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	3,024,139	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	8,300,102	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	13,425,698	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001734	33,151,858	57,485	0	0	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	0.000008	946,795	8	0	0	74.00
76.00	03020 RH NBN ECMO IC	0.000006	418,776	3	0	0	76.00
76.01	03140 RADIOLOGY	0.000003	72,045	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.091195	0	0	0	0	76.02
76.03	03950 CARDIAC CATH	0.000009	1,686,753	15	0	0	76.03
76.04	03951 DAY SURGERY	0.000037	9,324	0	0	0	76.04
76.05	03480 ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954 ECMO-ADULT	0.000000	686,624	0	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0.000001	7,224	0	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	0.000000	4,861	0	0	0	90.01
90.02	09002 IUSCC HEM/ONC	0.000036	13,758	0	0	0	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0.000000	0	0	0	0	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0.000000	0	0	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	0.000000	363,250	0	0	0	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0.000039	13,490	1	0	0	90.07
90.08	09008 MOTILITY LAB	0.000000	16,309	0	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023 SLEEP LAB	0.000000	189,815	0	0	0	90.11
90.12	09024 OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012 INFUSION CLINIC	0.000028	0	0	0	0	90.14
90.15	09013 NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	0.000001	0	0	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.000000	0	0	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.000000	0	0	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0.000001	123	0	0	0	90.23
90.24	09021 LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100 EMERGENCY	0.000011	7,499,886	82	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000463	97,414	45	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		146,723,008	67,113	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 4/6/2023 1:09 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.144588	0	13,053,734	0	0	50.00
50.01	05001	ENDOSCOPY	0.107004	0	564,508	0	0	50.01
51.00	05100	RECOVERY ROOM	0.154838	0	3,217,673	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.269437	0	265,666	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.103267	0	1,167,685	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.183748	0	432,618	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129188	0	8,449,711	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070669	0	2,383,074	0	0	55.00
56.00	05600	RADIOISOTOPE	0.088012	0	535,437	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.498930	0	11,666	0	0	59.00
60.00	06000	LABORATORY	0.173016	0	4,429,798	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.190664	0	206,482	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125532	0	1,836,733	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.215279	0	438,241	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.374438	0	1,259,320	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.312556	0	355,672	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.323289	0	932,108	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064128	0	1,734,520	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.150427	0	2,705,541	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259168	0	2,659,377	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.135287	0	4,945,790	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225213	0	25,157,760	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.915729	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.318260	0	270,314	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.394904	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.063066	0	398,158	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,832.025157	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.107066	0	2,534,157	0	0	76.03
76.04	03951	DAY SURGERY	0.342766	0	264,698	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.211442	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.270071	0	65,216	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.514886	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.312456	0	84,058	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.322213	0	1,227,818	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.219318	0	99,119	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.920631	0	406	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.151209	0	229,079	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.235127	0	1,275,826	0	0	90.07
90.08	09008	MOTILITY LAB	0.345898	0	101,123	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.220988	0	1,445,688	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.142197	0	39,593	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.600733	0	19,246	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.229220	0	65,706	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000000	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.119071	0	350,030	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.767793	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.334475	0	27,767	0	0	90.23
90.24	09021	LIFE CARE CLINIC	4.819947	0	11,118	0	0	90.24
91.00	09100	EMERGENCY	0.089245	0	17,892,774	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.194587	0	5,217,863	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 4/6/2023 1:09 pm	
			Title XIX		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES	0.167197	0	15,712,994	0	0	95.00
200.00		Subtotal (see instructions)		0	124,075,865	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	124,075,865	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 4/6/2023 1:09 pm	
		Title XIX	Hospital	PPS	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,887,413	0	50.00
50.01	05001	ENDOSCOPY	60,405	0	50.01
51.00	05100	RECOVERY ROOM	498,218	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	71,580	0	52.00
53.00	05300	ANESTHESIOLOGY	120,583	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	79,493	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,091,601	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	168,409	0	55.00
56.00	05600	RADIOISOTOPE	47,125	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	5,821	0	59.00
60.00	06000	LABORATORY	766,426	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	39,369	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	230,569	0	63.00
65.00	06500	RESPIRATORY THERAPY	94,344	0	65.00
66.00	06600	PHYSICAL THERAPY	471,537	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	111,167	0	67.00
68.00	06800	SPEECH PATHOLOGY	301,340	0	68.00
69.00	06900	ELECTROCARDIOLOGY	111,231	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	406,986	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	689,225	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	669,101	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,665,855	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	73.03
74.00	07400	RENAL DIALYSIS	86,030	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	76.00
76.01	03140	CARDIOLOGY	25,110	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03	03950	CARDIAC CATH	271,322	0	76.03
76.04	03951	DAY SURGERY	90,729	0	76.04
76.05	03480	ONCOLOGY	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	17,613	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	26,264	0	90.01
90.02	09002	IUSCC HEM/ONC	395,619	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	21,739	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	780	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	34,639	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	299,981	0	90.07
90.08	09008	MOTILITY LAB	34,978	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	90.10
90.11	09023	SLEEP LAB	319,480	0	90.11
90.12	09024	OP CARE ADULTS	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	90.13
90.14	09012	INFUSION CLINIC	5,630	0	90.14
90.15	09013	NEUROLOGY UH	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	30,808	0	90.17
90.18	09016	DERMATOLOGY CLINIC	15,061	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	90.19
90.20	09025	IUMG - MH	0	0	90.20
90.21	09019	OP REHAB CLINIC	41,678	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	64,821	0	90.23
90.24	09021	LIFE CARE CLINIC	53,588	0	90.24
91.00	09100	EMERGENCY	1,596,841	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,015,328	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 4/6/2023 1:09 pm
		Title XIX	Hospital	PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
95.00	09500	AMBULANCE SERVICES	2,627,165		95.00
200.00		Subtotal (see instructions)	20,663,002	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	20,663,002	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 4/6/2023 1:09 pm	
				Component CCN: 15-S056			
				Title XIX	Subprovider - IPF		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.144588	0	484,861	0	50.00
50.01	05001	ENDOSCOPY	0.107004	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.154838	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.269437	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.103267	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.183748	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129188	0	10,457	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070669	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.088012	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.498930	0	0	0	59.00
60.00	06000	LABORATORY	0.173016	0	10,901	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.190664	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.125532	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.215279	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.374438	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.312556	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.323289	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064128	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.150427	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259168	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.135287	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225213	0	117,875	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.915729	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.318260	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.394904	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.063066	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,832.025157	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.107066	0	0	0	76.03
76.04	03951	DAY SURGERY	0.342766	0	295,260	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.211442	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.270071	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.514886	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.312456	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.322213	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.219318	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.920631	0	12,660	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.151209	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.235127	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.345898	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	90.10
90.11	09023	SLEEP LAB	0.220988	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.142197	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0.000000	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.600733	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.229220	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000000	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.119071	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.767793	0	2,188	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.334475	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	4.819947	0	0	0	90.24
91.00	09100	EMERGENCY	0.089245	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.194587	0	0	0	92.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 4/6/2023 1:09 pm
Title XIX		Subprovider - IPF	

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00		5.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.167197		0	0	95.00
200.00		Subtotal (see instructions)		0	934,202	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	934,202	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 4/6/2023 1:09 pm
Title XIX		Subprovider - IPF	

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	70,105	0	50.00
50.01 05001 ENDOSCOPY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
53.01 05301 PULMONARY FUNCTION TESTING	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,351	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	1,886	0	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	0	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	26,547	0	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0	73.03
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 RH NBN ECMO IC	0	0	76.00
76.01 03140 RADIOLOGY	0	0	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03 03950 CARDIAC CATH	0	0	76.03
76.04 03951 DAY SURGERY	101,205	0	76.04
76.05 03480 ONCOLOGY	0	0	76.05
76.06 03952 DAY SURGERY-RILEY	0	0	76.06
76.07 03953 RADIOLOGY-RILEY	0	0	76.07
76.08 03954 ECMO-ADULT	0	0	76.08
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS			
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 AMB SVC-OB & GYN	0	0	90.01
90.02 09002 IUSCC HEM/ONC	0	0	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	0	90.03
90.04 09004 AMB SVC-PSYCH ADULT	24,315	0	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	90.05
90.06 09006 OUTPATIENT SURGERY	0	0	90.06
90.07 09007 AMB SVC-RILEY CLINICS	0	0	90.07
90.08 09008 MOTILITY LAB	0	0	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	90.09
90.10 09010 CLINICAL GERIATRICS	0	0	90.10
90.11 09023 SLEEP LAB	0	0	90.11
90.12 09024 OP CARE ADULTS	0	0	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	90.13
90.14 09012 INFUSION CLINIC	0	0	90.14
90.15 09013 NEUROLOGY UH	0	0	90.15
90.16 09014 ORTHOPEDICS UH	0	0	90.16
90.17 09015 PHYSICAL MEDICINE	0	0	90.17
90.18 09016 DERMATOLOGY CLINIC	0	0	90.18
90.19 09017 INFUSION/HEM/ONC	0	0	90.19
90.20 09025 IUMG - MH	0	0	90.20
90.21 09019 OP REHAB CLINIC	0	0	90.21
90.22 09020 EATING DISORDERS CLINIC	1,680	0	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	0	90.23
90.24 09021 LIFE CARE CLINIC	0	0	90.24
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 4/6/2023 1:09 pm
Title XIX		Subprovider - IPF	

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	227,089	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	227,089	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 4/6/2023 1:09 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		266,786	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		266,786	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)		250,348	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)		55,768	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)		366,293,171	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)		366,293,171	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)		366,293,171	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,372,98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		76,568,349	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)		76,568,349	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	42,466,876	21,259	1,997.60	4,864	9,716,326	43.00
44.00	CORONARY CARE UNIT	44,777,155	18,738	2,389.64	3,291	7,864,305	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	46,594,879	28,303	1,646.29	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	4,733,567	1,811	2,613.79	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02	UH SURG 61C	9,142,013	3,378	2,706.34	948	2,565,610	46.02
46.03	UH NS 31C	0	0	0.00	0	0	46.03
46.04	RH PED IC	24,895,032	10,041	2,479.34	49	121,488	46.04
46.05	TRANSPLANT ICU	5,343,828	2,061	2,592.83	763	1,978,329	46.05
46.06	PEDS CANCER CARE	6,866,296	3,233	2,123.82	85	180,525	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					133,664,739	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)					232,659,671	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,408,711	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,923,507	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					14,332,218	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					218,327,453	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 4/6/2023 1:09 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				16,438		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,372.98		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				22,569,045		89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	19,199,305	366,293,171	0.052415	22,569,045	1,182,956	90.00
91.00	Nursing Program cost	0	366,293,171	0.000000	22,569,045	0	91.00
92.00	Allied health cost	871,235	366,293,171	0.002379	22,569,045	53,692	92.00
93.00	All other Medical Education	0	366,293,171	0.000000	22,569,045	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 4/6/2023 1:09 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,915	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,915	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)		4,915	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)		543	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,484,662	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		7,484,662	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,484,662	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,522.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		826,891	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)		826,891	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 15-S056		Date/Time Prepared: 4/6/2023 1:09 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
44.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	44.01	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
46.02 UH SURG 61C	0	0	0.00	0	0	46.02	
46.03 UH NS 31C	0	0	0.00	0	0	46.03	
46.04 RH PED IC	0	0	0.00	0	0	46.04	
46.05 TRANSPLANT ICU	0	0	0.00	0	0	46.05	
46.06 PEDS CANCER CARE	0	0	0.00	0	0	46.06	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					130,318	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)					957,209	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)					60,908	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,356	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					68,264	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					888,945	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
55.01 Permanent adjustment amount per discharge					0.00	55.01	
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02	
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00	
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00	
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only): for CAH, see instructions					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 4/6/2023 1:09 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description							1.00	
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	534,504	7,484,662	0.071413	0	0	90.00	
91.00	Nursing Program cost	0	7,484,662	0.000000	0	0	91.00	
92.00	Allied health cost	16,794	7,484,662	0.002244	0	0	92.00	
93.00	All other Medical Education	0	7,484,662	0.000000	0	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 4/6/2023 1:09 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		266,786	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		266,786	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)		250,348	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)		9,244	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)		4,409	15.00
16.00	Nursery days (title V or XIX only)		3,515	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)		366,293,171	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)		366,293,171	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)		366,293,171	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,372.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,691,827	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)		12,691,827	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 4/6/2023 1:09 pm	
			Title XIX	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	2,977,515	4,409	675.33	3,515	2,373,785	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	42,466,876	21,259	1,997.60	9,284	18,545,718	43.00
44.00 CORONARY CARE UNIT	44,777,155	18,738	2,389.64	386	922,401	44.00
44.01 NEONATAL INTENSIVE CARE UNIT	46,594,879	28,303	1,646.29	2,019	3,323,860	44.01
45.00 BURN INTENSIVE CARE UNIT	4,733,567	1,811	2,613.79	108	282,289	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02 UH SURG 61C	9,142,013	3,378	2,706.34	0	0	46.02
46.03 UH NS 31C	0	0	0.00	0	0	46.03
46.04 RH PED IC	24,895,032	10,041	2,479.34	3,093	7,668,599	46.04
46.05 TRANSPLANT ICU	5,343,828	2,061	2,592.83	0	0	46.05
46.06 PEDS CANCER CARE	6,866,296	3,233	2,123.82	0	0	46.06
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					26,496,847	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)					72,305,326	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,314,326	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,515,691	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,830,017	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					68,475,309	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
55.01 Permanent adjustment amount per discharge					0.00	55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 4/6/2023 1:09 pm	
		Title XIX		Hospital		PPS	
Cost Center Description						1.00	
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				16,438		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,372.98		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				22,569,045		89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	19,199,305	366,293,171	0.052415	22,569,045	1,182,956	90.00
91.00	Nursing Program cost	0	366,293,171	0.000000	22,569,045	0	91.00
92.00	Allied health cost	871,235	366,293,171	0.002379	22,569,045	53,692	92.00
93.00	All other Medical Education	0	366,293,171	0.000000	22,569,045	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 4/6/2023 1:09 pm
		Title XIX	Subprovider - IPF	
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,915 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,915 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)			4,915 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)			177 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)			4,409 15.00
16.00	Nursery days (title V or XIX only)			3,515 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			7,484,662 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			7,484,662 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			7,484,662 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,522.82 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			269,539 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)			269,539 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 15-S056		Date/Time Prepared: 4/6/2023 1:09 pm	
				Title XIX	Subprovider - IPF		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
44.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	44.01	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
46.02 UH SURG 61C	0	0	0.00	0	0	46.02	
46.03 UH NS 31C	0	0	0.00	0	0	46.03	
46.04 RH PED IC	0	0	0.00	0	0	46.04	
46.05 TRANSPLANT ICU	0	0	0.00	0	0	46.05	
46.06 PEDS CANCER CARE	0	0	0.00	0	0	46.06	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					30,793	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)					300,332	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)					19,854	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					19,854	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					280,478	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
55.01 Permanent adjustment amount per discharge					0.00	55.01	
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02	
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00	
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00	
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only): for CAH, see instructions					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 4/6/2023 1:09 pm	
		Title XIX		Subprovider - IPF			
Cost Center Description						1.00	
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		223,424,382	30.00
31.00	03100	INTENSIVE CARE UNIT		36,112,295	31.00
32.00	03200	CORONARY CARE UNIT		24,007,531	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.02	03401	UH SURG 6IC		6,983,221	34.02
34.03	03402	UH NS 3IC		0	34.03
34.04	03403	RH PED IC		348,114	34.04
34.05	03404	TRANSPLANT ICU		5,737,375	34.05
34.06	03407	PEDS CANCER CARE		368,973	34.06
40.00	04000	SUBPROVIDER - I PF		11,132	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144588	146,864,735	21,234,878 50.00
50.01	05001	ENDOSCOPY	0.107004	12,319,720	1,318,259 50.01
51.00	05100	RECOVERY ROOM	0.154838	11,259,151	1,743,344 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.269437	419,397	113,001 52.00
53.00	05300	ANESTHESIOLOGY	0.103267	11,723,642	1,210,665 53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.183748	211,994	38,953 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129188	68,479,970	8,846,790 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070669	3,391,068	239,643 55.00
56.00	05600	RADIOISOTOPE	0.088012	2,122,984	186,848 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.498930	1,086,835	542,255 59.00
60.00	06000	LABORATORY	0.173016	54,691,542	9,462,512 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.190664	901,651	171,912 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0 60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.125532	26,818,871	3,366,627 63.00
65.00	06500	RESPIRATORY THERAPY	0.215279	26,270,764	5,655,544 65.00
66.00	06600	PHYSICAL THERAPY	0.374438	12,470,991	4,669,613 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.312556	3,199,985	1,000,175 67.00
68.00	06800	SPEECH PATHOLOGY	0.323289	2,431,071	785,939 68.00
69.00	06900	ELECTROCARDIOLOGY	0.064128	13,520,554	867,046 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.150427	7,796,169	1,172,754 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259168	52,854,971	13,698,317 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.135287	108,389,526	14,663,694 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225213	144,461,107	32,534,519 73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.915729	0	0 73.03
74.00	07400	RENAL DIALYSIS	0.318260	6,834,644	2,175,194 74.00
76.00	03020	RH NBN ECMO IC	0.394904	0	0 76.00
76.01	03140	CARDIOLOGY	0.063066	3,693,032	232,905 76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,832.025157	0	0 76.02
76.03	03950	CARDIAC CATH	0.107066	20,416,574	2,185,921 76.03
76.04	03951	DAY SURGERY	0.342766	152,957	52,428 76.04
76.05	03480	ONCOLOGY	0.000000	0	0 76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0 76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0 76.07
76.08	03954	ECMO-ADULT	0.211442	1,111,764	235,074 76.08
76.97	07697	CARDIAC REHABILITATION	0.270071	119,082	32,161 76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.514886	0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	AMB SVC-OB & GYN	0.312456	123	38 90.01
90.02	09002	IUSCC HEM/ONC	0.322213	293,639	94,614 90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.219318	123	27 90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.920631	0	0 90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0 90.05
90.06	09006	OUTPATIENT SURGERY	0.151209	3,970,275	600,341 90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.235127	14,897	3,503 90.07
90.08	09008	MOTILITY LAB	0.345898	0	0 90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0 90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0 90.10
90.11	09023	SLEEP LAB	0.220988	5,852	1,293 90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0 90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0 90.13
90.14	09012	INFUSION CLINIC	0.142197	0	0 90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0 90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0 90.16

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.17	09015 PHYSICAL MEDICINE	1.600733	3,112	4,981	90.17
90.18	09016 DERMATOLOGY CLINIC	0.229220	14,049	3,220	90.18
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.119071	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.767793	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2.334475	3,106	7,251	90.23
90.24	09021 LIFE CARE CLINIC	4.819947	67	323	90.24
91.00	09100 EMERGENCY	0.091686	48,655,148	4,460,996	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.194587	263,025	51,181	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		797,238,167	133,664,739	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)		797,238,167		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 4/6/2023 1:09 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PED IC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF		1,714,622	40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144588	115,596	50.00
50.01	05001	ENDOSCOPY	0.107004	0	50.01
51.00	05100	RECOVERY ROOM	0.154838	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.269437	0	52.00
53.00	05300	ANESTHESIOLOGY	0.103267	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.183748	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129188	28,232	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070669	0	55.00
56.00	05600	RADIOISOTOPE	0.088012	12,185	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.498930	223	59.00
60.00	06000	LABORATORY	0.173016	64,761	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.190664	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125532	1,476	63.00
65.00	06500	RESPIRATORY THERAPY	0.215279	10,739	65.00
66.00	06600	PHYSICAL THERAPY	0.374438	11,458	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.312556	5,594	67.00
68.00	06800	SPEECH PATHOLOGY	0.323289	1,969	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064128	6,672	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.150427	4,431	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259168	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.135287	150	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225213	294,379	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.915729	0	73.03
74.00	07400	RENAL DIALYSIS	0.318260	1,455	74.00
76.00	03020	RH NBN ECMO IC	0.394904	0	76.00
76.01	03140	CARDIOLOGY	0.063066	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,832.025157	0	76.02
76.03	03950	CARDIAC CATH	0.107066	0	76.03
76.04	03951	DAY SURGERY	0.342766	2,590	76.04
76.05	03480	ONCOLOGY	0.000000	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	76.07
76.08	03954	ECMO-ADULT	0.211442	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.270071	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.514886	0	77.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.312456	0	90.01
90.02	09002	IUSCC HEM/ONC	0.322213	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.219318	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.920631	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.151209	3,100	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.235127	0	90.07
90.08	09008	MOTILITY LAB	0.345898	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	90.10
90.11	09023	SLEEP LAB	0.220988	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	90.13
90.14	09012	INFUSION CLINIC	0.142197	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	90.15

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 4/6/2023 1:09 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.16	09014 ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	1.600733	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0.229220	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.119071	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.767793	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2.334475	0	0	90.23
90.24	09021 LIFE CARE CLINIC	4.819947	0	0	90.24
91.00	09100 EMERGENCY	0.091686	209,020	19,164	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.194587	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		774,030	130,318	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)		774,030		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		47,381,273	30.00
31.00	03100	INTENSIVE CARE UNIT		4,328,556	31.00
32.00	03200	CORONARY CARE UNIT		4,860,985	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		28,622,967	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		755,959	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.02	03401	UH SURG 6IC		513,821	34.02
34.03	03402	UH NS 3IC		0	34.03
34.04	03403	RH PED IC		10,634,227	34.04
34.05	03404	TRANSPLANT ICU		782,493	34.05
34.06	03407	PEDS CANCER CARE		578,324	34.06
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		1,591,455	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144588	18,559,985	2,683,551
50.01	05001	ENDOSCOPY	0.107004	1,247,452	133,482
51.00	05100	RECOVERY ROOM	0.154838	1,363,076	211,056
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.269437	1,251,396	337,172
53.00	05300	ANESTHESIOLOGY	0.103267	1,723,103	177,940
53.01	05301	PULMONARY FUNCTION TESTING	0.183748	322,793	59,313
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129188	10,467,439	1,352,268
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070669	478,505	33,815
56.00	05600	RADIOISOTOPE	0.088012	190,358	16,754
59.00	05900	CARDIAC CATHETERIZATION	0.498930	9,085	4,533
60.00	06000	LABORATORY	0.173016	10,521,653	1,820,414
60.01	06001	TRANSPLANT IMMUNOLOGY	0.190664	83,120	15,848
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.125532	5,887,907	739,121
65.00	06500	RESPIRATORY THERAPY	0.215279	17,879,588	3,849,100
66.00	06600	PHYSICAL THERAPY	0.374438	2,023,550	757,694
67.00	06700	OCCUPATIONAL THERAPY	0.312556	1,123,594	351,186
68.00	06800	SPEECH PATHOLOGY	0.323289	808,313	261,319
69.00	06900	ELECTROCARDIOLOGY	0.064128	2,853,847	183,012
70.00	07000	ELECTROENCEPHALOGRAPHY	0.150427	3,024,139	454,912
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259168	8,300,102	2,151,121
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.135287	13,425,698	1,816,322
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225213	33,151,858	7,466,229
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.915729	0	0
74.00	07400	RENAL DIALYSIS	0.318260	946,795	301,327
76.00	03020	RH NBN ECMO IC	0.394904	418,776	165,376
76.01	03140	CARDIOLOGY	0.063066	72,045	4,544
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,832.025157	0	0
76.03	03950	CARDIAC CATH	0.107066	1,686,753	180,594
76.04	03951	DAY SURGERY	0.342766	9,324	3,196
76.05	03480	ONCOLOGY	0.000000	0	0
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0
76.08	03954	ECMO-ADULT	0.211442	686,624	145,181
76.97	07697	CARDIAC REHABILITATION	0.270071	7,224	1,951
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.514886	0	0
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0
90.00	09000	CLINIC	0.000000	0	0
90.01	09001	AMB SVC-OB & GYN	0.312456	4,861	1,519
90.02	09002	IUSCC HEM/ONC	0.322213	13,758	4,433
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.219318	0	0
90.04	09004	AMB SVC-PSYCH ADULT	1.920631	0	0
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0
90.06	09006	OUTPATIENT SURGERY	0.151209	363,250	54,927
90.07	09007	AMB SVC-RILEY CLINICS	0.235127	13,490	3,172
90.08	09008	MOTILITY LAB	0.345898	16,309	5,641
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0
90.11	09023	SLEEP LAB	0.220988	189,815	41,947
90.12	09024	OP CARE ADULTS	0.000000	0	0
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0
90.14	09012	INFUSION CLINIC	0.142197	0	0
90.15	09013	NEUROLOGY UH	0.000000	0	0
90.16	09014	ORTHOPEDECS UH	0.000000	0	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description			Title XIX	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.17	09015	PHYSICAL MEDICINE	1.600733	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.229220	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000000	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.119071	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.767793	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.334475	123	287	90.23
90.24	09021	LIFE CARE CLINIC	4.819947	0	0	90.24
91.00	09100	EMERGENCY	0.091686	7,499,886	687,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.194587	97,414	18,955	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		146,723,008	26,496,847	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		146,723,008		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3	
		Component CCN: 15-S056		Date/Time Prepared: 4/6/2023 1:09 pm	
		Title XIX	Subprovider - I PF		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PED IC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - I PF		515,743	40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144588	0	50.00
50.01	05001	ENDOSCOPY	0.107004	0	50.01
51.00	05100	RECOVERY ROOM	0.154838	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.269437	0	52.00
53.00	05300	ANESTHESIOLOGY	0.103267	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.183748	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129188	3,287	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070669	0	55.00
56.00	05600	RADIOISOTOPE	0.088012	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.498930	0	59.00
60.00	06000	LABORATORY	0.173016	23,194	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.190664	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125532	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.215279	1,179	65.00
66.00	06600	PHYSICAL THERAPY	0.374438	1,069	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.312556	1,105	67.00
68.00	06800	SPEECH PATHOLOGY	0.323289	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064128	1,416	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.150427	4,768	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259168	781	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.135287	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225213	71,153	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.915729	0	73.03
74.00	07400	RENAL DIALYSIS	0.318260	0	74.00
76.00	03020	RH NBN ECMO IC	0.394904	0	76.00
76.01	03140	CARDIOLOGY	0.063066	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,832.025157	0	76.02
76.03	03950	CARDIAC CATH	0.107066	0	76.03
76.04	03951	DAY SURGERY	0.342766	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	76.07
76.08	03954	ECMO-ADULT	0.211442	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.270071	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.514886	0	77.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.312456	0	90.01
90.02	09002	IUSCC HEM/ONC	0.322213	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.219318	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.920631	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.151209	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.235127	0	90.07
90.08	09008	MOTILITY LAB	0.345898	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	90.10
90.11	09023	SLEEP LAB	0.220988	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	90.13
90.14	09012	INFUSION CLINIC	0.142197	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	90.15

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 4/6/2023 1:09 pm	
		Title XIX	Subprovider - IPF		
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	
90.16	09014 ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	1.600733	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0.229220	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.119071	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.767793	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2.334475	0	0	90.23
90.24	09021 LIFE CARE CLINIC	4.819947	0	0	90.24
91.00	09100 EMERGENCY	0.091686	68,453	6,276	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.194587	10,510	2,045	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		186,915	30,793	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)		186,915		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	514,900	1,372.98	129.00	177,114	1.00
2.00	INTENSIVE CARE UNIT	43.00	202,306	1,997.60	17.00	33,959	2.00
3.00	CORONARY CARE UNIT	44.00	126,815	2,389.64	9.00	21,507	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,646.29	0.00	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,613.79	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.02	UH SURG 61C	46.02	0	2,706.34	0.00	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0.00	0	5.03
5.04	RH PED IC	46.04	79,171	2,479.34	6.00	14,876	5.04
5.05	TRANSPLANT ICU	46.05	0	2,592.83	0.00	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,123.82	0.00	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		923,192		161.00	247,456	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00		0.144588	4,774,320	690,309	8.00
8.01	ENDOSCOPY	50.01		0.107004	48,442	5,183	8.01
9.00	RECOVERY ROOM	51.00		0.154838	179,531	27,798	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		0.269437	0	0	10.00
11.00	ANESTHESIOLOGY	53.00		0.103267	303,825	31,375	11.00
11.01	PULMONARY FUNCTION TESTING	53.01		0.183748	190,475	34,999	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00		0.129188	830,138	107,244	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00		0.070669	0	0	13.00
14.00	RADIOISOTOPE	56.00		0.088012	1,974,881	173,813	14.00
15.00	CT SCAN	57.00		0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00		0.498930	2,018	1,007	17.00
18.00	LABORATORY	60.00		0.173016	2,974,963	514,716	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01		0.190664	9,797,501	1,868,031	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02		0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00		0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00		0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00		0.125532	257,230	32,291	21.00
22.00	INTRAVENOUS THERAPY	64.00		0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00		0.215279	259,740	55,917	23.00
24.00	PHYSICAL THERAPY	66.00		0.374438	874	327	24.00
25.00	OCCUPATIONAL THERAPY	67.00		0.312556	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00		0.323289	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00		0.064128	1,033,837	66,298	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00		0.150427	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0.259168	371,058	96,166	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0.135287	37,239	5,038	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00		0.225213	1,299,023	292,557	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03		0.915729	0	0	31.03
32.00	RENAL DIALYSIS	74.00		0.318260	11,729	3,733	32.00
33.00	ASC (NON-DISTINCT PART)	75.00		0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00		0.394904	0	0	34.00
34.01	CARDIOLOGY	76.01		0.063066	0	0	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02		7,832.025157	0	0	34.02
34.03	CARDIAC CATH	76.03		0.107066	1,794,968	192,180	34.03
34.04	DAY SURGERY	76.04		0.342766	33,555	11,502	34.04
34.05	ONCOLOGY	76.05		0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06		0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07		0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08		0.211442	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97		0.270071	6,705	1,811	34.97
35.00	RURAL HEALTH CLINIC	88.00		0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00		0.000000	0	0	36.00
37.00	CLINIC	90.00		0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01		0.312456	181	57	37.01
37.02	IUSCC HEM/ONC	90.02		0.322213	1,457	469	37.02
37.03	AMB SVC-OPHTHALMOLOGY	90.03		0.219318	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04		1.920631	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05		0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06		0.151209	279,141	42,209	37.06

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	PPS	
		0	1.00	2.00	3.00		
37.07	AMB SVC-RILEY CLINICS	90.07	0.235127	0	0	0	37.07
37.08	MOTILITY LAB	90.08	0.345898	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.220988	2,436	538	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.142197	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.600733	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.229220	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.119071	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.767793	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.334475	3,631	8,476	0	37.23
37.24	LIFE CARE CLINIC	90.24	4.819947	0	0	0	37.24
38.00	EMERGENCY	91.00	0.089245	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.194587	4,075	793	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			26,472,973	4,264,837		41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	129	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	17	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	9	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	0	46.03
46.04	RH PED IC	6.04	0.00	6	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			161	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	AMB SVC-OB & GYN	23.01	181	0.000000	0	0	51.01
51.02	IUSCC HEM/ONC	23.02	1,457	0.000000	0	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	0	51.05
51.06	OUTPATIENT SURGERY	23.06	279,141	0.000000	0	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	0	51.10
51.11	SLEEP LAB	23.11	2,436	0.000000	0	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	0	51.13
51.14	INFUSION CLINIC	23.14	0	0.000000	0	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	0	51.15
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	0	51.18

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	3,631	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	4,075	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		290,921		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	4,512,293		27,396,165		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	21,545,229		22,984,852		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (see instructions)	26,057,522		50,381,017		61.00	
Cost Center Description		Usable Organs					
		1.00	2.00	3.00	4.00		
62.00	Total Usable Organs (see instructions)		410			62.00	
63.00	Medicare Usable Organs (see instructions)		269			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.656098			64.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
65.00	Medicare Cost and Charges (see instructions)	17,096,288		33,054,884		65.00	
66.00	Revenue for organs sold (see instructions)	955,764		0		66.00	
67.00	Subtotal (see instructions)	16,140,524		33,054,884		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	16,140,524	0	33,054,884	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		63	121		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs (see instructions)		0	240		73.00	
74.00	Total (sum of lines 70 through 73)		63	361		74.00	
75.00	Organs Transplanted		54	226		75.00	
76.00	Organs sold to other hospitals					76.00	
77.00	Organs sold to OPOs		9	121	955,764	77.00	
78.00	Organs sold to transplant hospitals		0	0	0	78.00	
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00	
80.00	Organs sold outside the U.S.		0	0	0	80.00	
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs used for research		0	0	0	82.00	
83.00	Unusable/Discarded organs (see instructions)		0	14		83.00	
84.00	Total (see instructions)		63	361		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	118,298	1,372.98	25.00	34,325	1.00
2.00	INTENSIVE CARE UNIT	43.00	79,410	1,997.60	7.00	13,983	2.00
3.00	CORONARY CARE UNIT	44.00	49,778	2,389.64	3.00	7,169	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,646.29	0.00	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,613.79	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.02	UH SURG 61C	46.02	0	2,706.34	0.00	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0.00	0	5.03
5.04	RH PED IC	46.04	31,076	2,479.34	3.00	7,438	5.04
5.05	TRANSPLANT ICU	46.05	168,641	2,592.83	23.00	59,635	5.05
5.06	PEDS CANCER CARE	46.06	0	2,123.82	0.00	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		447,203		61.00	122,550	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00		0.144588	1,553,314	224,591	8.00
8.01	ENDOSCOPY	50.01		0.107004	223,848	23,953	8.01
9.00	RECOVERY ROOM	51.00		0.154838	20,307	3,144	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		0.269437	0	0	10.00
11.00	ANESTHESIOLOGY	53.00		0.103267	134,725	13,913	11.00
11.01	PULMONARY FUNCTION TESTING	53.01		0.183748	719,020	132,118	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00		0.129188	566,832	73,228	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00		0.070669	0	0	13.00
14.00	RADIOISOTOPE	56.00		0.088012	48,909	4,305	14.00
15.00	CT SCAN	57.00		0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00		0.498930	257	128	17.00
18.00	LABORATORY	60.00		0.173016	521,264	90,187	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01		0.190664	1,688,371	321,912	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02		0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00		0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00		0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00		0.125532	123,985	15,564	21.00
22.00	INTRAVENOUS THERAPY	64.00		0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00		0.215279	103,008	22,175	23.00
24.00	PHYSICAL THERAPY	66.00		0.374438	14,039	5,257	24.00
25.00	OCCUPATIONAL THERAPY	67.00		0.312556	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00		0.323289	632	204	26.00
27.00	ELECTROCARDIOLOGY	69.00		0.064128	209,246	13,419	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00		0.150427	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0.259168	128,806	33,382	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0.135287	17,602	2,381	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00		0.225213	406,898	91,639	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03		0.915729	0	0	31.03
32.00	RENAL DIALYSIS	74.00		0.318260	4,604	1,465	32.00
33.00	ASC (NON-DISTINCT PART)	75.00		0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00		0.394904	0	0	34.00
34.01	CARDIOLOGY	76.01		0.063066	0	0	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02		7,832.025157	0	0	34.02
34.03	CARDIAC CATH	76.03		0.107066	990,465	106,045	34.03
34.04	DAY SURGERY	76.04		0.342766	19,940	6,835	34.04
34.05	ONCOLOGY	76.05		0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06		0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07		0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08		0.211442	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97		0.270071	1,214	328	34.97
35.00	RURAL HEALTH CLINIC	88.00		0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00		0.000000	0	0	36.00
37.00	CLINIC	90.00		0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01		0.312456	0	0	37.01
37.02	IUSCC HEM/ONC	90.02		0.322213	136	44	37.02
37.03	AMB SVC-OPHTHALMOLOGY	90.03		0.219318	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04		1.920631	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05		0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06		0.151209	127,335	19,254	37.06

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Liver		Hospital		PPS	
Worksheet C Line Numbers		Ratio of Cost to Charges (from Wkst. C)		Organ Acquisition Ancillary Charges		Organ Acquisition Costs	
0		1.00		2.00		3.00	
37.07	AMB SVC-RILEY CLINICS	90.07	0.235127	0	0	0	37.07
37.08	MOTILITY LAB	90.08	0.345898	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.220988	781	0	173	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.142197	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.600733	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.229220	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.119071	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.767793	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.334475	2,255	0	5,264	37.23
37.24	LIFE CARE CLINIC	90.24	4.819947	0	0	0	37.24
38.00	EMERGENCY	91.00	0.089245	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.194587	268	0	52	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			7,628,061		1,210,960	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers		Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Costs (col. 1 x col. 2)	
0		1.00		2.00		3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	25	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	7	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	3	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	0	46.03
46.04	RH PED IC	6.04	0.00	3	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	23	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			61	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers		Organ Charges (see instructions)		Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	
0		1.00		2.00		3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0	0	0	50.00
51.00	CLINIC	23.00	0	0	0	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0	0	0	51.01
51.02	IUSCC HEM/ONC	23.02	136	0	0	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0	0	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0	0	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0	0	0	51.05
51.06	OUTPATIENT SURGERY	23.06	127,335	0	0	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0	0	0	51.07
51.08	MOTILITY LAB	23.08	0	0	0	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0	0	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0	0	0	51.10
51.11	SLEEP LAB	23.11	781	0	0	0	51.11
51.12	OP CARE ADULTS	23.12	0	0	0	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0	0	0	51.13
51.14	INFUSION CLINIC	23.14	0	0	0	0	51.14
51.15	NEUROLOGY UH	23.15	0	0	0	0	51.15
51.16	ORTHOPEDECS UH	23.16	0	0	0	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0	0	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0	0	0	51.18

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	2,255	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	268	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		130,775		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,333,510		8,075,264		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	14,838,831		14,753,046		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (see instructions)	16,172,341		22,828,310		61.00	
Cost Center Description		Usable Organs					
		1.00	2.00	3.00	4.00		
62.00	Total Usable Organs (see instructions)		211			62.00	
63.00	Medicare Usable Organs (see instructions)		75			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.355450			64.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
65.00	Medicare Cost and Charges (see instructions)	5,748,459		8,114,323		65.00	
66.00	Revenue for organs sold (see instructions)	315,822		0		66.00	
67.00	Subtotal (see instructions)	5,432,637		8,114,323		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,432,637	0	8,114,323	0	69.00	
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		12	49		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs (see instructions)		0	157		73.00	
74.00	Total (sum of lines 70 through 73)		12	206		74.00	
75.00	Organs Transplanted		12	150		75.00	
76.00	Organs sold to other hospitals					76.00	
77.00	Organs sold to OPOs		0	49	315,822	77.00	
78.00	Organs sold to transplant hospitals		0	0	0	78.00	
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00	
80.00	Organs sold outside the U.S.		0	0	0	80.00	
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs used for research		0	0	0	82.00	
83.00	Unusable/Discarded organs (see instructions)		0	7		83.00	
84.00	Total (see instructions)		12	206		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	9,593	1,372.98	1.00	1,373	1.00
2.00	INTENSIVE CARE UNIT	43.00	34,033	1,997.60	3.00	5,993	2.00
3.00	CORONARY CARE UNIT	44.00	21,333	2,389.64	2.00	4,779	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,646.29	0.00	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,613.79	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.02	UH SURG 6IC	46.02	0	2,706.34	0.00	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0.00	0	5.03
5.04	RH PED IC	46.04	13,318	2,479.34	1.00	2,479	5.04
5.05	TRANSPLANT ICU	46.05	0	2,592.83	0.00	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,123.82	0.00	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		78,277		7.00	14,624	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.144588	278,687	40,295	8.00	
8.01	ENDOSCOPY	50.01	0.107004	214,895	22,995	8.01	
9.00	RECOVERY ROOM	51.00	0.154838	7,875	1,219	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.269437	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.103267	12,848	1,327	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.183748	715,726	131,513	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.129188	348,774	45,057	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.070669	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.088012	43,258	3,807	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.498930	257	128	17.00	
18.00	LABORATORY	60.00	0.173016	357,511	61,855	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.190664	901,021	171,792	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125532	39,280	4,931	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.215279	42,659	9,184	23.00	
24.00	PHYSICAL THERAPY	66.00	0.374438	3,624	1,357	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.312556	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.323289	632	204	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.064128	181,465	11,637	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.150427	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.259168	59,031	15,299	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.135287	3,896	527	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.225213	104,997	23,647	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.915729	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.318260	1,973	628	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.394904	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.063066	0	0	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	7,832.025157	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.107066	959,297	102,708	34.03	
34.04	DAY SURGERY	76.04	0.342766	19,940	6,835	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.211442	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.270071	1,214	328	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.312456	0	0	37.01	
37.02	IUSCC HEM/ONC	90.02	0.322213	136	44	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.219318	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	1.920631	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.151209	127,335	19,254	37.06	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Heart	Hospital	PPS			
		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Costs		
		0	1.00	2.00	3.00		
37.07	AMB SVC-RILEY CLINICS	90.07	0.235127	0	0	0	37.07
37.08	MOTILITY LAB	90.08	0.345898	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.220988	781	173	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.142197	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.600733	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.229220	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.119071	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.767793	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.334475	2,255	5,264	0	37.23
37.24	LIFE CARE CLINIC	90.24	4.819947	0	0	0	37.24
38.00	EMERGENCY	91.00	0.089245	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.194587	268	52	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			4,429,635	682,060		41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	2	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	0	46.03
46.04	RH PED IC	6.04	0.00	1	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			7	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	0	51.01
51.02	IUSCC HEM/ONC	23.02	136	0.000000	0	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	0	51.05
51.06	OUTPATIENT SURGERY	23.06	127,335	0.000000	0	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	0	51.10
51.11	SLEEP LAB	23.11	781	0.000000	0	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	0	51.13
51.14	INFUSION CLINIC	23.14	0	0.000000	0	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	0	51.15
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	0	51.18

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	2,255	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	268	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		130,775		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	696,684		4,507,912		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	2,597,741		2,666,621		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (see instructions)	3,294,425		7,174,533		61.00	
Cost Center Description		Usable Organs					
		1.00	2.00	3.00	4.00		
62.00	Total Usable Organs (see instructions)		40			62.00	
63.00	Medicare Usable Organs (see instructions)		20			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.500000			64.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
65.00	Medicare Cost and Charges (see instructions)	1,647,213		3,587,267		65.00	
66.00	Revenue for organs sold (see instructions)	135,352		0		66.00	
67.00	Subtotal (see instructions)	1,511,861		3,587,267		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,511,861	0	3,587,267	0	69.00	
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	20		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs (see instructions)		0	22		73.00	
74.00	Total (sum of lines 70 through 73)		0	42		74.00	
75.00	Organs Transplanted		0	20		75.00	
76.00	Organs sold to other hospitals					76.00	
77.00	Organs sold to OPOs		0	20	135,352	77.00	
78.00	Organs sold to transplant hospitals		0	0	0	78.00	
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00	
80.00	Organs sold outside the U.S.		0	0	0	80.00	
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs used for research		0	0	0	82.00	
83.00	Unusable/Discarded organs (see instructions)		0	2	0	83.00	
84.00	Total (see instructions)		0	42		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	9,593	1,372.98	1.00	1,373	1.00
2.00	INTENSIVE CARE UNIT	43.00	34,033	1,997.60	3.00	5,993	2.00
3.00	CORONARY CARE UNIT	44.00	21,333	2,389.64	1.00	2,390	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,646.29	0.00	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,613.79	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.02	UH SURG 6IC	46.02	0	2,706.34	0.00	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0.00	0	5.03
5.04	RH PED IC	46.04	13,318	2,479.34	1.00	2,479	5.04
5.05	TRANSPLANT ICU	46.05	0	2,592.83	0.00	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,123.82	0.00	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		78,277		6.00	12,235	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.144588	278,687	40,295	8.00	
8.01	ENDOSCOPY	50.01	0.107004	214,895	22,995	8.01	
9.00	RECOVERY ROOM	51.00	0.154838	7,875	1,219	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.269437	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.103267	12,848	1,327	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.183748	715,726	131,513	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.129188	348,774	45,057	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.070669	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.088012	43,258	3,807	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.498930	257	128	17.00	
18.00	LABORATORY	60.00	0.173016	357,511	61,855	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.190664	1,007,642	192,121	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125532	39,280	4,931	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.215279	42,659	9,184	23.00	
24.00	PHYSICAL THERAPY	66.00	0.374438	3,624	1,357	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.312556	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.323289	632	204	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.064128	181,465	11,637	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.150427	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.259168	59,031	15,299	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.135287	3,896	527	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.225213	104,997	23,647	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.915729	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.318260	1,973	628	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.394904	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.063066	0	0	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	7,832.025157	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.107066	959,297	102,708	34.03	
34.04	DAY SURGERY	76.04	0.342766	19,940	6,835	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.211442	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.270071	1,214	328	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.312456	0	0	37.01	
37.02	IUSCC HEM/ONC	90.02	0.322213	136	44	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.219318	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	1.920631	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.151209	127,335	19,254	37.06	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Lung		Hospital		PPS	
Worksheet C Line Numbers		Ratio of Cost to Charges (from Wkst. C)		Organ Acquisition Ancillary Charges		Organ Acquisition Costs	
0		1.00		2.00		3.00	
37.07	AMB SVC-RILEY CLINICS	90.07	0.235127	0	0	0	37.07
37.08	MOTILITY LAB	90.08	0.345898	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.220988	781	173	37.11	
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.142197	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.600733	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.229220	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.119071	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.767793	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.334475	2,255	5,264	37.23	
37.24	LIFE CARE CLINIC	90.24	4.819947	0	0	0	37.24
38.00	EMERGENCY	91.00	0.089245	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.194587	268	52	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			4,536,256	702,389	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers		Organ Acquisition		Organ Acquisition Costs (col. 1 x col. 2)	
0		1.00		2.00		3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	1	0	44.00	
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02	
46.03	UH NS 3IC	6.03	0.00	0	0	46.03	
46.04	RH PED IC	6.04	0.00	1	0	46.04	
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05	
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			6	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers		Organ Charges (see instructions)		Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	
0		1.00		2.00		3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01	
51.02	IUSCC HEM/ONC	23.02	136	0.000000	0	51.02	
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	51.03	
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04	
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05	
51.06	OUTPATIENT SURGERY	23.06	127,335	0.000000	0	51.06	
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07	
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08	
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09	
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10	
51.11	SLEEP LAB	23.11	781	0.000000	0	51.11	
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12	
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13	
51.14	INFUSION CLINIC	23.14	0	0.000000	0	51.14	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15	
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	51.16	
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
 Provider CCN: 15-0056
 Component CCN:
 Period: From 01/01/2021 To 12/31/2021
 Worksheet D-4
 Date/Time Prepared: 4/6/2023 1:09 pm

		Lung		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	
51.20	LUNG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	2,255	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	268	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		130,775		0	55.00	
		Cost		Charges			
Cost Center Description		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	714,624		4,614,533		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	3,790,800		4,034,027		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (see instructions)	4,505,424		8,648,560		61.00	
Cost Center Description		Usable Organs					
		1.00	2.00	3.00	4.00		
62.00	Total Usable Organs (see instructions)		51			62.00	
63.00	Medicare Usable Organs (see instructions)		28			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.549020			64.00	
		Cost		Charges			
Cost Center Description		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
65.00	Medicare Cost and Charges (see instructions)	2,473,568		4,748,232		65.00	
66.00	Revenue for organs sold (see instructions)	135,352		0		66.00	
67.00	Subtotal (see instructions)	2,338,216		4,748,232		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,338,216	0	4,748,232	0	69.00	
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	28		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs (see instructions)		0	33		73.00	
74.00	Total (sum of lines 70 through 73)		0	61		74.00	
75.00	Organs Transplanted		0	23		75.00	
76.00	Organs sold to other hospitals					76.00	
77.00	Organs sold to OPOs		0	28	135,352	77.00	
78.00	Organs sold to transplant hospitals		0	0	0	78.00	
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00	
80.00	Organs sold outside the U.S.		0	0	0	80.00	
81.00	Organs sent outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs used for research		0	0	0	82.00	
83.00	Unusable/Discarded organs (see instructions)		0	10		83.00	
84.00	Total (see instructions)		0	61		84.00	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	PPS Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	3,198	1,372.98	0.00	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	11,344	1,997.60	1.00	1,998	2.00
3.00	CORONARY CARE UNIT	44.00	7,111	2,389.64	1.00	2,390	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,646.29	0.00	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,613.79	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.02	UH SURG 6IC	46.02	0	2,706.34	0.00	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0.00	0	5.03
5.04	RH PED IC	46.04	4,439	2,479.34	0.00	0	5.04
5.05	TRANSPLANT ICU	46.05	0	2,592.83	0.00	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,123.82	0.00	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		26,092		2.00	4,388	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.144588	87,236	12,613	8.00	
8.01	ENDOSCOPY	50.01	0.107004	2,238	239	8.01	
9.00	RECOVERY ROOM	51.00	0.154838	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.269437	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.103267	3,558	367	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.183748	857	157	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.129188	8,571	1,107	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.070669	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.088012	7,604	669	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.498930	0	0	17.00	
18.00	LABORATORY	60.00	0.173016	25,320	4,381	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.190664	287,125	54,744	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125532	8,185	1,027	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.215279	14,136	3,043	23.00	
24.00	PHYSICAL THERAPY	66.00	0.374438	31	12	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.312556	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.323289	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.064128	11,242	721	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.150427	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.259168	5,606	1,453	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.135287	400	54	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.225213	29,157	6,567	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.915729	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.318260	658	209	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.394904	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.063066	0	0	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	7,832.025157	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.107066	7,793	834	34.03	
34.04	DAY SURGERY	76.04	0.342766	0	0	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.211442	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.270071	42	11	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.312456	0	0	37.01	
37.02	IUSCC HEM/ONC	90.02	0.322213	3	1	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.219318	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	1.920631	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.151209	0	0	37.06	

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 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	PPS	
		0	1.00	2.00	3.00		
37.07	AMB SVC-RILEY CLINICS	90.07	0.235127	0	0	0	37.07
37.08	MOTILITY LAB	90.08	0.345898	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.220988	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.142197	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.600733	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.229220	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.119071	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.767793	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.334475	0	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	4.819947	0	0	0	37.24
38.00	EMERGENCY	91.00	0.089245	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.194587	1	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			499,763	88,209		41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	1	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			2	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	0	51.01
51.02	IUSCC HEM/ONC	23.02	3	0.000000	0	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	0	51.13
51.14	INFUSION CLINIC	23.14	0	0.000000	0	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	0	51.15
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	0	51.18

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Pancreas		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	1	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		4		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
PART III - SUMMARY OF COSTS AND CHARGES		1.00	2.00	3.00	4.00		
56.00	Routine and Ancillary from Part I	92,597		525,855		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	2,093,280		2,146,138		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (see instructions)	2,185,877		2,671,993		61.00	
Cost Center Description		Usable Organs					
		1.00	2.00	3.00	4.00		
62.00	Total Usable Organs (see instructions)		33			62.00	
63.00	Medicare Usable Organs (see instructions)		11			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.333333			64.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
PART IV - STATISTICS		1.00	2.00	3.00	4.00		
65.00	Medicare Cost and Charges (see instructions)	728,625		890,663		65.00	
66.00	Revenue for organs sold (see instructions)	45,117		0		66.00	
67.00	Subtotal (see instructions)	683,508		890,663		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	683,508	0	890,663	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
70.00	Organs Excised in Provider (1)		0	10		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs (see instructions)		0	27		73.00	
74.00	Total (sum of lines 70 through 73)		0	37		74.00	
75.00	Organs Transplanted		0	23		75.00	
76.00	Organs sold to other hospitals					76.00	
77.00	Organs sold to OPOs		0	10	45,117	77.00	
78.00	Organs sold to transplant hospitals		0	0	0	78.00	
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00	
80.00	Organs sold outside the U.S.		0	0	0	80.00	
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs used for research		0	0	0	82.00	
83.00	Unusable/Discarded organs (see instructions)		0	4	0	83.00	
84.00	Total (see instructions)		0	37		84.00	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4 Date/Time Prepared: 4/6/2023 1:09 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Hospital Organ Acquisition	PPS Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	1,599	1,372.98	0.00	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	5,672	1,997.60	1.00	1,998	2.00
3.00	CORONARY CARE UNIT	44.00	3,556	2,389.64	0.00	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,646.29	0.00	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,613.79	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.02	UH SURG 6IC	46.02	0	2,706.34	0.00	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0.00	0	5.03
5.04	RH PED IC	46.04	2,220	2,479.34	0.00	0	5.04
5.05	TRANSPLANT ICU	46.05	0	2,592.83	0.00	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,123.82	0.00	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		13,047		1.00	1,998	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.144588	48,262	6,978	8.00	
8.01	ENDOSCOPY	50.01	0.107004	3,324	356	8.01	
9.00	RECOVERY ROOM	51.00	0.154838	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.269437	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.103267	1,817	188	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.183748	29,591	5,437	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.129188	30,094	3,888	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.070669	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.088012	706	62	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.498930	6	3	17.00	
18.00	LABORATORY	60.00	0.173016	41,198	7,128	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.190664	73,377	13,990	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125532	7,878	989	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.215279	7,068	1,522	23.00	
24.00	PHYSICAL THERAPY	66.00	0.374438	16	6	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.312556	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.323289	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.064128	40,379	2,589	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.150427	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.259168	2,803	726	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.135287	200	27	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.225213	14,579	3,283	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.915729	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.318260	329	105	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.394904	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.063066	0	0	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	7,832.025157	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.107066	4,384	469	34.03	
34.04	DAY SURGERY	76.04	0.342766	0	0	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.211442	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.270071	295	80	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.312456	26	8	37.01	
37.02	IUSCC HEM/ONC	90.02	0.322213	21	7	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.219318	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	1.920631	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.151209	45,699	6,910	37.06	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
 Provider CCN: 15-0056
 Component CCN:
 Period: From 01/01/2021 To 12/31/2021
 Worksheet D-4
 Date/Time Prepared: 4/6/2023 1:09 pm

Cost Center Description		Intestinal		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Costs		
		0	1.00	2.00	3.00		
37.07	AMB SVC-RILEY CLINICS	90.07	0.235127	0	0	37.07	
37.08	MOTILITY LAB	90.08	0.345898	0	0	37.08	
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09	
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10	
37.11	SLEEP LAB	90.11	0.220988	0	0	37.11	
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12	
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13	
37.14	INFUSION CLINIC	90.14	0.142197	0	0	37.14	
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15	
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	37.16	
37.17	PHYSICAL MEDICINE	90.17	1.600733	0	0	37.17	
37.18	DERMATOLOGY CLINIC	90.18	0.229220	0	0	37.18	
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	37.19	
37.20	IUMG - MH	90.20	0.000000	0	0	37.20	
37.21	OP REHAB CLINIC	90.21	0.119071	0	0	37.21	
37.22	EATING DISORDERS CLINIC	90.22	0.767793	0	0	37.22	
37.23	GASTROENTEROLOGY CLINIC	90.23	2.334475	357	833	37.23	
37.24	LIFE CARE CLINIC	90.24	4.819947	0	0	37.24	
38.00	EMERGENCY	91.00	0.089245	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.194587	54	11	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			352,463	55,595	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02	
46.03	UH NS 3IC	6.03	0.00	0	0	46.03	
46.04	RH PED IC	6.04	0.00	0	0	46.04	
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05	
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	AMB SVC-OB & GYN	23.01	26	0.000000	0	51.01	
51.02	IUSCC HEM/ONC	23.02	21	0.000000	0	51.02	
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	51.03	
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04	
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05	
51.06	OUTPATIENT SURGERY	23.06	45,699	0.000000	0	51.06	
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07	
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08	
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09	
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10	
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11	
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12	
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13	
51.14	INFUSION CLINIC	23.14	0	0.000000	0	51.14	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15	
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	51.16	
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
 Provider CCN: 15-0056
 Component CCN:
 Period: From 01/01/2021 To 12/31/2021
 Worksheet D-4
 Date/Time Prepared: 4/6/2023 1:09 pm

Cost Center Description		Intestinal		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	357	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	54	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		46,157		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	57,593		365,510		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	872,650		937,539		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (see instructions)	930,243		1,303,049		61.00	
Cost Center Description		Usable Organs					
		1.00	2.00	3.00	4.00		
62.00	Total Usable Organs (see instructions)		13			62.00	
63.00	Medicare Usable Organs (see instructions)		3			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.230769			64.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
65.00	Medicare Cost and Charges (see instructions)	214,671		300,703		65.00	
66.00	Revenue for organs sold (see instructions)	22,559		0		66.00	
67.00	Subtotal (see instructions)	192,112		300,703		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	192,112	0	300,703	0	69.00	
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	6		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs (see instructions)		0	10		73.00	
74.00	Total (sum of lines 70 through 73)		0	16		74.00	
75.00	Organs Transplanted		0	7		75.00	
76.00	Organs sold to other hospitals					76.00	
77.00	Organs sold to OPOs		0	6	22,559	77.00	
78.00	Organs sold to transplant hospitals		0	0	0	78.00	
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00	
80.00	Organs sold outside the U.S.		0	0	0	80.00	
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs used for research		0	0	0	82.00	
83.00	Unusable/Discarded organs (see instructions)		0	3		83.00	
84.00	Total (see instructions)		0	16		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS				Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet D-6 Parts I - IV Date/Time Prepared: 4/6/2023 1:09 pm	
Inpatient Routine Services Acquisition Costs		D-1	Routine Services Acquisition Charges	Per Diem Costs (see instructions)	Inpatient Acquisition Days	Acquisition Costs (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - INPATIENT ROUTINE AND ANCILLARY SERVICES CELLULAR THERAPY ACQUISITION COSTS							
1.00	ADULTS & PEDIATRICS	38.00	0	1,372.98	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,997.60	0	0	2.00
3.00	CORONARY CARE UNIT	44.00					3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01					3.01
4.00	BURN INTENSIVE CARE UNIT	45.00					4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 61C	46.02	0	2,706.34	0	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0	0	5.03
5.04	RH PEDIC	46.04	0	2,479.34	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	2,592.83	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,123.82	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Ancillary Services Acquisition Costs		C	Ratio of Cost to Charges (from Wkst. C, Pt. I, col. 9)	Inpatient Ancillary Services Acquisition Charges	Outpatient Ancillary Services Acquisition Charges	Inpatient Ancillary Services Acquisition Cost	
		0	1.00	2.00	3.00	4.00	
8.00	OPERATING ROOM	50.00	0.144588	0	0	0	8.00
8.01	ENDOSCOPY	50.01	0.107004	0	0	0	8.01
9.00	RECOVERY ROOM	51.00	0.154838	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00					10.00
11.00	ANESTHESIOLOGY	53.00	0.103267	0	0	0	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.183748	0	0	0	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.129188	0	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.070669	0	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.088012	0	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.498930	0	0	0	17.00
18.00	LABORATORY	60.00	0.173016	2,890,999	0	500,189	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.190664	0	0	0	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125532	0	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0.064128	0	0	0	23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.259168	578,200	0	149,851	24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	0.225213	2,312,799	0	520,872	25.00
25.03	OUTPATIENT RETAIL PHARMACY	73.03	0.915729	0	0	0	25.03
26.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	0	26.00
27.00	RH NBN ECMOIC	76.00	0.394904	0	0	0	27.00
27.01	CARDIOLOGY	76.01	0.063066	0	0	0	27.01
27.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	7,832.025157	0	0	0	27.02
27.03	CARDIAC CATH	76.03	0.107066	0	0	0	27.03
27.04	DAY SURGERY	76.04	0.342766	0	0	0	27.04
27.05	ONCOLOGY	76.05	0.000000	0	0	0	27.05
27.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	0	27.06
27.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	0	27.07
27.08	ECMO-ADULT	76.08	0.211442	0	0	0	27.08
27.97	CARDIAC REHABILITATION	76.97	0.270071	0	0	0	27.97
28.00	TOTAL (sum of lines 8 through 27)			5,781,998	0	1,170,912	28.00
Ancillary Services Acquisition Costs		Outpatient Ancillary Services Acquisition Cost					
		5.00					
8.00	OPERATING ROOM	0					8.00
8.01	ENDOSCOPY	0					8.01
9.00	RECOVERY ROOM	0					9.00
10.00	DELIVERY ROOM & LABOR ROOM						10.00
11.00	ANESTHESIOLOGY	0					11.00
11.01	PULMONARY FUNCTION TESTING	0					11.01
12.00	RADIOLOGY-DIAGNOSTIC	0					12.00
13.00	RADIOLOGY-THERAPEUTIC	0					13.00
14.00	RADIOISOTOPE	0					14.00
15.00	CT SCAN	0					15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	0					16.00

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-6
Parts I - IV
Date/Time Prepared:
4/6/2023 1:09 pm

Ancillary Services Acquisition Costs		Outpatient Ancillary Services Acquisition Cost	
		5.00	
17.00	CARDIAC CATHETERIZATION	0	17.00
18.00	LABORATORY	0	18.00
18.01	TRANSPLANT IMMUNOLOGY	0	18.01
18.02	BONE MARROW TRANSPLANT LAB	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	0	21.00
22.00	INTRAVENOUS THERAPY	0	22.00
23.00	ELECTROCARDIOLOGY	0	23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24.00
25.00	DRUGS CHARGED TO PATIENTS	0	25.00
25.03	OUTPATIENT RETAIL PHARMACY	0	25.03
26.00	ASC (NON-DISTINCT PART)	0	26.00
27.00	RH NBN ECMO IC	0	27.00
27.01	CARDIOLOGY	0	27.01
27.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	27.02
27.03	CARDIAC CATH	0	27.03
27.04	DAY SURGERY	0	27.04
27.05	ONCOLOGY	0	27.05
27.06	DAY SURGERY-RILEY	0	27.06
27.07	CARDIOLOGY-RILEY	0	27.07
27.08	ECMO-ADULT	0	27.08
27.97	CARDIAC REHABILITATION	0	27.97
28.00	TOTAL (sum of lines 8 through 27)	0	28.00

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-6
Parts I - IV
Date/Time Prepared:
4/6/2023 1:09 pm

Interns and Residents Not in Approved Teaching Program Acquisition Costs		D-2	Average Cost Per Day (from Wkst. D-2, Pt. 1, col. 4)	Inpatient Acquisition Days	Inpatient Part B Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - INTERNS AND RESIDENTS NOT IN AN APPROVED TEACHING PROGRAM CELLULAR THERAPY ACQUISITION COSTS						
1.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	1.00
2.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	4.00				3.00
3.01	NEONATAL INTENSIVE CARE UNIT	4.01				3.01
4.00	BURN INTENSIVE CARE UNIT	5.00				4.00
5.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	5.00
5.02	UH SURG 61C	6.02	0.00	0	0	5.02
5.03	UH NS 31C	6.03	0.00	0	0	5.03
5.04	RH PED IC	6.04	0.00	0	0	5.04
5.05	TRANSPLANT ICU	6.05	0.00	0	0	5.05
5.06	PEDS CANCER CARE	6.06	0.00	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)					6.00
7.00	TOTAL (sum of lines 1 through 6)			0	0	7.00
					Amount	
					1.00	
PART III - SUMMARY OF CELLULAR THERAPY ACQUISITION COSTS						
1.00	Acquisition cost from Worksheet B, col. 26 (see instructions)				2,969,846	1.00
Acquisition Services Total Costs				Inpatient	Outpatient	
				1.00	2.00	
2.00	Routine and ancillary			1,170,912	0	2.00
3.00	Interns and residents			0		3.00
4.00	Apportionment of acquisition cost from line 1			2,969,846	0	4.00
5.00	Cost of physicians' services in a teaching hospital (see instructions)			0	0	5.00
6.00	Total acquisition cost (sum of lines 2 through 5)			4,140,758	0	6.00
Determine Ratio of Medicare Transplants to Total Transplants				Inpatient	Outpatient	Total
				1.00	2.00	3.00
7.00	Total transplants (see instructions)		67	0	67	7.00
8.00	Medicare transplants (see instructions)		6	0		8.00
9.00	Medicare ratio (line 8 ÷ line 7)		0.089552	0.000000		9.00
10.00	Medicare cost (see instructions)		370,813	0		10.00
					Amount	
					1.00	
PART IV - STATISTICS						
1.00	Number of recipients intended for allogeneic HSCT where the acquisition cost was incurred but the transplant did not occur (see instructions)				0	1.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 4/6/2023 1:09 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		98,592,335	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		33,859,242	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)		10,295,604	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		2,776,733	2.04
3.00	Managed Care Simulated Payments		97,665,539	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		1,241.10	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)		527.75	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		527.75	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		693.87	10.00
11.00	FTE count for residents in dental and podiatric programs.		25.42	11.00
12.00	Current year allowable FTE (see instructions)		553.17	12.00
13.00	Total allowable FTE count for the prior year.		553.21	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		553.93	14.00
15.00	Sum of lines 12 through 14 divided by 3.		553.44	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		553.44	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.445927	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.449574	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.445927	21.00
22.00	IME payment adjustment (see instructions)		28,801,198	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		21,237,078	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).		2.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		166.12	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)		2.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.001611	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000430	27.00
28.00	IME add-on adjustment amount (see instructions)		56,954	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		41,996	28.01
29.00	Total IME payment (sum of lines 22 and 28)		28,858,152	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		21,279,074	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.55	30.00
31.00	Percentage of Medicaid patient days (see instructions)		40.96	31.00
32.00	Sum of lines 30 and 31		48.51	32.00
33.00	Allowable disproportionate share percentage (see instructions)		29.24	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 4/6/2023 1:09 pm
		Title XVIII	Hospital	PPS
				1.00
34.00	Disproportionate share adjustment (see instructions)			9,682,211 34.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.001619622	0.001710159	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	13,426,688	12,299,477	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	10,042,424	3,100,145	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	13,142,569		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)	197,206,846		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)		218,485,920	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		13,825,292	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		12,354,254	52.00
53.00	Nursing and Allied Health Managed Care payment		137,971	53.00
54.00	Special add-on payments for new technologies		963,212	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)		26,298,858	55.00
55.01	Cellular therapy acquisition cost (see instructions)		370,813	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).		218,408	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		325,698	58.00
59.00	Total (sum of amounts on lines 49 through 58)		272,980,426	59.00
60.00	Primary payer payments		142,595	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		272,837,831	61.00
62.00	Deductibles billed to program beneficiaries		9,362,192	62.00
63.00	Coinurance billed to program beneficiaries		1,263,095	63.00
64.00	Allowable bad debts (see instructions)		1,441,528	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		936,993	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		262,685	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		263,149,537	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-679,750	70.93
70.94	HRR adjustment amount (see instructions)		-310,925	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 4/6/2023 1:09 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			586,584	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			261,572,278	71.00
71.01	Sequestration adjustment (see instructions)			0	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs			0	71.03
72.00	Interim payments			254,595,564	72.00
72.01	Interim payments-PARHM or CHART				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			6,976,714	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			5,295,672	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)				90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/6/2023 1:09 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	98,592,335	0	98,592,335	98,592,335	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	33,859,242	0	33,859,242	33,859,242	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	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	10,295,604	0	10,295,604	10,295,604	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,776,733	0	2,776,733	2,776,733	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	97,665,539	0	72,832,155	24,833,384	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.445927	0.445927	0.445927	0.445927	5.00	
6.00	IME payment adjustment (see instructions)	22.00	28,801,198	0	21,438,607	7,362,591	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	21,237,078	0	15,837,133	5,399,945	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	0.000430	0.000430	0.000430	0.000430	7.00	
8.00	IME adjustment (see instructions)	28.00	56,954	0	42,395	14,559	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	41,996	0	31,318	10,678	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	28,858,152	0	21,481,002	7,377,150	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	21,279,074	0	15,868,451	5,410,623	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2924	0.2924	0.2924	0.2924	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	9,682,211	0	7,207,100	2,475,111	11.00	
11.01	Uncompensated care payments	36.00	13,142,569	0	10,440,562	3,384,264	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	197,206,846	0	147,334,346	49,872,500	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	218,485,920	0	163,202,797	55,283,123	15.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/6/2023 1:09 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	13,825,292	0	10,363,239	3,462,053	13,825,292	16.00
17.00	Special add-on payments for new technologies	54.00	963,212	0	663,430	299,782	963,212	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	174,229,466	59,044,958	233,274,424	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	10,169,641	0	7,610,697	2,558,944	10,169,641	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	762,388	0	587,299	175,089	762,388	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	0.1813	0.1813	0.1813	0.1813		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,843,756	0	1,379,819	463,937	1,843,756	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1032	0.1032	0.1032	0.1032		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	1,049,507	0	785,424	264,083	1,049,507	25.00
26.00	Total prospective capital payments (see instructions)	12.00	13,825,292	0	10,363,239	3,462,053	13,825,292	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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0056		Period: From 01/01/2021 To 12/31/2021		Worksheet E Part A Exhibit 5 Date/Time Prepared: 4/6/2023 1:09 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (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	98,592,335	98,592,335		98,592,335	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	33,859,242		33,859,242	33,859,242	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	10,295,604	10,295,604		10,295,604	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,776,733		2,776,733	2,776,733	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	97,665,539	72,832,155	24,833,384	97,665,539	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.445927	0.445927	0.445927		5.00
6.00	IME payment adjustment (see instructions)	22.00	28,801,198	21,438,607	7,362,591	28,801,198	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	21,237,078	15,837,133	5,399,945	21,237,078	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	0.000430	0.000430	0.000430		7.00
8.00	IME adjustment (see instructions)	28.00	56,954	42,395	14,559	56,954	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	41,996	31,318	10,678	41,996	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	28,858,152	21,481,002	7,377,150	28,858,152	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	21,279,074	15,868,451	5,410,623	21,279,074	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2924	0.2924	0.2924		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	9,682,211	7,207,100	2,475,111	9,682,211	11.00
11.01	Uncompensated care payments	36.00	13,142,569	10,042,424	3,100,145	13,142,569	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	197,206,846	147,618,465	49,588,381	197,206,846	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	218,485,920	163,486,916	54,999,004	218,485,920	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	13,825,292	10,363,239	3,462,053	13,825,292	16.00
17.00	Special add-on payments for new technologies	54.00	963,212	663,430	299,782	963,212	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			174,513,585	58,760,839	233,274,424	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 4/6/2023 1:09 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	10,169,641	7,610,697	2,558,944	10,169,641	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	762,388	587,299	175,089	762,388	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	0.1813	0.1813	0.1813		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,843,756	1,379,819	463,937	1,843,756	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1032	0.1032	0.1032		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	1,049,507	785,424	264,083	1,049,507	25.00
26.00	Total prospective capital payments (see instructions)	12.00	13,825,292	10,363,239	3,462,053	13,825,292	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	-679,750	-679,750	0	-679,750	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-310,925	-208,438	-102,487	-310,925	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	586,584	586,584	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 4/6/2023 1:09 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		106,482	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		136,310,481	2.00
3.00	OPPS payments		104,413,531	3.00
4.00	Outlier payment (see instructions)		1,651,764	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		503,061	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		106,482	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		472,953	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)		472,953	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)		472,953	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		366,471	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)		106,482	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)		106,568,356	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)		17,037,039	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)		89,637,799	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		6,501,388	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		96,139,187	30.00
31.00	Primary payer payments		20,375	31.00
32.00	Subtotal (line 30 minus line 31)		96,118,812	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		81	33.00
34.00	Allowable bad debts (see instructions)		2,793,599	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,815,839	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,452,262	36.00
37.00	Subtotal (see instructions)		97,934,732	37.00
38.00	MSP-LCC reconciliation amount from PS&R		668	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		14,767	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		97,934,064	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 or CHART pass-throughs			40.03
41.00	Interim payments		95,590,605	41.00
41.01	Interim payments-PARHM or CHART			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		2,343,459	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		169,614	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 4/6/2023 1:09 pm
Title XVIII		Hospital	PPS
			1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet E-1
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		252,468,664		95,590,605	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	05/05/2021	11,100		0	3.01	
3.02		10/20/2021	2,115,800		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)		2,126,900		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		254,595,564		95,590,605	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		6,976,714		2,343,459	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		261,572,278		97,934,064	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0056
Component CCN: 15-S056

Period:
From 01/01/2021
To 12/31/2021

Worksheet E-1
Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Title XVIII

Subprovider -
IPF

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		577,893		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		577,893		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		14,391		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		592,284		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 4/6/2023 1:09 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part II Date/Time Prepared: 4/6/2023 1:09 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			503,833 1.00
2.00	Net IPF PPS Outlier Payments			109,696 2.00
3.00	Net IPF PPS ECT Payments			12,590 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			13.465753 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			626,119 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			626,119 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			626,119 18.00
19.00	Deductibles			51,940 19.00
20.00	Subtotal (line 18 minus line 19)			574,179 20.00
21.00	Coinsurance			0 21.00
22.00	Subtotal (line 20 minus line 21)			574,179 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			24,120 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			15,678 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			589,857 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			2,427 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			592,284 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			577,893 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			14,391 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			109,696 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 4/6/2023 1:09 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			553.51	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)				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)				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)				4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27			553.51	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			699.75	6.00
7.00	Enter the lesser of line 5 or line 6			553.51	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.	204.29	387.89	592.18	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	190.95	362.56	553.51	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		24.42		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		25.42		10.01
11.00	Total weighted FTE count	190.95	386.98		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	189.23	388.91		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	189.23	390.29		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	189.80	388.73		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	189.80	388.73		17.00
18.00	Per resident amount	98,330.67	93,124.46		18.00
18.01	Per resident amount under §131 of the CAA 2021				18.01
19.00	Approved amount for resident costs	18,663,161	36,200,271	54,863,432	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			2.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			146.24	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			2.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			108,723.44	23.00
24.00	Multiply line 22 time line 23			217,447	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			55,080,879	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 4/6/2023 1:09 pm	
		Title XVIII	Hospital	PPS	
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	66,311	54,711		26.00
27.00	Total Inpatient Days (see instructions)	348,317	348,317		27.00
28.00	Ratio of inpatient days to total inpatient days	0.190375	0.157072		28.00
29.00	Program direct GME amount	10,486,022	8,651,664	19,137,686	29.00
29.01	Percent reduction for MA DGME		3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		282,044	282,044	30.00
31.00	Net Program direct GME amount			18,855,642	31.00
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			325	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			38,485,295	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000008	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)			233,616,880	37.00
38.00	Organ acquisition costs (see instructions)			26,669,671	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			142,595	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			260,143,956	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			136,920,024	42.00
43.00	Primary payer payments (see instructions)			20,375	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			136,899,649	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			397,043,605	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.655202	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.344798	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			18,855,642	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			12,354,254	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			6,501,388	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet E-5 Date/Time Prepared: 4/6/2023 1:09 pm
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet G
Date/Time Prepared:
4/6/2023 1:09 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	242,360,547	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	923,670,901	0	0	0	4.00
5.00	Other receivable	1,178,186,112	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-346,485,858	0	0	0	6.00
7.00	Inventory	92,970,182	0	0	0	7.00
8.00	Prepaid expenses	64,554,542	0	0	0	8.00
9.00	Other current assets	5,967,485,999	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	8,122,742,425	0	0	0	11.00
FIXED ASSETS						
12.00	Land	240,594,105	0	0	0	12.00
13.00	Land improvements	28,954,776	0	0	0	13.00
14.00	Accumulated depreciation	-14,259,415	0	0	0	14.00
15.00	Buildings	1,209,734,378	0	0	0	15.00
16.00	Accumulated depreciation	-582,070,605	0	0	0	16.00
17.00	Leasehold improvements	939,194,995	0	0	0	17.00
18.00	Accumulated depreciation	-603,486,536	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	17,009,355	0	0	0	21.00
22.00	Accumulated depreciation	-13,022,154	0	0	0	22.00
23.00	Major movable equipment	1,706,204,950	0	0	0	23.00
24.00	Accumulated depreciation	-1,338,321,625	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)	1,590,532,224	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	560,439,695	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	170,113,767	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	730,553,462	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	10,443,828,111	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,238,953,202	0	0	0	37.00
38.00	Salaries, wages, and fees payable	167,126,090	0	0	0	38.00
39.00	Payroll taxes payable	44,634,446	0	0	0	39.00
40.00	Notes and loans payable (short term)	59,641,875	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	444,539,060	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,954,894,673	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,535,274,778	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	80,055,860	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,615,330,638	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,570,225,311	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	6,873,602,800	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	6,873,602,800	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	10,443,828,111	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-1

Date/Time Prepared:
4/6/2023 1:09 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		6,335,827,693			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		842,401,849				2.00
3.00	Total (sum of line 1 and line 2)		7,178,229,542			0	3.00
4.00	MEMBER'S EQUITY	10,756		0		0	4.00
5.00	MARKET TO MARKET INT SWAP	18,206,932		0		0	5.00
6.00	ROUNDING	262		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		18,217,950			0	10.00
11.00	Subtotal (line 3 plus line 10)		7,196,447,492			0	11.00
12.00	ORACLE TRANSITION VARIANCE	3,078,675		0		0	12.00
13.00	PENSION OBLIGATION	14		0		0	13.00
14.00	RETAINED EARNINGS	26,282,496		0		0	14.00
15.00	UNRESTRICTED FUND BALANCE	293,483,507		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		322,844,692			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		6,873,602,800			0	19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	MEMBER'S EQUITY		0				4.00
5.00	MARKET TO MARKET INT SWAP		0				5.00
6.00	ROUNDING		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	ORACLE TRANSITION VARIANCE		0				12.00
13.00	PENSION OBLIGATION		0				13.00
14.00	RETAINED EARNINGS		0				14.00
15.00	UNRESTRICTED FUND BALANCE		0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-2
Parts I & II
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	1,084,309,254		1,084,309,254	1.00
2.00	SUBPROVIDER - IPF	14,138,752		14,138,752	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	1,098,448,006		1,098,448,006	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	158,402,550		158,402,550	11.00
12.00	CORONARY CARE UNIT	144,285,492		144,285,492	12.00
12.01	NEONATAL INTENSIVE CARE UNIT	181,841,900		181,841,900	12.01
13.00	BURN INTENSIVE CARE UNIT	11,347,770		11,347,770	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.02	UH SURG 6IC	24,880,229		24,880,229	14.02
14.03	UH NS 3IC	0		0	14.03
14.04	RH PEDIC	77,885,844		77,885,844	14.04
14.05	TRANSPLANT ICU	14,858,676		14,858,676	14.05
14.06	PEDS CANCER CARE	14,793,463		14,793,463	14.06
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	628,295,924		628,295,924	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,726,743,930		1,726,743,930	17.00
18.00	Ancillary services	3,748,744,566	3,800,050,412	7,548,794,978	18.00
19.00	Outpatient services	239,345,478	893,029,723	1,132,375,201	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		299,913,019	299,913,019	22.00
23.00	AMBULANCE SERVICES	152,206	374,281,260	374,433,466	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	46,723,212	46,723,212	26.00
27.00	SPECIAL PURPOSE COST CENTERS	68,926,080	0	68,926,080	27.00
27.01	PHYSICIAN REVENUE	0	32,798,772	32,798,772	27.01
27.02	HOME OFFICE AND NRCC	312	97,499	97,811	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	5,783,912,572	5,446,893,897	11,230,806,469	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,978,814,897		29.00
30.00	HOME OFFICE EXPENSE	2,136,917,963			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)		2,136,917,963		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)		5,115,732,860		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-3

Date/Time Prepared:
4/6/2023 1:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	11,230,806,469	1.00
2.00	Less contractual allowances and discounts on patients' accounts	7,788,703,160	2.00
3.00	Net patient revenues (line 1 minus line 2)	3,442,103,309	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	5,115,732,860	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,673,629,551	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	874,479,044	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	TOTAL OTHER OPERATING REVENUE	1,083,448,002	24.00
24.01	MEMBER PREMIUM REVENUE	546,827,239	24.01
24.02	SWAP GAIN	4,299,666	24.02
24.03	RELATED PARTY INCOME	0	24.03
24.04	EDUCATION & RESEARCH SUPPORT	0	24.04
24.05	OTHER INCOME	-5,608,353	24.05
24.50	COVID-19 PHE Funding	12,585,802	24.50
25.00	Total other income (sum of lines 6-24)	2,516,031,400	25.00
26.00	Total (line 5 plus line 25)	842,401,849	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)	842,401,849	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0056

Period: From 01/01/2021 To 12/31/2021

Worksheet H

HHA CCN: 15-7158

Date/Time Prepared: 4/6/2023 1:09 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	7,464,440	2,058,704	0	350,977	10,340,466	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	5,213,563	1,437,908	0	0	6,651,471	6.00
7.00	Physical Therapy	3,123,943	861,588	0	0	3,985,531	7.00
8.00	Occupational Therapy	1,071,977	295,653	0	0	1,367,630	8.00
9.00	Speech Pathology	71,711	19,778	0	0	91,489	9.00
10.00	Medical Social Services	279,195	77,002	0	0	356,197	10.00
11.00	Home Health Aide	79,736	21,991	0	0	101,727	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	2,461,657	678,929	0	1,104,214	7,130,171	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	4,967,025	1,369,913	0	457,254	64,247,807	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	24,733,247	6,821,466	0	1,912,445	81,718,444	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	20,214,587	-12,283,880	7,930,707		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	6,651,471	0	6,651,471		6.00
7.00	Physical Therapy	0	3,985,531	0	3,985,531		7.00
8.00	Occupational Therapy	0	1,367,630	0	1,367,630		8.00
9.00	Speech Pathology	0	91,489	0	91,489		9.00
10.00	Medical Social Services	0	356,197	0	356,197		10.00
11.00	Home Health Aide	0	101,727	0	101,727		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	11,374,971	-3,211,836	8,163,135		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	71,041,999	-48,401,061	22,640,938		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	115,185,602	-63,896,777	51,288,825		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0056 HHA CCN: 15-7158		Period: From 01/01/2021 To 12/31/2021		Worksheet H-1 Part I Date/Time Prepared: 4/6/2023 1:09 pm	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	7,930,707	0	0	0	7,930,707	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	6,651,471	0	0	0	6,651,471	6.00
7.00	Physical Therapy	3,985,531	0	0	0	3,985,531	7.00
8.00	Occupational Therapy	1,367,630	0	0	0	1,367,630	8.00
9.00	Speech Pathology	91,489	0	0	0	91,489	9.00
10.00	Medical Social Services	356,197	0	0	0	356,197	10.00
11.00	Home Health Aide	101,727	0	0	0	101,727	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	8,163,135	0	0	0	8,163,135	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	22,640,938	0	0	0	22,640,938	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	51,288,825	0	0	0	51,288,825	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	7,930,707					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,216,634	7,868,105				6.00
7.00	Physical Therapy	729,001	4,714,532				7.00
8.00	Occupational Therapy	250,156	1,617,786				8.00
9.00	Speech Pathology	16,734	108,223				9.00
10.00	Medical Social Services	65,153	421,350				10.00
11.00	Home Health Aide	18,607	120,334				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	1,493,135	9,656,270				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	4,141,287	26,782,225				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		51,288,825				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0056

Period: From 01/01/2021

Worksheet H-1

HHA CCN: 15-7158

To 12/31/2021

Part II
Date/Time Prepared:
4/6/2023 1:09 pm

Home Health Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-7,930,707	43,358,118
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6,651,471
7.00	Physical Therapy	0	0	0	0	0	3,985,531
8.00	Occupational Therapy	0	0	0	0	0	1,367,630
9.00	Speech Pathology	0	0	0	0	0	91,489
10.00	Medical Social Services	0	0	0	0	0	356,197
11.00	Home Health Aide	0	0	0	0	0	101,727
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	8,163,135
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	22,640,938
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-7,930,707	43,358,118
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	7,930,707
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.182912

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2021

Worksheet H-2

HHA CCN: 15-7158

To 12/31/2021

Part I
Date/Time Prepared: 4/6/2023 1:09 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	374,677	327,132	4,599,628	1,685	3,571,700	1.00
2.00 Skilled Nursing Care	7,868,105	0	0	0	0	0	2.00
3.00 Physical Therapy	4,714,532	0	0	0	0	0	3.00
4.00 Occupational Therapy	1,617,786	0	0	0	0	0	4.00
5.00 Speech Pathology	108,223	0	0	0	0	0	5.00
6.00 Medical Social Services	421,350	0	0	0	0	0	6.00
7.00 Home Health Aide	120,334	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	9,656,270	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	26,782,225	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	51,288,825	374,677	327,132	4,599,628	1,685	3,571,700	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	0	0	1,510,362	10,385,184	874,640	236,088	1.00
2.00 Skilled Nursing Care	0	0	0	7,868,105	662,652	0	2.00
3.00 Physical Therapy	0	0	0	4,714,532	397,058	0	3.00
4.00 Occupational Therapy	0	0	0	1,617,786	136,250	0	4.00
5.00 Speech Pathology	0	0	0	108,223	9,115	0	5.00
6.00 Medical Social Services	0	0	0	421,350	35,486	0	6.00
7.00 Home Health Aide	0	0	0	120,334	10,135	0	7.00
8.00 Supplies (see instructions)	284,569	0	0	284,569	23,966	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	9,656,270	813,251	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	26,782,225	2,255,598	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	284,569	0	1,510,362	61,958,578	5,218,151	236,088	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2021

Worksheet H-2

HHA CCN: 15-7158

To 12/31/2021

Part I Date/Time Prepared: 4/6/2023 1:09 pm

Home Health Agency I

PPS

Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	
	7.00	8.00	9.00	9.01	9.02	9.03	
1.00 Administrative and General	355,642	0	0	3,733	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	355,642	0	0	3,733	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMEDIC ADMINISTRATION	
	9.04	9.05	10.00	11.00	13.00	13.01	
1.00 Administrative and General	0	0	0	133,824	2,267,136	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	133,824	2,267,136	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2021

Worksheet H-2

HHA CCN: 15-7158

To 12/31/2021

Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Home Health Agency I

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
	14.00	15.00	16.00	17.00	PATIENT TRANSPORTATION 18.00	SERVICES-SALARY & FRINGES 21.00	
1.00 Administrative and General	0	0	493,357	0	184,746	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	2,561,161	0	0	0	0	0	8.00
9.00 Drugs	0	69,009	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	2,561,161	69,009	493,357	0	184,746	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-MET HODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	
	SERVICES-OTHER PRGM COSTS APPRV 22.00	23.00	23.01	23.02	23.03	23.04	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2021

Worksheet H-2

HHA CCN: 15-7158

To 12/31/2021

Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Home Health Agency I

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Cost Center Description		PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
		23.05	23.06	23.07	23.08	23.09	23.10	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	3,302	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telmedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	3,302	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.11	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	14,934,350	0	14,934,350			1.00
2.00	Skilled Nursing Care	0	8,530,757	0	8,530,757	2,175,923	10,706,680	2.00
3.00	Physical Therapy	0	5,111,590	0	5,111,590	1,303,803	6,415,393	3.00
4.00	Occupational Therapy	0	1,754,036	0	1,754,036	447,398	2,201,434	4.00
5.00	Speech Pathology	0	117,338	0	117,338	29,929	147,267	5.00
6.00	Medical Social Services	0	456,836	0	456,836	116,524	573,360	6.00
7.00	Home Health Aide	0	130,469	0	130,469	33,278	163,747	7.00
8.00	Supplies (see instructions)	0	2,869,696	0	2,869,696	731,968	3,601,664	8.00
9.00	Drugs	0	72,311	0	72,311	18,444	90,755	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	10,469,521	0	10,469,521	2,670,440	13,139,961	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	29,037,823	0	29,037,823	7,406,643	36,444,466	19.00
19.50	Telmedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	73,484,727	0	73,484,727	14,934,350	73,484,727	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.255068		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2021 To 12/31/2021	Worksheet H-2 Part II Date/Time Prepared: 4/6/2023 1:09 pm
		Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	PURCHASING, RECEIVING & STORES (COSTED REQ)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	22,471	267,879	24,471,053	324	324	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	3,963,572	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	22,471	267,879	24,471,053	324	324	3,963,572	20.00
21.00 Total cost to be allocated	374,677	327,132	4,599,628	1,685	3,571,700	284,569	21.00
22.00 Unit cost multiplier	16.673802	1.221193	0.187962	5.200617	11,023.765432	0.071796	22.00
Cost Center Description	ADMITTING (INPATIENT CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	6.00	7.00	
1.00 Administrative and General	0	299,913,019	0	10,385,184	22,471	22,471	1.00
2.00 Skilled Nursing Care	0	0	0	7,868,105	0	0	2.00
3.00 Physical Therapy	0	0	0	4,714,532	0	0	3.00
4.00 Occupational Therapy	0	0	0	1,617,786	0	0	4.00
5.00 Speech Pathology	0	0	0	108,223	0	0	5.00
6.00 Medical Social Services	0	0	0	421,350	0	0	6.00
7.00 Home Health Aide	0	0	0	120,334	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	284,569	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	9,656,270	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	26,782,225	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	299,913,019	0	61,958,578	22,471	22,471	20.00
21.00 Total cost to be allocated	0	1,510,362	0	5,218,151	236,088	355,642	21.00
22.00 Unit cost multiplier	0.000000	0.005036	0	0.084220	10.506342	15.826710	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2021 To 12/31/2021	Worksheet H-2 Part II Date/Time Prepared: 4/6/2023 1:09 pm
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		Home Health Agency I		PPS			
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	
	8.00	9.00	9.01	9.02	9.03	9.04	
1.00 Administrative and General	0	22,471	678	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	22,471	678	0	0	0	20.00
21.00 Total cost to be allocated	0	0	3,733	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	5.505900	0.000000	0.000000	0.000000	22.00

Cost Center Description	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMEDIC ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
	9.05	10.00	11.00	13.00	13.01	14.00	
1.00 Administrative and General	0	0	324	65	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	3,963,572	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	324	65	0	3,963,572	20.00
21.00 Total cost to be allocated	0	0	133,824	2,267,136	0	2,561,161	21.00
22.00 Unit cost multiplier	0.000000	0.000000	413.037037	34,879.015385	0.000000	0.646175	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2021 To 12/31/2021	Worksheet H-2 Part II Date/Time Prepared: 4/6/2023 1:09 pm
		Home Health Agency I	PPS

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	SERVICES-OTHE R PRGM COSTS (ASSIGNED TIME)	
				PATIENT TRANSPORTATION (GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
	15.00	16.00	17.00	18.00	21.00	22.00	
1.00 Administrative and General	0	299,913,019	0	299,913,019	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	372,950	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	372,950	299,913,019	0	299,913,019	0	0	20.00
21.00 Total cost to be allocated	69,009	493,357	0	184,746	0	0	21.00
22.00 Unit cost multiplier	0.185036	0.001645	0.000000	0.000616	0.000000	0.000000	22.00

Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-MET HODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	
	23.00	23.01	23.02	23.03	23.04	23.05	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet H-2 Part II Date/Time Prepared: 4/6/2023 1:09 pm
	HHA CCN: 15-7158	Home Health Agency I	PPS

Cost Center Description	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
	23.06	23.07	23.08	23.09	23.10	23.11	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	372,950	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	372,950	0	0	0	0	20.00
21.00 Total cost to be allocated	0	3,302	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.008854	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0056

Period: From 01/01/2021

Worksheet H-3

HHA CCN: 15-7158

To 12/31/2021

Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Title XVIII

Home Health Agency I

PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	10,706,680		10,706,680	25,983	412.06	1.00
2.00	Physical Therapy	3.00	6,415,393	0	6,415,393	22,524	284.82	2.00
3.00	Occupational Therapy	4.00	2,201,434	0	2,201,434	7,737	284.53	3.00
4.00	Speech Pathology	5.00	147,267	0	147,267	372	395.88	4.00
5.00	Medical Social Services	6.00	573,360		573,360	716	800.78	5.00
6.00	Home Health Aide	7.00	163,747		163,747	1,907	85.87	6.00
7.00	Total (sum of lines 1-6)		20,207,881	0	20,207,881	59,239		7.00
Program Visits								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Part B				
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		14020	0	2,076			8.00
8.01	Skilled Nursing Care		26900	0	840			8.01
8.02	Skilled Nursing Care		29200	0	1,095			8.02
8.03	Skilled Nursing Care		34620	0	1,003			8.03
8.04	Skilled Nursing Care		99915	0	1,630			8.04
9.00	Physical Therapy		14020	0	1,573			9.00
9.01	Physical Therapy		26900	0	3,146			9.01
9.02	Physical Therapy		29200	0	1,304			9.02
9.03	Physical Therapy		34620	0	1,296			9.03
9.04	Physical Therapy		99915	0	1,791			9.04
10.00	Occupational Therapy		14020	0	845			10.00
10.01	Occupational Therapy		26900	0	760			10.01
10.02	Occupational Therapy		29200	0	363			10.02
10.03	Occupational Therapy		34620	0	662			10.03
10.04	Occupational Therapy		99915	0	656			10.04
11.00	Speech Pathology		14020	0	0			11.00
11.01	Speech Pathology		26900	0	4			11.01
11.02	Speech Pathology		29200	0	0			11.02
11.03	Speech Pathology		34620	0	161			11.03
11.04	Speech Pathology		99915	0	41			11.04
12.00	Medical Social Services		14020	0	27			12.00
12.01	Medical Social Services		26900	0	89			12.01
12.02	Medical Social Services		29200	0	62			12.02
12.03	Medical Social Services		34620	0	31			12.03
12.04	Medical Social Services		99915	0	39			12.04
13.00	Home Health Aide		14020	0	135			13.00
13.01	Home Health Aide		26900	0	94			13.01
13.02	Home Health Aide		29200	0	144			13.02
13.03	Home Health Aide		34620	0	357			13.03
13.04	Home Health Aide		99915	0	186			13.04
14.00	Total (sum of lines 8-13)			0	20,410			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Part I Date/Time Prepared: 4/6/2023 1:09 pm			
				Title XVIII	Home Health Agency I	PPS			
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (From HHA Records)	Ratio (col. 3 ÷ col. 4)			
	0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	3,601,664	0	3,601,664	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	90,755	0	90,755	0	0.000000	16.00	
Program Visits									
Cost Center Description	Part A	Part B		Part A	Part B	Part B	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance					Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00					8.00	9.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	6,644	0	2,737,727		1.00		
2.00	Physical Therapy	0	9,110	0	2,594,710		2.00		
3.00	Occupational Therapy	0	3,286	0	934,966		3.00		
4.00	Speech Pathology	0	206	0	81,551		4.00		
5.00	Medical Social Services	0	248	0	198,593		5.00		
6.00	Home Health Aide	0	916	0	78,657		6.00		
7.00	Total (sum of lines 1-6)	0	20,410	0	6,626,204		7.00		
Cost Center Description									
	6.00	7.00	8.00	9.00	10.00	11.00			
Limitation Cost Computation									
8.00	Skilled Nursing Care						8.00		
8.01	Skilled Nursing Care						8.01		
8.02	Skilled Nursing Care						8.02		
8.03	Skilled Nursing Care						8.03		
8.04	Skilled Nursing Care						8.04		
9.00	Physical Therapy						9.00		
9.01	Physical Therapy						9.01		
9.02	Physical Therapy						9.02		
9.03	Physical Therapy						9.03		
9.04	Physical Therapy						9.04		
10.00	Occupational Therapy						10.00		
10.01	Occupational Therapy						10.01		
10.02	Occupational Therapy						10.02		
10.03	Occupational Therapy						10.03		
10.04	Occupational Therapy						10.04		
11.00	Speech Pathology						11.00		
11.01	Speech Pathology						11.01		
11.02	Speech Pathology						11.02		
11.03	Speech Pathology						11.03		
11.04	Speech Pathology						11.04		
12.00	Medical Social Services						12.00		
12.01	Medical Social Services						12.01		
12.02	Medical Social Services						12.02		
12.03	Medical Social Services						12.03		
12.04	Medical Social Services						12.04		
13.00	Home Health Aide						13.00		
13.01	Home Health Aide						13.01		
13.02	Home Health Aide						13.02		
13.03	Home Health Aide						13.03		
13.04	Home Health Aide						13.04		
14.00	Total (sum of lines 8-13)						14.00		

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Part I Date/Time Prepared: 4/6/2023 1:09 pm	
				Title XVIII	Home Health Agency I	PPS	
Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	36,675	0	0	0	
16.00	Cost of Drugs		0	0	0	0	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2,737,727					1.00
2.00	Physical Therapy	2,594,710					2.00
3.00	Occupational Therapy	934,966					3.00
4.00	Speech Pathology	81,551					4.00
5.00	Medical Social Services	198,593					5.00
6.00	Home Health Aide	78,657					6.00
7.00	Total (sum of lines 1-6)	6,626,204					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Part II Date/Time Prepared: 4/6/2023 1:09 pm PPS
			Home Health Agency I	

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.374438	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.312556	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.323289	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.259168	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.225213	0	0	col. 2, line 16.00 5.00
5.03	Cost of Drugs 3	73.03	0.915729	0	0	col. 2, line 16.03 5.03

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2021 To 12/31/2021	Worksheet H-4 Part I-II Date/Time Prepared: 4/6/2023 1:09 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	3,514,345
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	579,014
13.00	Total PPS Reimbursement - LUPA Episodes		0	119,708
14.00	Total PPS Reimbursement - PEP Episodes		0	4,729
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	171,857
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	350
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	4,390,003
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	4,390,003
25.00	Coinurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	4,390,003
27.00	Allowable bad debts (from your records)		0	0
27.01	Adjusted reimbursable bad debts (see instructions)		0	0
28.00	Allowable bad debts for dual eligible (see instructions)		0	0
29.00	Total costs - current cost reporting period (see instructions)		0	4,390,003
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	4,390,003
31.01	Sequestration adjustment (see instructions)		0	0
31.02	Demonstration payment adjustment amount after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	4,390,004
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)		0	-1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2021 To 12/31/2021	Worksheet H-5 Date/Time Prepared: 4/6/2023 1:09 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		4,390,004	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		4,390,004	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		0		4,390,003	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 15-0056

Period:

Worksheet I-1

Component CCN: 15-3522

From 01/01/2021
To 12/31/2021

Date/Time Prepared:
4/6/2023 1:09 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	3,145,755	HOURS OF SERVICE	74,108.00	35.63	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	71,586	HOURS OF SERVICE	3,642.00	1.75	3.00
4.00	TECHNICIANS	191,077	HOURS OF SERVICE	8,868.00	4.26	4.00
5.00	SOCIAL WORKERS	69,606	HOURS OF SERVICE	2,080.00	1.00	5.00
6.00	DIETICIANS	62,142	HOURS OF SERVICE	2,376.00	1.14	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	369,537	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	3,909,703				9.00
10.00	EMPLOYEE BENEFITS	291,786	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	483	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	90,755	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	1,549,079	REQUISITIONS			14.00
15.00	DRUGS		REQUISITIONS			15.00
16.00	OTHER	627,100	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	6,468,906				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	598,772	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	342,720	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	734,876	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,551,970	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	1,143,873	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	325				23.00
24.00	CENTRAL SERVICE & SUPPLIES	37,225	REQUISITIONS			24.00
25.00	PHARMACY	6,792	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	1,362,852	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	12,248,311				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	RH NBN ECMO IC		CHARGES	0		30.00
30.01	CARDIOLOGY		CHARGES	0		30.01
30.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		CHARGES	0		30.02
30.03	CARDIAC CATH		CHARGES	0		30.03
30.04	DAY SURGERY		CHARGES	0		30.04
30.05	ONCOLOGY		CHARGES	0		30.05
30.06	DAY SURGERY-RILEY		CHARGES	0		30.06
30.07	CARDIOLOGY-RILEY		CHARGES	0		30.07
30.08	ECMO-ADULT		CHARGES	0		30.08
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
31.00	TOTAL COSTS (SUM OF LINES 27-30)	12,248,311				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 15-0056

Period: From 01/01/2021

Worksheet 1-2

Component CCN: 15-3522

To 12/31/2021

Date/Time Prepared: 4/6/2023 1:09 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs		
		Building	Equipment	RNs	Other				
		1.00	2.00	3.00	4.00				5.00
1.00	Total Renal Department Costs	1,742,645	433,958	3,145,755	394,411	1,026,662	6,792	1.00	
MAINTENANCE									
2.00	Hemodialysis	617,604	153,797	1,114,875	139,782	363,855	2,407	2.00	
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01	
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00	
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01	
TRAINING									
4.00	Hemodialysis	0	0	0	0	0	0	4.00	
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00	
6.00	CAPD	1,298	323	2,344	294	765	5	6.00	
7.00	CCPD	0	0	0	0	0	0	7.00	
HOME									
8.00	Hemodialysis	742	185	1,339	168	437	3	8.00	
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00	
10.00	CAPD	2,040	508	3,683	462	1,202	8	10.00	
11.00	CCPD	1,120,961	279,145	2,023,514	253,705	660,403	4,369	11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00	
13.00	Method II Home Patient	0	0	0	0	0	0	13.00	
14.00	ESAs (included in Renal Department)							14.00	
15.00								15.00	
16.00	Other	0	0	0	0	0	0	16.00	
17.00	Total (sum of lines 2 through 16)	1,742,645	433,958	3,145,755	394,411	1,026,662	6,792	17.00	
18.00	Medical Educational Program Costs							18.00	
19.00	Total Renal Costs (line 17 + line 18)							19.00	
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)			
		7.00	8.00	9.00	10.00	11.00			
1.00	Total Renal Department Costs	1,586,304	0	8,336,527	3,911,459	12,247,986		1.00	
MAINTENANCE									
2.00	Hemodialysis	562,196	0	2,954,516	1,386,244	4,340,760		2.00	
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01	
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00	
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01	
TRAINING									
4.00	Hemodialysis	0	0	0	0	0		4.00	
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00	
6.00	CAPD	1,182	0	6,211	2,914	9,125		6.00	
7.00	CCPD	0	0	0	0	0		7.00	
HOME									
8.00	Hemodialysis	675	0	3,549	1,665	5,214		8.00	
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00	
10.00	CAPD	1,857	0	9,760	4,579	14,339		10.00	
11.00	CCPD	1,020,394	0	5,362,491	2,516,057	7,878,548		11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	0	0	0	0	0		12.00	
13.00	Method II Home Patient	0	0	0	0	0		13.00	
14.00	ESAs (included in Renal Department)							14.00	
15.00								15.00	
16.00	Other	0	0	0	0	0		16.00	
17.00	Total (sum of lines 2 through 16)	1,586,304	0	8,336,527	3,911,459	12,247,986		17.00	
18.00	Medical Educational Program Costs					325		18.00	
19.00	Total Renal Costs (line 17 + line 18)					12,248,311		19.00	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period: From 01/01/2021

Worksheet I-3

Component CCN: 15-3522

To 12/31/2021

Date/Time Prepared: 4/6/2023 1:09 pm

		Capital Related Costs		Direct Patient Care Salary				
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)		
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		1,742,645	433,958	3,145,755	394,411	1,026,662	1.00
MAINTENANCE								
2.00	Hemodialysis		3,330	3,330.00	3,330.00	3,330.00	3,330	2.00
2.01	AKI -Hemodialysis		0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
3.01	AKI -Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		7	7.00	7.00	7.00	7	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
HOME								
8.00	Hemodialysis		4	4.00	4.00	4.00	4	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		11	11.00	11.00	11.00	11	10.00
11.00	CCPD		6,044	6,044.00	6,044.00	6,044.00	6,044	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		9,396	9,396.00	9,396.00	9,396.00	9,396	17.00
18.00	Unit Cost Multiplier (line 1 + line 17)		185.466688	46.185398	334.797254	41.976479	109.265858	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	6,792	1,586,304	0	8,336,527	3,911,459		1.00
MAINTENANCE								
2.00	Hemodialysis	3,330	3,330	0				2.00
2.01	AKI -Hemodialysis	0	0	0				2.01
3.00	Intermittent Peritoneal	0	0	0				3.00
3.01	AKI -Intermittent Peritoneal	0	0	0				3.01
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	7	7	0				6.00
7.00	CCPD	0	0	0				7.00
HOME								
8.00	Hemodialysis	4	4	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	11	11	0				10.00
11.00	CCPD	6,044	6,044	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	9,396	9,396	0		8,336,527		17.00
18.00	Unit Cost Multiplier (line 1 + line 17)	0.722861	168.827586	0.000000		0.469195		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 15-0056

Period: From 01/01/2021 To 12/31/2021

Worksheet I-4

Component CCN: 15-3522

Date/Time Prepared: 4/6/2023 1:09 pm

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	3,330	4,340,760	1,303.53	947	1,234,443	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	7	9,125	1,303.57	2	2,607	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	4	5,214	1,303.50	1	1,304	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	2	14,339	7,169.50	0	0	9.00
10.00	Home Program - CCPD	863	7,878,548	9,129.26	246	2,245,798	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	3,341	12,247,986		950	3,484,152	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	5,936					12.00
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00				
1.00	Maintenance - Hemodialysis	311,070	328.48				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - CAPD	738	369.00				5.00
6.00	Training - CCPD	0	0.00				6.00
7.00	Home Program - Hemodialysis	324	324.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - CAPD	352	0.00				9.00
10.00	Home Program - CCPD	196,319	798.04				10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	508,803					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet I-5

Date/Time Prepared:
4/6/2023 1:09 pm

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	3,484,152		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	508,803	508,803	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	508,803	508,803	2.03
2.04	Outlier payments	153		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	205	205	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	205	205	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	101,820	101,820	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	101,820	101,820	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	124	124	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	124	124	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	81		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	101,901	8.00
9.00	Program payment (see instructions)	0	406,878	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	81		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	12,247,986		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	12,247,986		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN: 15-0056 Hospice CCN: 15-1511		Period: From 01/01/2021 To 12/31/2021		Worksheet 0 Date/Time Prepared: 4/6/2023 1:09 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	HOSPICE I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		45,482	45,482	-8,371	37,111	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		299,702	299,702	-13,265	286,437	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	2,163,189	2,163,189	-1,447,682	715,507	3.00
4.00	ADMINISTRATIVE & GENERAL*	1,268,091	3,943,545	5,211,636	-1,913,346	3,298,290	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	92,500	92,500	0	92,500	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	651	651	0	651	7.00
8.00	DIETARY*	0	1,545	1,545	0	1,545	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	172,875	172,875	-44,239	128,636	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	2,038	2,038	0	2,038	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	66,538	0	66,538	0	66,538	13.00
14.00	PHARMACY*	75,406	0	75,406	0	75,406	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	37,182	419,939	457,121	0	457,121	15.00
16.00	OTHER GENERAL SERVICE*	0	60,025	60,025	0	60,025	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		168,507	168,507	0	168,507	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	4,200,147	0	4,200,147	-16,415	4,183,732	28.00
29.00	LPN/LVN**	518,327	0	518,327	-1,829	516,498	29.00
30.00	PHYSICAL THERAPY**	139,454	0	139,454	0	139,454	30.00
31.00	OCCUPATIONAL THERAPY**	153,870	0	153,870	0	153,870	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	455,400	0	455,400	0	455,400	33.00
34.00	SPIRITUAL COUNSELING**	357,788	0	357,788	-7,628	350,160	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	168,873	0	168,873	0	168,873	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	397,294	0	397,294	-397	396,897	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	167,872	167,872	0	167,872	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	1,952	1,952	-1,952	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	4,149	4,149	-4,149	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	589,832	589,832	-589,832	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	1,004,606	1,004,606	0	1,004,606	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	160,240	0	160,240	-4,415	155,825	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	7,998,610	9,138,409	17,137,019	-4,053,520	13,083,499	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet 0
		Hospice CCN: 15-1511		Date/Time Prepared: 4/6/2023 1:09 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	-17,466	19,645	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	286,437	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	715,507	3.00
4.00	ADMINISTRATIVE & GENERAL*	-2,541,442	756,848	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	92,500	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	651	7.00
8.00	DIETARY*	0	1,545	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	128,636	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	2,038	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	66,538	13.00
14.00	PHARMACY*	0	75,406	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	-370,367	86,754	15.00
16.00	OTHER GENERAL SERVICE*	0	60,025	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	168,507	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	4,183,732	28.00
29.00	LPN/LVN**	0	516,498	29.00
30.00	PHYSICAL THERAPY**	0	139,454	30.00
31.00	OCCUPATIONAL THERAPY**	0	153,870	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	455,400	33.00
34.00	SPIRITUAL COUNSELING**	0	350,160	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	168,873	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	396,897	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	167,872	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	1,004,606	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	155,825	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-2,929,275	10,154,224	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE CONTINUOUS HOME CARE

Provider CCN: 15-0056

Period: From 01/01/2021

Worksheet 0-1

Hospice CCN: 15-1511

To 12/31/2021

Date/Time Prepared: 4/6/2023 1:09 pm

	Hospice I					SUBTOTAL
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS		
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

	ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
	6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED		25.00
26.00	PHYSICIAN SERVICES	0	26.00
27.00	NURSE PRACTITIONER	0	27.00
28.00	REGISTERED NURSE	0	28.00
29.00	LPN/LVN	0	29.00
30.00	PHYSICAL THERAPY	0	30.00
31.00	OCCUPATIONAL THERAPY	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	33.00
34.00	SPIRITUAL COUNSELING	0	34.00
35.00	DIETARY COUNSELING	0	35.00
36.00	COUNSELING - OTHER	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	38.00
39.00	PATIENT TRANSPORTATION	0	39.00
40.00	IMAGING SERVICES	0	40.00
41.00	LABS & DIAGNOSTICS	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	42.50
43.00	OUTPATIENT SERVICES	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	46.00
100.00	TOTAL *	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0056 Hospice CCN: 15-1511	Period: From 01/01/2021 To 12/31/2021	Worksheet 0-2 Date/Time Prepared: 4/6/2023 1:09 pm
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	Hospice I					
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	3,882,187	0	3,882,187	-15,172	3,867,015
29.00	LPN/LVN	479,089	0	479,089	-1,690	477,399
30.00	PHYSICAL THERAPY	128,898	0	128,898	0	128,898
31.00	OCCUPATIONAL THERAPY	142,221	0	142,221	0	142,221
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES	420,925	0	420,925	0	420,925
34.00	SPIRITUAL COUNSELING	330,702	0	330,702	-7,051	323,651
35.00	DIETARY COUNSELING	0	0	0	0	0
36.00	COUNSELING - OTHER	156,089	0	156,089	0	156,089
37.00	HOSPICE AIDE & HOME MAKER SERVICES	367,218	0	367,218	-367	366,851
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	155,164	155,164	0	155,164
39.00	PATIENT TRANSPORTATION	0	0	0	0	0
40.00	IMAGING SERVICES	0	0	0	0	0
41.00	LABS & DIAGNOSTICS	0	1,804	1,804	-1,804	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	3,835	3,835	-3,835	0
42.50	DRUGS CHARGED TO PATIENTS	0	545,181	545,181	-545,181	0
43.00	OUTPATIENT SERVICES	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	928,555	928,555	0	928,555
100.00	TOTAL *	5,907,329	1,634,539	7,541,868	-575,100	6,966,768

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

	ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
	6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED		25.00
26.00	PHYSICIAN SERVICES	0	26.00
27.00	NURSE PRACTITIONER	0	27.00
28.00	REGISTERED NURSE	3,867,015	28.00
29.00	LPN/LVN	477,399	29.00
30.00	PHYSICAL THERAPY	128,898	30.00
31.00	OCCUPATIONAL THERAPY	142,221	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	32.00
33.00	MEDICAL SOCIAL SERVICES	420,925	33.00
34.00	SPIRITUAL COUNSELING	323,651	34.00
35.00	DIETARY COUNSELING	0	35.00
36.00	COUNSELING - OTHER	156,089	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	366,851	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	155,164	38.00
39.00	PATIENT TRANSPORTATION	0	39.00
40.00	IMAGING SERVICES	0	40.00
41.00	LABS & DIAGNOSTICS	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	42.50
43.00	OUTPATIENT SERVICES	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	928,555	46.00
100.00	TOTAL *	6,966,768	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRE CARE

Provider CCN: 15-0056

Period: From 01/01/2021 To 12/31/2021

Worksheet 0-3

Hospice CCN: 15-1511

Date/Time Prepared: 4/6/2023 1:09 pm

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		17,255	17,255	0	17,255	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	45,192	0	45,192	-177	45,015	28.00
29.00	LPN/LVN	5,577	0	5,577	-20	5,557	29.00
30.00	PHYSICAL THERAPY	1,500	0	1,500	0	1,500	30.00
31.00	OCCUPATIONAL THERAPY	1,656	0	1,656	0	1,656	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	4,900	0	4,900	0	4,900	33.00
34.00	SPIRITUAL COUNSELING	3,850	0	3,850	-82	3,768	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	1,817	0	1,817	0	1,817	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	4,275	0	4,275	-4	4,271	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,806	1,806	0	1,806	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	21	21	-21	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	45	45	-45	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	6,346	6,346	-6,346	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	10,809	10,809	0	10,809	46.00
100.00	TOTAL *	68,767	36,282	105,049	-6,695	98,354	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	17,255	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	45,015	28.00
29.00	LPN/LVN	0	5,557	29.00
30.00	PHYSICAL THERAPY	0	1,500	30.00
31.00	OCCUPATIONAL THERAPY	0	1,656	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	4,900	33.00
34.00	SPIRITUAL COUNSELING	0	3,768	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	1,817	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	4,271	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,806	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	10,809	46.00
100.00	TOTAL *	0	98,354	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0056 Hospice CCN: 15-1511	Period: From 01/01/2021 To 12/31/2021	Worksheet 0-4 Date/Time Prepared: 4/6/2023 1:09 pm
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	Hospice I					
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		151,252	151,252	0	151,252 25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0 26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0 27.00
28.00	REGISTERED NURSE	272,768	0	272,768	-1,066	271,702 28.00
29.00	LPN/LVN	33,661	0	33,661	-119	33,542 29.00
30.00	PHYSICAL THERAPY	9,056	0	9,056	0	9,056 30.00
31.00	OCCUPATIONAL THERAPY	9,993	0	9,993	0	9,993 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0 32.00
33.00	MEDICAL SOCIAL SERVICES	29,575	0	29,575	0	29,575 33.00
34.00	SPIRITUAL COUNSELING	23,236	0	23,236	-495	22,741 34.00
35.00	DIETARY COUNSELING	0	0	0	0	0 35.00
36.00	COUNSELING - OTHER	10,967	0	10,967	0	10,967 36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	25,801	0	25,801	-26	25,775 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	10,902	10,902	0	10,902 38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0 39.00
40.00	IMAGING SERVICES	0	0	0	0	0 40.00
41.00	LABS & DIAGNOSTICS	0	127	127	-127	0 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	269	269	-269	0 42.00
42.50	DRUGS CHARGED TO PATIENTS	0	38,305	38,305	-38,305	0 42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0 43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0 44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0 45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	65,242	65,242	0	65,242 46.00
100.00	TOTAL *	415,057	266,097	681,154	-40,407	640,747 100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

	ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
	6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	151,252 25.00
26.00	PHYSICIAN SERVICES	0	0 26.00
27.00	NURSE PRACTITIONER	0	0 27.00
28.00	REGISTERED NURSE	0	271,702 28.00
29.00	LPN/LVN	0	33,542 29.00
30.00	PHYSICAL THERAPY	0	9,056 30.00
31.00	OCCUPATIONAL THERAPY	0	9,993 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0 32.00
33.00	MEDICAL SOCIAL SERVICES	0	29,575 33.00
34.00	SPIRITUAL COUNSELING	0	22,741 34.00
35.00	DIETARY COUNSELING	0	0 35.00
36.00	COUNSELING - OTHER	0	10,967 36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	25,775 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	10,902 38.00
39.00	PATIENT TRANSPORTATION	0	0 39.00
40.00	IMAGING SERVICES	0	0 40.00
41.00	LABS & DIAGNOSTICS	0	0 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0 42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0 42.50
43.00	OUTPATIENT SERVICES	0	0 43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0 44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0 45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	65,242 46.00
100.00	TOTAL *	0	640,747 100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 15-0056

Period: From 01/01/2021

Worksheet 0-5

Hospice CCN: 15-1511

To 12/31/2021

Date/Time Prepared: 4/6/2023 1:09 pm

Descriptions	Hospice I		TOTAL EXPENSES (sum of col s. 1 + 2)	
	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
	1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS				
1.00 CAP REL COSTS-BLDG & FIXT	19,645	18,341	37,986	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	286,437	16,199	302,636	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	715,507	1,485,927	2,201,434	3.00
4.00 ADMINISTRATIVE & GENERAL	756,848	2,503,780	3,260,628	4.00
5.00 PLANT OPERATION & MAINTENANCE	92,500	28,966	121,466	5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00 HOUSEKEEPING	651	4,211	4,862	7.00
8.00 DIETARY	1,545	0	1,545	8.00
9.00 NURSING ADMINISTRATION	0	2,232,257	2,232,257	9.00
10.00 ROUTINE MEDICAL SUPPLIES	128,636	29,847	158,483	10.00
11.00 MEDICAL RECORDS	0	76,860	76,860	11.00
12.00 STAFF TRANSPORTATION	2,038		2,038	12.00
13.00 VOLUNTEER SERVICE COORDINATION	66,538		66,538	13.00
14.00 PHARMACY	75,406	506	75,912	14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	86,754		86,754	15.00
16.00 OTHER GENERAL SERVICE	60,025	28,805	88,830	16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
LEVEL OF CARE				
50.00 HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00 HOSPICE ROUTINE HOME CARE	6,966,768		6,966,768	51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	98,354		98,354	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	640,747		640,747	53.00
NONREIMBURSABLE COST CENTERS				
60.00 BEREAVEMENT PROGRAM	155,825		155,825	60.00
61.00 VOLUNTEER PROGRAM	0		0	61.00
62.00 FUNDRAISING	0		0	62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00 PALLIATIVE CARE PROGRAM	0		0	64.00
65.00 OTHER PHYSICIAN SERVICES	0		0	65.00
66.00 RESIDENTIAL CARE	0		0	66.00
67.00 ADVERTISING	0		0	67.00
68.00 TELEHEALTH/TELEMONITORING	0		0	68.00
69.00 THIRFT STORE	0		0	69.00
70.00 NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00 NEGATIVE COST CENTER	0		0	99.00
100.00 TOTAL	10,154,224	6,425,699	16,579,923	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2021	Worksheet 0-6
		Hospice CCN: 15-1511	To 12/31/2021	Part I
				Date/Time Prepared: 4/6/2023 1:09 pm

Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIX	37,986	37,986			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	302,636		302,636		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	2,201,434	0	0	2,201,434	3.00
4.00	ADMINISTRATIVE & GENERAL	3,260,628	37,986	302,636	348,096	3,949,346
5.00	PLANT OPERATION & MAINTENANCE	121,466	0	0	0	121,466
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	4,862	0	0	0	4,862
8.00	DIETARY	1,545	0	0	0	1,545
9.00	NURSING ADMINISTRATION	2,232,257	0	0	0	2,232,257
10.00	ROUTINE MEDICAL SUPPLIES	158,483	0	0	0	158,483
11.00	MEDICAL RECORDS	76,860	0	0	0	76,860
12.00	STAFF TRANSPORTATION	2,038	0	0	0	2,038
13.00	VOLUNTEER SERVICE COORDINATION	66,538	0	0	18,406	84,944
14.00	PHARMACY	75,912	0	0	20,859	96,771
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	86,754	0	0	10,285	97,039
16.00	OTHER GENERAL SERVICE	88,830	0	0	0	88,830
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	6,966,768			1,627,396	8,594,164
52.00	HOSPICE INPATIENT RESPIRE CARE	98,354	0	0	18,944	117,298
53.00	HOSPICE GENERAL INPATIENT CARE	640,747	0	0	114,343	755,090
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	155,825	0	0	43,105	198,930
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0				0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	16,579,923	37,986	302,636	2,201,434	16,579,923

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet 0-6 Part I Date/Time Prepared: 4/6/2023 1:09 pm
		Hospice CCN: 15-1511		

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL	3,949,346				4.00
5.00	PLANT OPERATION & MAINTENANCE	37,980	159,446			5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0		6.00
7.00	HOUSEKEEPING	1,520	0		6,382	7.00
8.00	DIETARY	483	0		0	2,028
9.00	NURSING ADMINISTRATION	697,984	0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	49,555	0		0	10.00
11.00	MEDICAL RECORDS	24,033	0		0	11.00
12.00	STAFF TRANSPORTATION	637	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	26,560	0		0	13.00
14.00	PHARMACY	30,258	0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	30,342	0		0	15.00
16.00	OTHER GENERAL SERVICE	27,775	159,446		6,382	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0				50.00
51.00	HOSPICE ROUTINE HOME CARE	2,687,238				51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	36,677	0	0	0	337
53.00	HOSPICE GENERAL INPATIENT CARE	236,102	0	0	0	1,691
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	62,202	0		0	60.00
61.00	VOLUNTEER PROGRAM	0	0		0	61.00
62.00	FUNDRAISING	0	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0	68.00
69.00	THRIFT STORE	0	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	3,949,346	159,446	0	6,382	2,028

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1511

To 12/31/2021

Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATIVE	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	2,930,241					9.00
10.00	0	208,038				10.00
11.00	0		100,893			11.00
12.00	0			2,675		12.00
13.00	0			0	111,504	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	2,930,241			0	111,504	16.00
17.00						17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	0	192,289	93,255	2,510	0	51.00
52.00	0	2,238	1,086	20	0	52.00
53.00	0	13,511	6,552	145	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00						70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	2,930,241	208,038	100,893	2,675	111,504	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1511

To 12/31/2021

Part I
Date/Time Prepared:
4/6/2023 1:09 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	127,029					14.00
15.00	0	127,381				15.00
16.00	0		3,324,178			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	119,205	117,738	3,119,444		14,925,843	51.00
52.00	954	1,371	24,963	0	184,944	52.00
53.00	6,870	8,272	179,771	0	1,208,004	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		261,132	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	127,029	127,381	3,324,178	0	16,579,923	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0056

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1511

To 12/31/2021

Part II
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Descriptions		Hospice I		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)		
		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,100					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		13,265				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	7,958,206			3.00
4.00	ADMINISTRATIVE & GENERAL	1,100	13,265	1,258,371	-3,949,346	12,630,577	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	121,466	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	4,862	7.00
8.00	DIETARY	0	0	0	0	1,545	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	2,232,257	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	158,483	10.00
11.00	MEDICAL RECORDS	0	0	0	0	76,860	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	2,038	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	66,538	0	84,944	13.00
14.00	PHARMACY	0	0	75,406	0	96,771	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	37,182	0	97,039	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	88,830	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			5,883,048	0	8,594,164	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	68,484	0	117,298	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	413,352	0	755,090	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	155,825	0	198,930	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	37,986	302,636	2,201,434		3,949,346	100.00
101.00	UNIT COST MULTIPLIER	34.532727	22.814625	0.276624		0.312681	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2021
To 12/31/2021

Worksheet 0-6
Part 11
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATIVE (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	3,160				6.00
7.00	HOUSEKEEPING	0		1,100			7.00
8.00	DIETARY	0		0	4,040		8.00
9.00	NURSING ADMINISTRATION	0		0		64	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	1,100		1,100		64	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	500	0	672	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	2,660	0	3,368	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part 1)	159,446	0	6,382	2,028	2,930,241	100.00
101.00	UNIT COST MULTIPLIER	144.950909	0.000000	5.801818	0.501980	45,785.015625	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0056

Period:

Worksheet 0-6

Hospice CCN: 15-1511

From 01/01/2021
To 12/31/2021

Part II
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	85,876					10.00
11.00	MEDICAL RECORDS		85,876				11.00
12.00	STAFF TRANSPORTATION			82,563			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	2,002		13.00
14.00	PHARMACY			0	0	82,563	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	2,002	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	79,375	79,375	77,478	0	77,478	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	924	924	620	0	620	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	5,577	5,577	4,465	0	4,465	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	208,038	100,893	2,675	111,504	127,029	100.00
101.00	UNIT COST MULTIPLIER	2.422539	1.174868	0.032400	55.696304	1.538571	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0056

Period:

Worksheet 0-6

Hospice CCN: 15-1511

From 01/01/2021
To 12/31/2021

Part II
Date/Time Prepared:
4/6/2023 1:09 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	85,876				15.00
16.00	OTHER GENERAL SERVICE		82,563			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	79,375	77,478			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	924	620	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	5,577	4,465	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	127,381	3,324,178	0		100.00
101.00	UNIT COST MULTIPLIER	1.483313	40.262321	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 15-0056

Period: From 01/01/2021

Worksheet 0-7

Hospice CCN: 15-1511

To 12/31/2021

Date/Time Prepared: 4/6/2023 1:09 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				
				HCHC	HRHC	HIRC		
				2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS		0	1.00	2.00	3.00	4.00		
1.00	PHYSICAL THERAPY	66.00	0.374438	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.312556	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.323289	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.225213	0	0	0	4.00	
4.03	OUTPATIENT RETAIL PHARMACY	73.03	0.915729	0	0	0	4.03	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00	
6.00	LABORATORY	60.00	0.173016	0	0	0	6.00	
6.01	TRANSPLANT IMMUNOLOGY	60.01	0.190664	0	0	0	6.01	
6.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	0	6.02	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.259168	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.070669	0	0	0	9.00	
10.00	RH NBN ECMO IC	76.00	0.394904	0	0	0	10.00	
10.01	CARDIOLOGY	76.01	0.063066	0	0	0	10.01	
10.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	7,832.025157	0	0	0	10.02	
10.03	CARDIAC CATH	76.03	0.107066	0	0	0	10.03	
10.04	DAY SURGERY	76.04	0.342766	0	0	0	10.04	
10.05	ONCOLOGY	76.05	0.000000	0	0	0	10.05	
10.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	0	10.06	
10.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	0	10.07	
10.08	ECMO-ADULT	76.08	0.211442	0	0	0	10.08	
10.97	CARDIAC REHABILITATION	76.97	0.270071	0	0	0	10.97	
11.00	Totals (sum of lines 1-11)						11.00	
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC				
		HGIP		HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)		HGIP (col. 1 x col. 5)
		5.00		6.00	7.00	8.00		9.00
ANCILLARY SERVICE COST CENTERS								
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00	
4.03	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	4.03	
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00	
6.00	LABORATORY	0	0	0	0	0	6.00	
6.01	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	6.01	
6.02	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	6.02	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00	
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00	
10.00	RH NBN ECMO IC	0	0	0	0	0	10.00	
10.01	CARDIOLOGY	0	0	0	0	0	10.01	
10.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.02	
10.03	CARDIAC CATH	0	0	0	0	0	10.03	
10.04	DAY SURGERY	0	0	0	0	0	10.04	
10.05	ONCOLOGY	0	0	0	0	0	10.05	
10.06	DAY SURGERY-RILEY	0	0	0	0	0	10.06	
10.07	CARDIOLOGY-RILEY	0	0	0	0	0	10.07	
10.08	ECMO-ADULT	0	0	0	0	0	10.08	
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97	
11.00	Totals (sum of lines 1-11)						11.00	

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0056

Period: From 01/01/2021

Worksheet 0-8

Hospice CCN: 15-1511

To 12/31/2021

Date/Time Prepared: 4/6/2023 1:09 pm

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)			
5.00	Program cost (line 3 times line 4)	0	0	0
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			14,925,843
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			79,375
8.00	Total average cost per diem (line 6 divided by line 7)			188.04
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	67,313	4,577	
10.00	Program cost (line 8 times line 9)	12,657,537	860,659	
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			184,944
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			924
13.00	Total average cost per diem (line 11 divided by line 12)			200.16
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	713	35	
15.00	Program cost (line 13 times line 14)	142,714	7,006	
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			1,208,004
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			5,577
18.00	Total average cost per diem (line 16 divided by line 17)			216.60
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	4,245	559	
20.00	Program cost (line 18 times line 19)	919,467	121,079	
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			16,318,791
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			85,876
23.00	Average cost per diem (line 21 divided by line 22)			190.03

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0056	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 4/6/2023 1:09 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		10,169,641	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		762,388	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)		940.83	3.00
4.00	Number of interns & residents (see instructions)		555.44	4.00
5.00	Indirect medical education percentage (see instructions)		18.13	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)		1,843,756	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.55	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		40.96	8.00
9.00	Sum of lines 7 and 8		48.51	9.00
10.00	Allowable disproportionate share percentage (see instructions)		10.32	10.00
11.00	Disproportionate share adjustment (see instructions)		1,049,507	11.00
12.00	Total prospective capital payments (see instructions)		13,825,292	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00