

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: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/25/2023 1:46 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 5/25/2023 Time: 1:46 pm
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Contractor use only 5. Cost Report Status 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter
 (3) Settled with Audit 9. Final Report for this Provider CCN number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HEALTH NETWORK, INC. (15-0074) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2			
1	Holly Millard		Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Holly Millard			2
3	Signatory Title	SVP OF FINANCE			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	568,808	-33,267	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
200.00	TOTAL	0	568,808	-33,267	0	0 200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 1:46 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1500 NORTH RITTER AVENUE	PO Box:	Zip Code: 46219	County: MARION
2.00	City: INDIANAPOLIS	State: IN		2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	COMMUNITY HEALTH NETWORK, INC.	150074	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2022		12/31/2022		20.00
21.00	Type of Control (see instructions)					2				21.00

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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04
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: 15-0074		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 1:46 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.	7,232	801	0	140	35,811	66	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
						Beginni ng:		
						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.					0		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		
						1.00 2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N N		40.00
						V		
						1.00 2.00 3.00		
						XVII I		
						XIX		
45.00	Prospective Payment System (PPS)-Capital Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N N N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N N N		46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N N N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N N N		48.00
						Teachi ng Hospi tal s		
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
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

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		V	XVIII	XIX		
		1.00	2.00	3.00		
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.	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y		32.85	29.67	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.	FAMILY MEDICINE	1350	0.00	0.00	61.20
						1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.17	3.25	0.049708		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	3.92	25.07	0.135219	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010.							
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		2.04	13.47	0.131528		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	7.16	27.23	0.208200	

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			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)?		N		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0
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
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				0
			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
			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

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		V		XIX			
		1.00		2.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		N			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.06
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
		Physical 1.00		Occupational 2.00		Speech 3.00	
		Respiratory 4.00					
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	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	
						3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N				112.00
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				0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		Y				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				1		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 1:46 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	5,056,221	0	0
		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	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			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.		N	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WISCONSIN PHYSICIAN	Contractor's Number: 08101	141.00
142.00	Street: 1500 N RITTER	PO Box: SERVICES		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46219-3095	143.00
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 1:46 pm		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						Y	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	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	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	166.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 1:46 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/31/2022			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.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					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	05/02/2022	Y	05/02/2022		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: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 1:46 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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
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.	SHIRLEY		BI SHOP	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135		SBI SHOP@ECOMMUNITY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 1:46 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.	NETWORK DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 1:46 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P		Title V
	Line No.				Visits	Trips	
	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	300	109,500	0.00	0	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	0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		300	109,500	0.00	0	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	68	24,820	0.00	0	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	0	9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	19	6,935	0.00	0	0	12.00
13.00 NURSERY	43.00				0	0	13.00
14.00 Total (see instructions)		387	141,255	0.00	0	0	14.00
15.00 CAH visits					0	0	15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)	30.00						24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC	88.00				0	0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	0	26.25
27.00 Total (sum of lines 14-26)		387					27.00
28.00 Observation Bed Days					0	0	28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)		0	0				32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00
33.01 LTCH site neutral days and discharges							33.01
34.00 Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 1:46 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
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)	12,936	5,844	83,338			1.00
2.00	HMO and other (see instructions)	22,568	35,685				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)	12,936	5,844	83,338			7.00
8.00	INTENSIVE CARE UNIT	3,241	808	14,799			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	324	2,562			12.00
13.00	NURSERY		1,323	1,609			13.00
14.00	Total (see instructions)	16,177	8,299	102,308	49.90	2,941.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			90			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				49.90	2,941.00	27.00
28.00	Observation Bed Days		2,077	6,887			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			881			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	66	491			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: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 1:46 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			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	3,452	1,270	20,689	1.00
2.00	HMO and other (see instructions)			4,237	6,767		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,452	1,270	20,689	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0.00					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: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2023 1:46 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	249,540,123	-1,304,467	248,235,656	6,117,827.00	40.58
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		1,819,129	0	1,819,129	12,077.00	150.63
4.01	Physicians - Part A - Teaching		922,869	0	922,869	5,633.00	163.83
5.00	Physician and Non-Physician-Part B		10,376,670	0	10,376,670	74,041.00	140.15
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	4,255,359	106,334	4,361,693	137,728.00	31.67
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,937,104	-67,892	10,869,212	394,395.00	27.56
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		13,707,747	0	13,707,747	109,391.00	125.31
12.00	Contract labor: Top level management and other management and administrative services		1,931,624	0	1,931,624	10,883.00	177.49
13.00	Contract Labor: Physician-Part A - Administrative		3,074,599	0	3,074,599	24,627.00	124.85
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		62,264,740	0	62,264,740		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,114,350	0	4,114,350		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		163,757	0	163,757		
22.01	Physician Part A - Teaching		76,380	0	76,380		
23.00	Physician Part B		1,003,951	0	1,003,951		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,098,899	0	1,098,899		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2023 1:46 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	237,839	0	237,839	3,995.00	59.53	26.00
27.00	Administrative & General	10,537,563	-37,460	10,500,103	332,710.00	31.56	27.00
28.00	Administrative & General under contract (see inst.)	16,596,475	0	16,596,475	135,451.00	122.53	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,279,242	-7,956	2,271,286	76,240.00	29.79	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	3,937,575	-26,009	3,911,566	192,364.00	20.33	32.00
33.00	Housekeeping under contract (see instructions)	647,865	0	647,865	12,563.00	51.57	33.00
34.00	Dietary	3,381,842	-2,353,660	1,028,182	44,960.00	22.87	34.00
35.00	Dietary under contract (see instructions)	517,210	0	517,210	10,400.00	49.73	35.00
36.00	Cafeteria	264,001	2,346,322	2,610,323	114,049.00	22.89	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,117,272	-32,081	3,085,191	76,977.00	40.08	38.00
39.00	Central Services and Supply	436,063	-6,875	429,188	15,421.00	27.83	39.00
40.00	Pharmacy	11,180,058	-2,040,147	9,139,911	230,215.00	39.70	40.00
41.00	Medical Records & Medical Records Library	136,777	0	136,777	3,360.00	40.71	41.00
42.00	Social Service	1,978,698	-9,349	1,969,349	45,115.00	43.65	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2023 1:46 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	251,746,775	-1,410,801	250,335,974	6,058,839.00	41.32	1.00
2.00	Excluded area salaries (see instructions)	10,937,104	-67,892	10,869,212	394,395.00	27.56	2.00
3.00	Subtotal salaries (line 1 minus line 2)	240,809,671	-1,342,909	239,466,762	5,664,444.00	42.28	3.00
4.00	Subtotal other wages & related costs (see inst.)	18,713,970	0	18,713,970	144,901.00	129.15	4.00
5.00	Subtotal wage-related costs (see inst.)	62,428,497	0	62,428,497	0.00	26.07	5.00
6.00	Total (sum of lines 3 thru 5)	321,952,138	-1,342,909	320,609,229	5,809,345.00	55.19	6.00
7.00	Total overhead cost (see instructions)	55,248,480	-2,167,215	53,081,265	1,293,820.00	41.03	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2023 1:46 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		10,086,316	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)		903,022	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		6,105,795	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)		21,589,294	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		8,064,095	9.00
10.00	Dental, Hearing and Vision Plan		220,377	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		115,532	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)		3,216,492	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		860,801	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		17,525,004	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		35,348	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		68,722,076	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: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/25/2023 1:46 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	13,707,747	68,722,076	1.00
2.00	Hospital	13,707,747	64,608,511	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	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	4,113,565	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/25/2023 1:46 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)		0.234611	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		191,046,219	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		-20,127,134	5.00
6.00	Medicaid charges		759,179,046	6.00
7.00	Medicaid cost (line 1 times line 6)		178,111,755	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)		7,192,670	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		7,192,670	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)	21,150,728	3,911,131	25,061,859
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,962,193	3,911,131	8,873,324
22.00	Payments received from patients for amounts previously written off as charity care	254	0	254
23.00	Cost of charity care (line 21 minus line 22)	4,961,939	3,911,131	8,873,070
			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)		31,295,366	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		542,940	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		835,292	27.01
28.00	Non-Medicare bad debt expense (see instructions)		30,460,074	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		7,438,620	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		16,311,690	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		23,504,360	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0074		Period: From 01/01/2022 To 12/31/2022		Worksheet A	
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	28,169,186	28,169,186	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	26,569,106	26,569,106	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	237,839	499,985	737,824	-25,409	712,415
5.00	00500	ADMINISTRATIVE & GENERAL	10,537,563	273,734,393	284,271,956	-28,035,971	256,235,985
7.00	00700	OPERATION OF PLANT	2,279,242	13,481,141	15,760,383	-857,239	14,903,144
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,390,784	1,390,784	0	1,390,784
9.00	00900	HOUSEKEEPING	3,937,575	2,653,323	6,590,898	-35,244	6,555,654
10.00	01000	DIETARY	3,381,842	4,358,738	7,740,580	-5,444,049	2,296,531
11.00	01100	CAFETERIA	264,001	397,194	661,195	5,185,732	5,846,927
13.00	01300	NURSING ADMINISTRATION	3,117,272	958,701	4,075,973	-49,787	4,026,186
14.00	01400	CENTRAL SERVICES & SUPPLY	436,063	2,738,289	3,174,352	-2,532,607	641,745
15.00	01500	PHARMACY	11,180,058	225,144,914	236,324,972	-223,864,907	12,460,065
16.00	01600	MEDICAL RECORDS & LIBRARY	136,777	621,832	758,609	0	758,609
17.00	01700	SOCIAL SERVICE	1,978,698	527,646	2,506,344	-158	2,506,186
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,255,359	1,584,198	5,839,557	172,605	6,012,162
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,234,800	2,505,361	12,740,161	-244,112	12,496,049
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	57,364,270	30,407,380	87,771,650	-7,364,179	80,407,471
31.00	03100	INTENSIVE CARE UNIT	12,977,085	8,919,241	21,896,326	-2,404,646	19,491,680
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,982,342	789,632	2,771,974	-64,196	2,707,778
43.00	04300	NURSERY	0	0	0	730,077	730,077
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,606,612	35,935,863	45,542,475	-23,685,649	21,856,826
51.00	05100	RECOVERY ROOM	778,324	606,879	1,385,203	-125,852	1,259,351
52.00	05200	DELIVERY ROOM & LABOR ROOM	485,686	1,195,000	1,680,686	3,145,061	4,825,747
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,886,749	3,441,162	8,327,911	-3,437,472	4,890,439
55.00	05500	RADIOLOGY-THERAPEUTIC	508,184	3,671,053	4,179,237	-2,083,980	2,095,257
57.00	05700	CT SCAN	1,378,250	2,487,728	3,865,978	589,803	4,455,781
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	733,945	1,301,911	2,035,856	-775,246	1,260,610
59.00	05900	CARDIAC CATHETERIZATION	4,184,879	44,486,776	48,671,655	-41,426,321	7,245,334
60.00	06000	LABORATORY	0	16,665,480	16,665,480	-108,572	16,556,908
64.00	06400	INTRAVENOUS THERAPY	1,369,963	1,383,424	2,753,387	-107,660	2,645,727
65.00	06500	RESPIRATORY THERAPY	5,287,996	2,326,618	7,614,614	-543,752	7,070,862
66.00	06600	PHYSICAL THERAPY	7,644,772	3,635,364	11,280,136	-4,760,304	6,519,832
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,531,293	2,531,293
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,064,990	1,064,990
69.00	06900	ELECTROCARDIOLOGY	3,241,394	1,376,196	4,617,590	-511,162	4,106,428
70.00	07000	ELECTROENCEPHALOGRAPHY	754,059	526,485	1,280,544	-172,711	1,107,833
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	35,770,733	35,770,733
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,182,491	36,182,491
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	175,049,654	175,049,654
73.01	07301	SPECIALTY PHARMACY	0	18,257,364	18,257,364	59,144,846	77,402,210
74.00	07400	RENAL DIALYSIS	10,478	1,684,279	1,694,757	-45,323	1,649,434
76.00	03330	ENDOSCOPY	561,364	755,585	1,316,949	-204,450	1,112,499
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	30,670,044	13,844,168	44,514,212	-1,705,451	42,808,761
76.03	03951	LUTHERWOOD PARTNERSHIP	4,184,894	4,931,605	9,116,499	-171,679	8,944,820
76.04	03952	WOUND CARE CENTER	1,106,089	2,156,414	3,262,503	-718,309	2,544,194
76.05	03480	ONCOLOGY-CANCER CARE CENTER	14,937,386	14,140,184	29,077,570	-5,305,063	23,772,507
76.06	03953	IMAGING CENTERS	3,728,235	6,529,276	10,257,511	-3,901,110	6,356,401
76.07	03954	BREAST DIAGNOSTIC CENTER	120	2,908,282	2,908,402	-95,587	2,812,815
76.97	07697	CARDIAC REHABILITATION	906,013	492,984	1,398,997	-194,267	1,204,730
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	464,141	464,141
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
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	04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	1,921,865	882,020	2,803,885	-213,761	2,590,124
90.03	09001	CLINIC	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	13	13	0	13
90.05	04954	INFUSION CENTERS	441,975	9,960,757	10,402,732	-9,742,709	660,023
90.06	09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003	KNEE CENTER	2,121,115	2,433,646	4,554,761	-218,549	4,336,212
90.08	09004	PALLIATIVE CARE	0	0	0	0	90.08
90.09	09005	MULTIDISCIPLINARY CLINIC	0	16,183	16,183	-3,607	12,576
90.10	09006	WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100	EMERGENCY	12,851,842	8,103,715	20,955,557	-1,329,353	19,626,204
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0074		Period: From 01/01/2022 To 12/31/2022		Worksheet A	
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	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	238,603,019	776,849,166	1,015,452,185	2,259,315	1,017,711,500	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	158	158	-158	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	402,282	125,201	527,483	0	527,483	194.02
194.03	07953 SCHOOL BASED CLINICS	86,408	96,662	183,070	0	183,070	194.03
194.04	07954 SMO-NON PROVIDER BASED	645,247	199,191	844,438	-237	844,201	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	3,617,866	3,651,521	7,269,387	-2,035,353	5,234,034	194.05
194.07	07957 LI FE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	6,185,301	3,214,162	9,399,463	-223,567	9,175,896	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	249,540,123	784,136,061	1,033,676,184	0	1,033,676,184	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet A
Date/Time Prepared:
5/25/2023 1:46 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	-7,599,021	20,570,165	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,000,885	33,569,991	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,855,134	13,567,549	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-120,399,472	135,836,513	5.00
7.00	00700	OPERATION OF PLANT	6,916,572	21,819,716	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,390,784	8.00
9.00	00900	HOUSEKEEPING	0	6,555,654	9.00
10.00	01000	DIETARY	0	2,296,531	10.00
11.00	01100	CAFETERIA	-2,754,525	3,092,402	11.00
13.00	01300	NURSING ADMINISTRATION	7,814,684	11,840,870	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,859,820	7,501,565	14.00
15.00	01500	PHARMACY	-77,482	12,382,583	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,304,049	6,062,658	16.00
17.00	01700	SOCIAL SERVICE	0	2,506,186	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,614,434	4,397,728	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-3,186,973	9,309,076	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-11,545,811	68,861,660	30.00
31.00	03100	INTENSIVE CARE UNIT	0	19,491,680	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	2,707,778	35.00
43.00	04300	NURSERY	0	730,077	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-540,063	21,316,763	50.00
51.00	05100	RECOVERY ROOM	0	1,259,351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,179,210	3,646,537	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,614	5,043,053	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,095,257	55.00
57.00	05700	CT SCAN	0	4,455,781	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,260,610	58.00
59.00	05900	CARDIAC CATHETERIZATION	-168,519	7,076,815	59.00
60.00	06000	LABORATORY	0	16,556,908	60.00
64.00	06400	INTRAVENOUS THERAPY	-22,254	2,623,473	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,070,862	65.00
66.00	06600	PHYSICAL THERAPY	633,486	7,153,318	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,531,293	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,064,990	68.00
69.00	06900	ELECTROCARDIOLOGY	66,915	4,173,343	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	159,346	1,267,179	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,770,733	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,182,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,488,744	177,538,398	73.00
73.01	07301	SPECIALTY PHARMACY	0	77,402,210	73.01
74.00	07400	RENAL DIALYSIS	0	1,649,434	74.00
76.00	03330	ENDOSCOPY	0	1,112,499	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-31,808,422	11,000,339	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	-4,124,493	4,820,327	76.03
76.04	03952	WOUND CARE CENTER	0	2,544,194	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	20,202,427	43,974,934	76.05
76.06	03953	IMAGING CENTERS	0	6,356,401	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	2,812,815	76.07
76.97	07697	CARDIAC REHABILITATION	-8,172	1,196,558	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	464,141	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	-1,245,740	1,344,384	90.02
90.03	09001	CLINIC	0	0	90.03
90.04	04953	SPINE CENTER	0	13	90.04
90.05	04954	INFUSION CENTERS	0	660,023	90.05
90.06	09002	MEDCHECK CLINICS	0	0	90.06
90.07	09003	KNEE CENTER	-147,905	4,188,307	90.07
90.08	09004	PALLIATIVE CARE	0	0	90.08
90.09	09005	MULTIDISCIPLINARY CLINIC	0	12,576	90.09
90.10	09006	WORK SITE CLINICS	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100	EMERGENCY	2,342,885	21,969,089	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet A
Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-113,624,935	904,086,565	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950 HOME OFFICE	0	0	194.00
194.01	07951 CHNW LEASED SPACE	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	0	527,483	194.02
194.03	07953 SCHOOL BASED CLINICS	0	183,070	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	844,201	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	5,234,034	194.05
194.07	07957 LI FE CHECK	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	9,175,896	194.08
194.09	07959 SURGERY CENTER EAST	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	-113,624,935	920,051,249	200.00

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6

Date/Time Prepared:
5/25/2023 1:46 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - Chargeable Medical Supplies					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	53,315	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	35,770,733	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
	TOTALS		0	35,824,048	
B - Implantable Device Recl ass					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		36,182,491	1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
			0	36,182,491	
C - Drugs Charges to Pat					
1.00	ELECTROCARDIOLOGY	69.00		208,292	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00		175,049,654	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					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00
21.00					21.00
22.00					22.00
23.00					23.00
24.00					24.00
25.00					25.00
26.00					26.00
27.00					27.00
28.00					28.00

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6

Date/Time Prepared:
5/25/2023 1:46 pm

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
29.00						29.00
30.00						30.00
31.00						31.00
32.00						32.00
				0	175,257,946	
D - Depreciation Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		0	29,922,098	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
TOTALS				0	29,922,098	
E - Interest Expense						
1.00	CAP REL COSTS-BLDG & FIXT	1.00		0	12,055,642	1.00
TOTALS				0	12,055,642	
F - Other Capital Rental						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		0	11,998,366	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

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6

Date/Time Prepared:
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
TOTALS			0	11,998,366		
G - STD BENEFIT RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	37,460		1.00
2.00	OPERATION OF PLANT	7.00	0	7,956		2.00
3.00	HOUSEKEEPING	9.00	0	26,009		3.00
4.00	DIETARY	10.00	0	6,877		4.00
5.00	CAFETERIA	11.00	0	461		5.00
6.00	NURSING ADMINISTRATION	13.00	0	32,081		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,875		7.00
8.00	PHARMACY	15.00	0	34,139		8.00
9.00	SOCIAL SERVICE	17.00	0	9,349		9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	40,562		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	173,406		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	237,747		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	69,942		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	11,763		14.00
15.00	OPERATING ROOM	50.00	0	41,602		15.00
16.00	RECOVERY ROOM	51.00	0	5,794		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,022		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,872		18.00
19.00	CT SCAN	57.00	0	18,194		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	25,916		20.00
21.00	INTRAVENOUS THERAPY	64.00	0	10,182		21.00
22.00	RESPIRATORY THERAPY	65.00	0	37,951		22.00
23.00	PHYSICAL THERAPY	66.00	0	41,939		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	9,222		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	424		25.00
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	174,292		26.00
27.00	LUTHERWOOD PARTNERSHIP	76.03	0	7,407		27.00
28.00	WOUND CARE CENTER	76.04	0	3,773		28.00
29.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	70,269		29.00
30.00	IMAGING CENTERS	76.06	0	30,772		30.00
31.00	CARDIAC REHABILITATION	76.97	0	3,023		31.00
32.00	HEALTHY HEARTS CENTER	90.02	0	5,379		32.00
33.00	KNEE CENTER	90.07	0	6,194		33.00
34.00	EMERGENCY	91.00	0	33,721		34.00
35.00	SMO-NON PROVIDER BASED	194.04	0	3,331		35.00
36.00	FAMILY PRACTICE MEDICINE	194.05	0	31,970		36.00
37.00	GROUP HOMES AND MISCL. N_R CTRS	194.08	0	32,591		37.00
TOTALS			0	1,304,467		
H - Labor and Delivery						
1.00	NURSERY	43.00	482,376	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,078,002	0		2.00
3.00	NURSERY	43.00	0	247,701		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,067,059		4.00
TOTALS			2,560,378	1,314,760		
I - Cafeteria						
1.00	CAFETERIA	11.00	2,346,783	0		1.00
2.00	CAFETERIA	11.00	0	2,863,709		2.00
			2,346,783	2,863,709		

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
J - Therapy Recl ass					
1.00	OCCUPATIONAL THERAPY	67.00	1,724,757	0	1.00
2.00	SPEECH PATHOLOGY	68.00	725,657	0	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	806,536	3.00
4.00	SPEECH PATHOLOGY	68.00	0	339,333	4.00
TOTALS			2,450,414	1,145,869	
K - Building Depreciation					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	15,351,358	1.00
TOTALS			0	15,351,358	
L - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	762,186	1.00
TOTALS			0	762,186	
M - Radiology Support					
1.00	RADIOLOGY-THERAPEUTIC	55.00	347,709	0	1.00
2.00	CT SCAN	57.00	157,744	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	25,234	0	3.00
4.00	IMAGING CENTERS	76.06	114,942	0	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	138,657	5.00
6.00	CT SCAN	57.00	0	62,903	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,062	7.00
8.00	IMAGING CENTERS	76.06	0	45,835	8.00
TOTALS			645,629	257,457	
N - Hyperbaric Oxygen Therapy					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	150,513		1.00
2.00	HYPERBARIC OXYGEN THERAPY	76.98		313,628	2.00
			150,513	313,628	
O - IHH Cat Scan					
1.00	CT SCAN	57.00	918,383		1.00
2.00	CT_SCAN	57.00		304,538	2.00
			918,383	304,538	
P - Specialty Pharmacy					
1.00	SPECIALTY PHARMACY	73.01	2,006,008		1.00
2.00	SPECIALTY PHARMACY	73.01		57,138,862	2.00
3.00					3.00
			2,006,008	57,138,862	
Q - FELLOWS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	146,896	28,034	1.00
TOTALS			146,896	28,034	
500.00	Grand Total: Increases		11,225,004	382,025,459	500.00

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6
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Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
A - Chargeable Medical Supplies						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,990	0	1.00
2.00	OPERATION OF PLANT	7.00	0	161,105	0	2.00
3.00	HOUSEKEEPING	9.00	0	25	0	3.00
4.00	DIETARY	10.00	0	1,561	0	4.00
5.00	PHARMACY	15.00	0	288,957	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	1,332,101	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	1,183,480	0	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	32,629	0	8.00
9.00	OPERATING ROOM	50.00	0	6,223,025	0	9.00
10.00	RECOVERY ROOM	51.00	0	8,197	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	237,312	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,246,324	0	12.00
13.00	CT SCAN	57.00	0	56,743	0	13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	17,272	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	18,775,665	0	15.00
16.00	INTRAVENOUS THERAPY	64.00	0	98,211	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	455,412	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	6,423	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	22,174	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	19,289	0	20.00
21.00	RENAL DIALYSIS	74.00	0	44,820	0	21.00
22.00	ENDOSCOPY	76.00	0	52,959	0	22.00
23.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	605	0	23.00
24.00	WOUND CARE CENTER	76.04	0	146,667	0	24.00
25.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	691,351	0	25.00
26.00	IMAGING CENTERS	76.06	0	2,560,169	0	26.00
27.00	CARDIAC REHABILITATION	76.97	0	12,685	0	27.00
28.00	HEALTHY HEARTS CENTER	90.02	0	27,848	0	28.00
29.00	INFUSION CENTERS	90.05	0	3,355	0	29.00
30.00	KNEE CENTER	90.07	0	86	0	30.00
31.00	EMERGENCY	91.00	0	909,118	0	31.00
32.00	FAMILY PRACTICE MEDICINE	194.05	0	195,581	0	32.00
33.00	GROUP HOMES AND MISCELLANEOUS CENTERS	194.08	0	909	0	33.00
TOTALS			0	35,824,048		
B - Implantable Device Reclasse						
1.00	OPERATING ROOM	50.00	0	14,631,481		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	284,526		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	21,192,218		3.00
4.00	ENDOSCOPY	76.00	0	2,503		4.00
5.00	WOUND CARE CENTER	76.04	0	70,742		5.00
6.00	KNEE CENTER	90.07	0	1,021		6.00
TOTALS			0	36,182,491		
C - Drugs Charges to Pat						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	115		1.00
2.00	OPERATION OF PLANT	7.00	0	1,120		2.00
3.00	DIETARY	10.00	0	18		3.00
4.00	NURSING ADMINISTRATION	13.00	0	6,287		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,295		5.00
6.00	PHARMACY	15.00	0	163,599,313		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	47,604		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	33,239		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	466		9.00
10.00	OPERATING ROOM	50.00	0	48,561		10.00
11.00	RECOVERY ROOM	51.00	0	19		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	304,232		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,269		13.00
14.00	CT SCAN	57.00	0	175,349		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	67,854		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	30,095		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	241		17.00
18.00	RESPIRATORY THERAPY	65.00	0	24		18.00
19.00	PHYSICAL THERAPY	66.00	0	1,800		19.00
20.00	SPECIALTY PHARMACY	73.01	0	24		20.00
21.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	14,394		21.00
22.00	LUTHERWOOD PARTNERSHIP	76.03	0	15		22.00
23.00	WOUND CARE CENTER	76.04	0	29,775		23.00
24.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	796,507		24.00
25.00	IMAGING CENTERS	76.06	0	107,986		25.00

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
26.00	HEALTHY HEARTS CENTER	90.02	351		26.00	
27.00	INFUSION CENTERS	90.05	9,506,485		27.00	
28.00	KNEE CENTER	90.07	36,760		28.00	
29.00	EMERGENCY	91.00	21,841		29.00	
30.00	SMO-NON PROVIDER BASED	194.04	237		30.00	
31.00	FAMILY PRACTICE MEDICINE	194.05	394,411		31.00	
32.00	GROUP HOMES AND MIS. N_R CTRS	194.08	7,259		32.00	
			0	175,257,946		
D - Depreciation Expense						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	737	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	14,085,627	0	2.00
3.00	OPERATION OF PLANT	7.00	0	461,534	0	3.00
4.00	HOUSEKEEPING	9.00	0	7,600	0	4.00
5.00	DIETARY	10.00	0	224,186	0	5.00
6.00	CAFETERIA	11.00	0	12,184	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	43,369	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	156,571	0	8.00
9.00	PHARMACY	15.00	0	101,273	0	9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	63,709	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,492,417	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	1,187,653	0	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	31,101	0	13.00
14.00	OPERATING ROOM	50.00	0	1,930,975	0	14.00
15.00	RECOVERY ROOM	51.00	0	117,305	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	768,872	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	33,187	0	17.00
18.00	CT SCAN	57.00	0	621,673	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	725,243	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,424,725	0	20.00
21.00	LABORATORY	60.00	0	55,359	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0	9,208	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	87,884	0	23.00
24.00	PHYSICAL THERAPY	66.00	0	60,496	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	516,744	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	123,187	0	26.00
27.00	RENAL DIALYSIS	74.00	0	503	0	27.00
28.00	ENDOSCOPY	76.00	0	71,318	0	28.00
29.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	188,966	0	29.00
30.00	LUTHERWOOD PARTNERSHIP	76.03	0	146,587	0	30.00
31.00	WOUND CARE CENTER	76.04	0	6,984	0	31.00
32.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	3,301,971	0	32.00
33.00	IMAGING CENTERS	76.06	0	927,881	0	33.00
34.00	BREAST DIAGNOSTIC CENTER	76.07	0	587	0	34.00
35.00	CARDIAC REHABILITATION	76.97	0	41,678	0	35.00
36.00	HEALTHY HEARTS CENTER	90.02	0	19,883	0	36.00
37.00	INFUSION CENTERS	90.05	0	59,064	0	37.00
38.00	KNEE CENTER	90.07	0	177,970	0	38.00
39.00	EMERGENCY	91.00	0	397,774	0	39.00
40.00	FAMILY PRACTICE MEDICINE	194.05	0	171,090	0	40.00
41.00	GROUP HOMES AND MIS. N_R CTRS	194.08	0	63,416	0	41.00
42.00	MULTIDISCIPLINARY CLINIC	90.09	0	3,607	0	42.00
	TOTALS		0	29,922,098		
E - Interest Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,055,642	11	1.00
	TOTALS		0	12,055,642		
F - Other Capital Rental						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,672	10	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	883,473	0	2.00
3.00	OPERATION OF PLANT	7.00	0	233,480	0	3.00
4.00	HOUSEKEEPING	9.00	0	27,619	0	4.00
5.00	DIETARY	10.00	0	7,792	0	5.00
6.00	CAFETERIA	11.00	0	12,576	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	131	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,410,056	0	8.00
9.00	PHARMACY	15.00	0	967,432	0	9.00
10.00	SOCIAL SERVICE	17.00	0	158	0	10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	2,325	0	11.00

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
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To 12/31/2022

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Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	5,473	0		12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	616,919	0		13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	274	0		14.00	
15.00	OPERATING ROOM	50.00	0	851,607	0		15.00	
16.00	RECOVERY ROOM	51.00	0	331	0		16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,049	0		17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	40	0		18.00	
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	173	0		19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	3,618	0		20.00	
21.00	LABORATORY	60.00	0	53,213	0		21.00	
22.00	RESPIRATORY THERAPY	65.00	0	432	0		22.00	
23.00	PHYSICAL THERAPY	66.00	0	1,095,302	0		23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	180,536	0		24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	30,235	0		25.00	
26.00	ENDOSCOPY	76.00	0	77,670	0		26.00	
27.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	1,501,486	0		27.00	
28.00	LUTHERWOOD PARTNERSHIP	76.03	0	25,077	0		28.00	
29.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	515,234	0		29.00	
30.00	IMAGING CENTERS	76.06	0	465,851	0		30.00	
31.00	BREAST DIAGNOSTIC CENTER	76.07	0	95,000	0		31.00	
32.00	CARDIAC REHABILITATION	76.97	0	139,904	0		32.00	
33.00	HEALTHY HEARTS CENTER	90.02	0	165,679	0		33.00	
34.00	INFUSION CENTERS	90.05	0	173,805	0		34.00	
35.00	KNEE CENTER	90.07	0	2,712	0		35.00	
36.00	EMERGENCY	91.00	0	620	0		36.00	
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	158	0		37.00	
38.00	FAMILY PRACTICE MEDICINE	194.05	0	1,274,271	0		38.00	
39.00	GROUP HOMES AND MIS. N_R CTRS	194.08	0	151,983	0		39.00	
TOTALS			0	11,998,366				
G - STD BENEFIT RECLASS								
1.00	ADMINISTRATIVE & GENERAL	5.00	37,460	0	0		1.00	
2.00	OPERATION OF PLANT	7.00	7,956	0	0		2.00	
3.00	HOUSEKEEPING	9.00	26,009	0	0		3.00	
4.00	DIETARY	10.00	6,877	0	0		4.00	
5.00	CAFETERIA	11.00	461	0	0		5.00	
6.00	NURSING ADMINISTRATION	13.00	32,081	0	0		6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	6,875	0	0		7.00	
8.00	PHARMACY	15.00	34,139	0	0		8.00	
9.00	SOCIAL SERVICE	17.00	9,349	0	0		9.00	
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	40,562	0	0		10.00	
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	173,406	0	0		11.00	
12.00	ADULTS & PEDIATRICS	30.00	237,747	0	0		12.00	
13.00	INTENSIVE CARE UNIT	31.00	69,942	0	0		13.00	
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	11,763	0	0		14.00	
15.00	OPERATING ROOM	50.00	41,602	0	0		15.00	
16.00	RECOVERY ROOM	51.00	5,794	0	0		16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	9,022	0	0		17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	6,872	0	0		18.00	
19.00	CT SCAN	57.00	18,194	0	0		19.00	
20.00	CARDIAC CATHETERIZATION	59.00	25,916	0	0		20.00	
21.00	INTRAVENOUS THERAPY	64.00	10,182	0	0		21.00	
22.00	RESPIRATORY THERAPY	65.00	37,951	0	0		22.00	
23.00	PHYSICAL THERAPY	66.00	41,939	0	0		23.00	
24.00	ELECTROCARDIOLOGY	69.00	9,222	0	0		24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	424	0	0		25.00	
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	174,292	0	0		26.00	
27.00	LUTHERWOOD PARTNERSHIP	76.03	7,407	0	0		27.00	
28.00	WOUND CARE CENTER	76.04	3,773	0	0		28.00	
29.00	ONCOLOGY-CANCER CARE CENTER	76.05	70,269	0	0		29.00	
30.00	IMAGING CENTERS	76.06	30,772	0	0		30.00	
31.00	CARDIAC REHABILITATION	76.97	3,023	0	0		31.00	
32.00	HEALTHY HEARTS CENTER	90.02	5,379	0	0		32.00	
33.00	KNEE CENTER	90.07	6,194	0	0		33.00	
34.00	EMERGENCY	91.00	33,721	0	0		34.00	
35.00	SMO-NON PROVIDER BASED	194.04	3,331	0	0		35.00	
36.00	FAMILY PRACTICE MEDICINE	194.05	31,970	0	0		36.00	

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6
Date/Time Prepared:
5/25/2023 1:46 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
37.00	GROUP HOMES AND MI SC. N_R	194.08	32,591	0	0	37.00
	CTRS					
	TOTALS		1,304,467	0		
H - Labor and Delivery						
1.00	ADULTS & PEDIATRICS	30.00	2,560,378	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,314,760	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		2,560,378	1,314,760		
I - Cafeteria						
1.00	DIETARY	10.00	2,346,783			1.00
2.00	DIETARY	10.00		2,863,709		2.00
	TOTALS		2,346,783	2,863,709		
J - Therapy Reclass						
1.00	PHYSICAL THERAPY	66.00	2,450,414	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00	PHYSICAL THERAPY	66.00	0	1,145,869	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		2,450,414	1,145,869		
K - Building Depreciation						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	15,351,358	9	1.00
	TOTALS		0	15,351,358		
L - Capital Insurance Costs						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	762,186	12	1.00
	TOTALS		0	762,186		
M - Radiology Support						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	645,629	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	257,457	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
	TOTALS		645,629	257,457		
N - Hyperbaric Oxygen Therapy						
1.00	WOUND CARE CENTER	76.04	150,513			1.00
2.00	WOUND CARE CENTER	76.04		313,628		2.00
	TOTALS		150,513	313,628		
O - IHH Cat Scan						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	918,383			1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00		304,538		2.00
	TOTALS		918,383	304,538		
P - Specialty Pharmacy						
1.00	PHARMACY	15.00	2,006,008			1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		236,938		2.00
3.00	PHARMACY	15.00		56,901,924		3.00
	TOTALS		2,006,008	57,138,862		
Q - FELLOWS						
1.00	I&R SERVICES-OTHER PRGM	22.00	146,896	28,034	0	1.00
	COSTS APPRVD					
	TOTALS		146,896	28,034		
500.00	Grand Total: Decreases		12,529,471	380,720,992		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2023 1:46 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	2,743,049	0	0	0	1.00
2.00	Land Improvements	4,349,043	125,376	0	125,376	2.00
3.00	Buildings and Fixtures	535,232,989	14,086,165	0	14,086,165	3.00
4.00	Building Improvements	12,975,903	1,371,280	0	1,371,280	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	222,103,384	9,257,588	0	9,257,588	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	777,404,368	24,840,409	0	24,840,409	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	777,404,368	24,840,409	0	24,840,409	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,743,049	0			1.00
2.00	Land Improvements	4,474,419	0			2.00
3.00	Buildings and Fixtures	546,771,737	0			3.00
4.00	Building Improvements	14,326,625	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	230,119,060	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	798,434,890	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	798,434,890	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2023 1:46 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: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet A-7 Part III Date/Time Prepared: 5/25/2023 1:46 pm
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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	568,315,829	0	568,315,829	0.711787	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	230,119,061	0	230,119,061	0.288213	0	2.00
3.00	Total (sum of lines 1-2)	798,434,890	0	798,434,890	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	15,351,358	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	21,571,625	11,998,366	2.00
3.00	Total (sum of lines 1-2)	0	0	0	36,922,983	11,998,366	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	4,456,621	762,186	0	0	20,570,165	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	33,569,991	2.00
3.00	Total (sum of lines 1-2)	4,456,621	762,186	0	0	54,140,156	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8

Date/Time Prepared:
5/25/2023 1:46 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	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-24,071		ADMINISTRATIVE & GENERAL	5.00	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	-7,553,193				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	13,698,317				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-2,369,809		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8

Date/Time Prepared:
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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			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.00
33.01 Space Rental Income	B	-122,125	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.02 Space Rental Income	B	-498,663	OPERATION OF PLANT		7.00	0 33.02
33.03 Space Rental Income	B	-4,072	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 33.03
33.04 Misc Revenue	B	-172,371	ADMINISTRATIVE & GENERAL		5.00	0 33.04
33.05 Misc Revenue	B	-550,733	OPERATION OF PLANT		7.00	0 33.05
33.06 Misc Revenue	B	-25,851	CAFETERIA		11.00	0 33.06
33.07 Misc Revenue	B	-700,000	NURSING ADMINISTRATION		13.00	0 33.07
33.08 Misc Revenue	B	-76,614	PHARMACY		15.00	0 33.08
33.09 Misc Revenue	B	-4,270	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 33.09
33.10 Misc Revenue	B	-126,974	RADIOLOGY-DIAGNOSTIC		54.00	0 33.10
33.11 Misc Revenue	B	-8,172	CARDIAC REHABILITATION		76.97	0 33.11
34.00 HAF Tax Offset	A	-37,183,830	ADMINISTRATIVE & GENERAL		5.00	0 34.00
34.01 Hospitalist Loss	A	-5,190,139	ADULTS & PEDIATRICS		30.00	0 34.01
34.02 Loss on Assets	A	-86,253	ADULTS & PEDIATRICS		30.00	0 34.02
34.03 Loss on Assets	A	-21,699	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 34.03
34.04 Sponsorship	A	-400	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 34.04
34.05 APP	A	-587,628	ADULTS & PEDIATRICS		30.00	0 34.05
34.06 APP	A	-538,614	OPERATING ROOM		50.00	0 34.06
34.07 APP	A	-1,245,740	HEALTHY HEARTS CENTER		90.02	0 34.07
34.08 APP	A	-129,606	KNEE CENTER		90.07	0 34.08
35.00 Bad Debt	A	-22,510,316	ADMINISTRATIVE & GENERAL		5.00	0 35.00
35.01 Bad Debt	A	-868	PHARMACY		15.00	0 35.01
35.02 Bad Debt	A	-248,406	I&R SERVICES-SALARY & FRINGES APPRVD		21.00	0 35.02
35.03 Bad Debt	A	-291,106	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 35.03
35.04 Bad Debt	A	-348,412	ADULTS & PEDIATRICS		30.00	0 35.04
35.05 Bad Debt	A	-1,449	OPERATING ROOM		50.00	0 35.05
35.06 Bad Debt	A	-22,254	INTRAVENOUS THERAPY		64.00	0 35.06
35.07 Bad Debt	A	-1,996,463	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 35.07
35.08 Bad Debt	A	-4,739	LUTHERWOOD PARTNERSHIP		76.03	0 35.08
35.09 Bad Debt	A	-18,299	KNEE CENTER		90.07	0 35.09
36.00 Meals on Wheels Cost	A	-358,865	CAFETERIA		11.00	0 36.00
36.01 Non Allow Marketing Expense	A	-538,623	ADMINISTRATIVE & GENERAL		5.00	0 36.01
36.02 Pavilions	A	-809,877	ADMINISTRATIVE & GENERAL		5.00	0 36.02
36.03 OB Laborist Loss	A	-1,179,210	DELIVERY ROOM & LABOR ROOM		52.00	0 36.03
36.05 Debt Issuance Expense	A	-333,831	ADMINISTRATIVE & GENERAL		5.00	0 36.05
36.06 PNC Non-Allow Interest Expense	A	-32,937	CAP REL COSTS-BLDG & FIXT		1.00	11 36.06
36.07 2012A Non-Allow Interest Expense	A	-78,391	CAP REL COSTS-BLDG & FIXT		1.00	11 36.07
36.08 2012B Non-Allow Interest Expense	A	-145,015	CAP REL COSTS-BLDG & FIXT		1.00	11 36.08
36.09 2022A Non-Allow Interest Expense	A	-48,464	CAP REL COSTS-BLDG & FIXT		1.00	11 36.09
36.10 2016AB Non-Allow Interest Expense	A	-534,444	CAP REL COSTS-BLDG & FIXT		1.00	11 36.10
36.11 2018A Non-Allow Interest Expense	A	-3,966,382	CAP REL COSTS-BLDG & FIXT		1.00	11 36.11
36.12 2020A Non-Allow Interest Expense	A	-2,793,388	CAP REL COSTS-BLDG & FIXT		1.00	11 36.12
36.13 Gallahue Professional Fee	A	-29,619,328	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 36.13
36.14 Gallahue Professional Fee	A	-4,119,754	LUTHERWOOD PARTNERSHIP		76.03	0 36.14
36.15 SHARED SERVICES-CATH LAB	A	-168,519	CARDIAC CATHETERIZATION		59.00	0 36.15
36.16 SHARED SERVICES-EEG	A	66,915	ELECTROCARDIOLOGY		69.00	0 36.16
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-113,624,935				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet A-8 Date/Time Prepared: 5/25/2023 1:46 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		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

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: 15-0074
 Period: From 01/01/2022 To 12/31/2022
 Worksheet A-8-1
 Date/Time Prepared: 5/25/2023 1:46 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	21.00	I&R SERVICES-SALARY & FRINGE	INTERNS & RESIDENTS	4,397,728	5,763,756 1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COST	INTERNS & RESIDENTS	9,309,076	12,200,673 2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	7,000,885	0 3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	12,864,518	0 3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	111,139,641	168,808,171 3.02
3.03	7.00	OPERATION OF PLANT	HOME OFFICE	7,965,968	0 3.03
3.04	13.00	NURSING ADMINISTRATION	HOME OFFICE	8,563,120	0 3.04
3.05	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	6,859,820	0 3.05
3.06	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	5,304,049	0 3.06
3.07	30.00	ADULTS & PEDIATRICS	HOME OFFICE	257,733	0 3.07
3.08	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	279,588	0 3.08
3.09	66.00	PHYSICAL THERAPY	HOME OFFICE	633,486	0 3.09
3.10	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	159,346	0 3.10
3.11	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	2,488,744	0 3.11
3.12	76.05	ONCOLOGY-CANCER CARE CENTER	HOME OFFICE	20,202,427	0 3.12
3.13	91.00	EMERGENCY	HOME OFFICE	365,622	0 3.13
4.00	5.00	ADMINISTRATIVE & GENERAL	CPN MEDICAL DIRECTOR	61,903	0 4.00
4.01	91.00	EMERGENCY	CPN ED ON CALL	2,617,263	0 4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			200,470,917	186,772,600 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	C	0.00	CHNW	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: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8-1

Date/Time Prepared:
5/25/2023 1:46 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	-1,366,028	0		1.00
2.00	-2,891,597	0		2.00
3.00	7,000,885	9		3.00
3.01	12,864,518	0		3.01
3.02	-57,668,530	0		3.02
3.03	7,965,968	0		3.03
3.04	8,563,120	0		3.04
3.05	6,859,820	0		3.05
3.06	5,304,049	0		3.06
3.07	257,733	0		3.07
3.08	279,588	0		3.08
3.09	633,486	0		3.09
3.10	159,346	0		3.10
3.11	2,488,744	0		3.11
3.12	20,202,427	0		3.12
3.13	365,622	0		3.13
4.00	61,903	0		4.00
4.01	2,617,263	0		4.01
5.00	13,698,317			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8-2

Date/Time Prepared:
5/25/2023 1:46 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	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	9,384	9,384	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,097,801	1,097,801	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	48,436	48,436	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	5,664,629	5,529,702	134,927	211,500	723	4.00
5.00	76.01	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	166,460	166,460	0	0	0	5.00
6.00	91.00	AGGREGATE-EMERGENCY	640,000	640,000	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			7,626,710	7,491,783	134,927		723	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	0	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	0	0	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	73,517	3,676	0	0	0	4.00
5.00	76.01	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	0	0	0	0	0	5.00
6.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			73,517	3,676	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	0	0	9,384		1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	1,097,801		2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	0	0	0	48,436		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	73,517	61,410	5,591,112		4.00
5.00	76.01	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	0	0	0	166,460		5.00
6.00	91.00	AGGREGATE-EMERGENCY	0	0	0	640,000		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	73,517	61,410	7,553,193		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	20,570,165	20,570,165			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	33,569,991		33,569,991		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,567,549	151,818	24,404	13,743,771	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	135,836,513	926,400	9,693,318	581,905	147,038,136
7.00 00700	OPERATION OF PLANT	21,819,716	2,698,074	278,232	125,872	24,921,894
8.00 00800	LAUNDRY & LINEN SERVICE	1,390,784	0	0	0	1,390,784
9.00 00900	HOUSEKEEPING	6,555,654	256,403	31,824	216,775	7,060,656
10.00 01000	DIETARY	2,296,531	226,020	30,720	56,981	2,610,252
11.00 01100	CAFETERIA	3,092,402	564,226	183,721	144,661	3,985,010
13.00 01300	NURSING ADMINISTRATION	11,840,870	203,142	43,028	170,978	12,258,018
14.00 01400	CENTRAL SERVICES & SUPPLY	7,501,565	407,591	2,538,772	23,785	10,471,713
15.00 01500	PHARMACY	12,382,583	230,716	1,032,123	506,525	14,151,947
16.00 01600	MEDICAL RECORDS & LIBRARY	6,062,658	28,180	0	7,580	6,098,418
17.00 01700	SOCIAL SERVICE	2,506,186	66,140	156	109,139	2,681,621
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,397,728	0	2,300	241,721	4,641,749
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,309,076	107,490	68,431	549,452	10,034,449
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	68,861,660	4,339,330	1,599,916	3,023,979	77,824,885
31.00 03100	INTENSIVE CARE UNIT	19,491,680	1,159,658	1,022,394	715,301	22,389,033
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,707,778	64,930	30,763	109,208	2,912,679
43.00 04300	NURSERY	730,077	50,743	52,094	26,733	859,647
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	21,316,763	2,151,157	2,388,872	530,083	26,386,875
51.00 05100	RECOVERY ROOM	1,259,351	198,929	116,358	42,813	1,617,451
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,646,537	218,612	224,415	142,077	4,231,641
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,043,053	671,208	721,824	183,643	6,619,728
55.00 05500	RADIOLOGY-THERAPEUTIC	2,095,257	3,922	33,469	47,052	2,179,700
57.00 05700	CT SCAN	4,455,781	30,213	615,200	135,011	5,236,205
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,260,610	291	717,588	42,073	2,020,562
59.00 05900	CARDIAC CATHETERIZATION	7,076,815	353,458	1,238,350	230,486	8,899,109
60.00 06000	LABORATORY	16,556,908	109,475	99,214	0	16,765,597
64.00 06400	INTRAVENOUS THERAPY	2,623,473	53,479	9,092	75,358	2,761,402
65.00 06500	RESPIRATORY THERAPY	7,070,862	21,910	87,146	290,952	7,470,870
66.00 06600	PHYSICAL THERAPY	7,153,318	227,593	1,124,073	285,542	8,790,526
67.00 06700	OCCUPATIONAL THERAPY	2,531,293	75,582	13,501	95,584	2,715,960
68.00 06800	SPEECH PATHOLOGY	1,064,990	31,787	5,680	40,215	1,142,672
69.00 06900	ELECTROCARDIOLOGY	4,173,343	51,469	673,532	179,124	5,077,468
70.00 07000	ELECTROENCEPHALOGRAPHY	1,267,179	2,082	143,975	41,766	1,455,002
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,770,733	0	0	0	35,770,733
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	36,182,491	0	0	0	36,182,491
73.00 07300	DRUGS CHARGED TO PATIENTS	177,538,398	0	0	0	177,538,398
73.01 07301	SPECIALTY PHARMACY	77,402,210	0	0	111,171	77,513,381
74.00 07400	RENAL DIALYSIS	1,649,434	9,877	0	581	1,659,892
76.00 03330	ENDOSCOPY	1,112,499	0	147,371	31,110	1,290,980
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	11,000,339	115,431	1,689,419	1,690,044	14,495,233
76.03 03951	LUTHERWOOD PARTNERSHIP	4,820,327	0	155,324	231,512	5,207,163
76.04 03952	WOUND CARE CENTER	2,544,194	104,222	5,767	52,748	2,706,931
76.05 03480	ONCOLOGY-CANCER CARE CENTER	43,974,934	2,093,176	2,711,856	823,921	49,603,887
76.06 03953	IMAGING CENTERS	6,356,401	73,936	1,368,387	211,280	8,010,004
76.07 03954	BREAST DIAGNOSTIC CENTER	2,812,815	130,852	93,969	7	3,037,643
76.97 07697	CARDIAC REHABILITATION	1,196,558	143,369	164,106	50,043	1,554,076
76.98 07698	HYPERBARIC OXYGEN THERAPY	464,141	20,626	1,141	8,341	494,249
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02 04951	HEALTHY HEARTS CENTER	1,344,384	80,400	169,354	106,210	1,700,348
90.03 09001	CLINIC	0	0	0	0	0
90.04 04953	SPINE CENTER	13	0	0	0	13
90.05 04954	INFUSION CENTERS	660,023	0	210,576	24,494	895,093
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0
90.07 09003	KNEE CENTER	4,188,307	354,887	15,298	117,207	4,675,699
90.08 09004	PALLIATIVE CARE	0	5,423	0	0	5,423
90.09 09005	MULTI DISCIPLINARY CLINIC	12,576	0	3,568	0	16,144
90.10 09006	WORK SITE CLINICS	0	0	0	0	0
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
91.00 09100 EMERGENCY	21,969,089	1,609,374	376,463	710,367	24,665,293	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	904,086,565	20,423,601	31,957,084	13,141,410	901,724,733	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	156	0	156	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02 07952 ACCOUNTABLE CARE	527,483	0	0	22,294	549,777	194.02
194.03 07953 SCHOOL BASED CLINICS	183,070	0	0	4,789	187,859	194.03
194.04 07954 SMO-NON PROVIDER BASED	844,201	0	0	35,574	879,775	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	5,234,034	0	1,429,674	198,727	6,862,435	194.05
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MIS. N_R CTRS	9,175,896	146,564	183,077	340,977	9,846,514	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118 through 201)	920,051,249	20,570,165	33,569,991	13,743,771	920,051,249	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	147,038,136				5.00
7.00	00700	OPERATION OF PLANT	4,740,493	29,662,387			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	264,547	0	1,655,331		8.00
9.00	00900	HOUSEKEEPING	1,343,036	452,874	0	8,856,566	9.00
10.00	01000	DIETARY	496,506	399,210	0	121,044	3,627,012
11.00	01100	CAFETERIA	758,005	996,571	0	302,169	0
13.00	01300	NURSING ADMINISTRATION	2,331,647	358,802	0	108,792	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,991,866	719,912	0	218,283	0
15.00	01500	PHARMACY	2,691,898	407,506	0	123,559	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,160,004	49,773	0	15,092	0
17.00	01700	SOCIAL SERVICE	510,082	116,821	0	35,421	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	882,926	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,908,693	189,856	0	57,566	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,803,383	7,664,399	747,816	2,323,907	3,063,193
31.00	03100	INTENSIVE CARE UNIT	4,258,708	2,048,261	153,349	621,050	563,819
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	554,032	114,683	0	34,773	0
43.00	04300	NURSERY	163,517	89,626	10,805	27,175	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,019,153	3,799,509	190,293	1,152,042	0
51.00	05100	RECOVERY ROOM	307,662	351,361	0	106,536	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	804,917	386,125	46,547	117,076	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,259,165	1,185,529	122,627	359,462	0
55.00	05500	RADIOLOGY-THERAPEUTIC	414,609	6,927	0	2,100	0
57.00	05700	CT SCAN	995,999	53,365	0	16,181	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	384,339	513	0	156	0
59.00	05900	CARDIAC CATHETERIZATION	1,692,735	624,300	19,540	189,293	0
60.00	06000	LABORATORY	3,189,051	193,362	0	58,629	0
64.00	06400	INTRAVENOUS THERAPY	525,257	94,457	0	28,640	0
65.00	06500	RESPIRATORY THERAPY	1,421,064	38,698	0	11,734	0
66.00	06600	PHYSICAL THERAPY	1,672,081	401,990	0	121,887	0
67.00	06700	OCCUPATIONAL THERAPY	516,614	133,498	0	40,478	0
68.00	06800	SPEECH PATHOLOGY	217,352	56,144	0	17,023	0
69.00	06900	ELECTROCARDIOLOGY	965,805	90,908	0	27,564	0
70.00	07000	ELECTROENCEPHALOGRAPHY	276,762	3,677	0	1,115	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,804,094	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,882,416	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	33,770,512	0	0	0	0
73.01	07301	SPECIALTY PHARMACY	14,744,130	0	0	0	0
74.00	07400	RENAL DIALYSIS	315,735	17,446	0	5,290	0
76.00	03330	ENDOSCOPY	245,562	0	30,740	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,757,196	203,881	0	61,818	0
76.03	03951	LUTHERWOOD PARTNERSHIP	990,475	0	0	0	0
76.04	03952	WOUND CARE CENTER	514,896	184,083	28,300	55,816	0
76.05	03480	ONCOLOGY-CANCER CARE CENTER	9,435,354	3,697,098	0	1,120,991	0
76.06	03953	IMAGING CENTERS	1,523,615	130,590	0	39,596	0
76.07	03954	BREAST DIAGNOSTIC CENTER	577,802	231,119	0	70,077	0
76.97	07697	CARDIAC REHABILITATION	295,607	253,226	0	76,780	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	94,013	36,432	0	11,046	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	323,430	142,007	176	43,058	0
90.03	09001	CLINIC	0	0	0	0	0
90.04	04953	SPI NE CENTER	2	0	0	0	0
90.05	04954	INFUSION CENTERS	170,259	0	0	0	0
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0
90.07	09003	KNEE CENTER	889,383	626,823	0	190,058	0
90.08	09004	PALLIATIVE CARE	1,032	9,578	0	2,904	0
90.09	09005	MULTI DISCIPLINARY CLINIC	3,071	0	0	0	0
90.10	09006	WORK SITE CLINICS	0	0	0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0
91.00	09100	EMERGENCY	4,691,684	2,842,576	305,138	861,893	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	143,552,176	29,403,516	1,655,331	8,778,074	3,627,012	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	30	0	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	104,575	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	35,733	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	167,346	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	1,305,331	0	0	0	0	194.05
194.07	07957 LI FE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	1,872,945	258,871	0	78,492	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	147,038,136	29,662,387	1,655,331	8,856,566	3,627,012	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0074		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/25/2023 1:46 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	6,041,755					11.00
13.00	01300	NURSING ADMINISTRATION	124,342	15,181,601				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,318	0	13,424,092			14.00
15.00	01500	PHARMACY	353,897	0	20	17,728,827		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,377	0	12	0	7,329,676	16.00
17.00	01700	SOCIAL SERVICE	70,142	0	44	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	213,614	0	466	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	133,907	0	1,748	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,715,285	8,618,362	133,737	0	482,631	30.00
31.00	03100	INTENSIVE CARE UNIT	420,850	2,114,232	48,222	0	158,474	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	63,765	0	5,532	0	45,139	35.00
43.00	04300	NURSERY	15,941	84,411	2,182	0	5,192	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	347,520	1,747,249	967,588	0	412,715	50.00
51.00	05100	RECOVERY ROOM	22,318	0	1,609	0	32,512	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	73,330	363,639	9,401	0	22,365	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73,330	0	0	0	128,190	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	31,883	0	24,309	0	62,580	55.00
57.00	05700	CT SCAN	114,777	0	6,533	0	230,560	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	22,318	0	11	0	36,470	58.00
59.00	05900	CARDIAC CATHETERIZATION	140,283	0	1,089,810	0	703,027	59.00
60.00	06000	LABORATORY	0	0	138,635	0	261,253	60.00
64.00	06400	INTRAVENOUS THERAPY	47,824	0	1,311	0	13,139	64.00
65.00	06500	RESPIRATORY THERAPY	146,660	0	12,428	0	85,991	65.00
66.00	06600	PHYSICAL THERAPY	98,836	0	8,058	0	43,144	66.00
67.00	06700	OCCUPATIONAL THERAPY	57,389	0	1,302	0	14,951	67.00
68.00	06800	SPEECH PATHOLOGY	25,506	0	548	0	6,292	68.00
69.00	06900	ELECTROCARDIOLOGY	143,472	0	18,469	0	113,913	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28,694	0	4,518	0	13,537	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,783,028	0	198,074	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	204,759	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	8,725,498	17,728,827	2,340,928	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	221,166	0	232,116	73.01
74.00	07400	RENAL DIALYSIS	0	0	625	0	12,284	74.00
76.00	03330	ENDOSCOPY	19,130	0	3,043	0	11,064	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	188,107	0	9,567	0	34,492	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	7,743	0	1,291	76.03
76.04	03952	WOUND CARE CENTER	38,259	0	13,427	0	25,670	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	599,393	0	74,383	0	599,939	76.05
76.06	03953	IMAGING CENTERS	3,188	0	4,586	0	162,884	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	13,730	76.07
76.97	07697	CARDIAC REHABILITATION	44,636	0	1,347	0	8,348	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,377	0	1,515	0	5,247	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
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	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	66,953	0	3,673	0	9,930	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	81	0	4,995	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	111,589	0	6	0	11,987	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	844	90.08
90.09	09005	MULTIDISCIPLINARY CLINIC	0	0	0	0	0	90.09
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	449,545	2,253,708	81,566	0	579,019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,041,755	15,181,601	13,407,747	17,728,827	7,329,676	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	0	0	87	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	136	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	1	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	5,312	0	0	194.05
194.07	07957 LI FE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	10,809	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	6,041,755	15,181,601	13,424,092	17,728,827	7,329,676	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	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
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	3,414,131				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,738,755			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		12,326,219		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	2,781,081	3,418,226	7,341,974	130,918,879	-10,760,200
31.00 03100	INTENSIVE CARE UNIT	493,859	111,965	240,489	33,622,311	-352,454
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	85,497	116,356	249,920	4,182,376	-366,276
43.00 04300	NURSERY	53,694	0	0	1,312,190	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	768,387	1,650,412	42,441,743	-2,418,799
51.00 05100	RECOVERY ROOM	0	0	0	2,439,449	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,055,041	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	9,748,031	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,722,108	0
57.00 05700	CT SCAN	0	0	0	6,653,620	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,464,369	0
59.00 05900	CARDIAC CATHETERIZATION	0	46,103	99,025	13,503,225	-145,128
60.00 06000	LABORATORY	0	0	0	20,606,527	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	3,472,030	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	9,187,445	0
66.00 06600	PHYSICAL THERAPY	0	274,424	589,433	12,000,379	-863,857
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	3,480,192	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	1,465,537	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	6,437,599	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,783,305	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	44,555,929	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	43,269,666	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	240,104,163	0
73.01 07301	SPECIALTY PHARMACY	0	0	0	92,710,793	0
74.00 07400	RENAL DIALYSIS	0	0	0	2,011,272	0
76.00 03330	ENDOSCOPY	0	0	0	1,600,519	0
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	588,365	1,263,744	19,602,403	-1,852,109
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	0	6,206,672	0
76.04 03952	WOUND CARE CENTER	0	59,276	127,317	3,753,975	-186,593
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	85,620	183,903	65,400,568	-269,523
76.06 03953	IMAGING CENTERS	0	0	0	9,874,463	0
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0	0	3,930,371	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	2,234,020	0
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	648,879	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02 04951	HEALTHY HEARTS CENTER	0	0	0	2,289,575	0
90.03 09001	CLINIC	0	0	0	0	0
90.04 04953	SPI NE CENTER	0	0	0	15	0
90.05 04954	INFUSION CENTERS	0	0	0	1,070,428	0
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0
90.07 09003	KNEE CENTER	0	0	0	6,505,545	0
90.08 09004	PALLIATIVE CARE	0	0	0	19,781	0
90.09 09005	MULTI DISCIPLINARY CLINIC	0	0	0	19,215	0
90.10 09006	WORK SITE CLINICS	0	0	0	0	0
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	17.00	21.00	22.00	24.00	25.00	
91.00 09100 EMERGENCY	0	256,861	551,709	37,538,992	-808,570	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	3,414,131	5,725,583	12,297,926	897,843,600	-18,023,509	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	186	0	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02 07952 ACCOUNTABLE CARE	0	0	0	654,439	0	194.02
194.03 07953 SCHOOL BASED CLINICS	0	0	0	223,728	0	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	1,047,122	0	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0	13,172	28,293	8,214,543	-41,465	194.05
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	12,067,631	0	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments		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)	3,414,131	5,738,755	12,326,219	920,051,249	-18,064,974	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/25/2023 1:46 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
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	120,158,679	30.00
31.00	03100	INTENSIVE CARE UNIT	33,269,857	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,816,100	35.00
43.00	04300	NURSERY	1,312,190	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	40,022,944	50.00
51.00	05100	RECOVERY ROOM	2,439,449	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,055,041	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,748,031	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,722,108	55.00
57.00	05700	CT SCAN	6,653,620	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,464,369	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,358,097	59.00
60.00	06000	LABORATORY	20,606,527	60.00
64.00	06400	INTRAVENOUS THERAPY	3,472,030	64.00
65.00	06500	RESPIRATORY THERAPY	9,187,445	65.00
66.00	06600	PHYSICAL THERAPY	11,136,522	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,480,192	67.00
68.00	06800	SPEECH PATHOLOGY	1,465,537	68.00
69.00	06900	ELECTROCARDIOLOGY	6,437,599	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,783,305	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,555,929	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,269,666	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	240,104,163	73.00
73.01	07301	SPECIALTY PHARMACY	92,710,793	73.01
74.00	07400	RENAL DIALYSIS	2,011,272	74.00
76.00	03330	ENDOSCOPY	1,600,519	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	17,750,294	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	6,206,672	76.03
76.04	03952	WOUND CARE CENTER	3,567,382	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	65,131,045	76.05
76.06	03953	IMAGING CENTERS	9,874,463	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	3,930,371	76.07
76.97	07697	CARDIAC REHABILITATION	2,234,020	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	648,879	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	2,289,575	90.02
90.03	09001	CLINIC	0	90.03
90.04	04953	SPINE CENTER	15	90.04
90.05	04954	INFUSION CENTERS	1,070,428	90.05
90.06	09002	MEDCHECK CLINICS	0	90.06
90.07	09003	KNEE CENTER	6,505,545	90.07
90.08	09004	PALLIATIVE CARE	19,781	90.08
90.09	09005	MULTIDISCIPLINARY CLINIC	19,215	90.09
90.10	09006	WORK SITE CLINICS	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	90.12
91.00	09100	EMERGENCY	36,730,422	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	879,820,091	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
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Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	186	192.00
194.00	07950 HOME OFFICE	0	194.00
194.01	07951 CHNW LEASED SPACE	0	194.01
194.02	07952 ACCOUNTABLE CARE	654,439	194.02
194.03	07953 SCHOOL BASED CLINICS	223,728	194.03
194.04	07954 SMO-NON PROVIDER BASED	1,047,122	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	8,173,078	194.05
194.07	07957 LI FE CHECK	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	12,067,631	194.08
194.09	07959 SURGERY CENTER EAST	0	194.09
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	901,986,275	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 1:46 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	151,818	24,404	176,222	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	926,400	9,693,318	10,619,718	5.00
7.00 00700	OPERATION OF PLANT	0	2,698,074	278,232	2,976,306	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	256,403	31,824	288,227	9.00
10.00 01000	DIETARY	0	226,020	30,720	256,740	10.00
11.00 01100	CAFETERIA	0	564,226	183,721	747,947	11.00
13.00 01300	NURSING ADMINISTRATION	0	203,142	43,028	246,170	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	407,591	2,538,772	2,946,363	14.00
15.00 01500	PHARMACY	0	230,716	1,032,123	1,262,839	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	28,180	0	28,180	16.00
17.00 01700	SOCIAL SERVICE	0	66,140	156	66,296	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,300	2,300	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	107,490	68,431	175,921	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	4,339,330	1,599,916	5,939,246	30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,159,658	1,022,394	2,182,052	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	64,930	30,763	95,693	35.00
43.00 04300	NURSERY	0	50,743	52,094	102,837	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,151,157	2,388,872	4,540,029	50.00
51.00 05100	RECOVERY ROOM	0	198,929	116,358	315,287	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	218,612	224,415	443,027	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	671,208	721,824	1,393,032	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	3,922	33,469	37,391	55.00
57.00 05700	CT SCAN	0	30,213	615,200	645,413	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	291	717,588	717,879	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	353,458	1,238,350	1,591,808	59.00
60.00 06000	LABORATORY	0	109,475	99,214	208,689	60.00
64.00 06400	INTRAVENOUS THERAPY	0	53,479	9,092	62,571	64.00
65.00 06500	RESPIRATORY THERAPY	0	21,910	87,146	109,056	65.00
66.00 06600	PHYSICAL THERAPY	0	227,593	1,124,073	1,351,666	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	75,582	13,501	89,083	67.00
68.00 06800	SPEECH PATHOLOGY	0	31,787	5,680	37,467	68.00
69.00 06900	ELECTROCARDIOLOGY	0	51,469	673,532	725,001	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	2,082	143,975	146,057	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 07301	SPECIALTY PHARMACY	0	0	0	0	73.01
74.00 07400	RENAL DIALYSIS	0	9,877	0	9,877	74.00
76.00 03330	ENDOSCOPY	0	0	147,371	147,371	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	115,431	1,689,419	1,804,850	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	155,324	155,324	76.03
76.04 03952	WOUND CARE CENTER	0	104,222	5,767	109,989	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	2,093,176	2,711,856	4,805,032	76.05
76.06 03953	IMAGING CENTERS	0	73,936	1,368,387	1,442,323	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	130,852	93,969	224,821	76.07
76.97 07697	CARDIAC REHABILITATION	0	143,369	164,106	307,475	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	20,626	1,141	21,767	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
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 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	0	80,400	169,354	249,754	90.02
90.03 09001	CLINIC	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	0	0	0	90.04
90.05 04954	INFUSION CENTERS	0	0	210,576	210,576	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07 09003	KNEE CENTER	0	354,887	15,298	370,185	90.07
90.08 09004	PALLIATIVE CARE	0	5,423	0	5,423	90.08
90.09 09005	MULTIDISCIPLINARY CLINIC	0	0	3,568	3,568	90.09
90.10 09006	WORK SITE CLINICS	0	0	0	0	90.10
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00 09100	EMERGENCY	0	1,609,374	376,463	1,985,837	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

Period:
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To 12/31/2022

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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	2.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	20,423,601	31,957,084	52,380,685	168,494
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	156	156	0	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02 07952 ACCOUNTABLE CARE	0	0	0	0	286	194.02
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	61	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	456	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	1,429,674	1,429,674	2,550	194.05
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	146,564	183,077	329,641	4,375	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers				0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	20,570,165	33,569,991	54,140,156	176,222

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 1:46 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,627,184				5.00
7.00	00700	OPERATION OF PLANT	342,626	3,320,547			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	19,120	0	19,120		8.00
9.00	00900	HOUSEKEEPING	97,070	50,697	0	438,775	9.00
10.00	01000	DIETARY	35,886	44,689	0	5,997	344,043
11.00	01100	CAFETERIA	54,786	111,561	0	14,970	0
13.00	01300	NURSING ADMINISTRATION	168,523	40,166	0	5,390	0
14.00	01400	CENTRAL SERVICES & SUPPLY	143,965	80,590	0	10,814	0
15.00	01500	PHARMACY	194,561	45,618	0	6,121	0
16.00	01600	MEDICAL RECORDS & LIBRARY	83,841	5,572	0	748	0
17.00	01700	SOCIAL SERVICE	36,867	13,078	0	1,755	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	63,815	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	137,954	21,253	0	2,852	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,069,937	857,990	8,637	115,131	290,562
31.00	03100	INTENSIVE CARE UNIT	307,804	229,292	1,771	30,768	53,481
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	40,044	12,838	0	1,723	0
43.00	04300	NURSERY	11,818	10,033	125	1,346	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	362,767	425,335	2,198	57,075	0
51.00	05100	RECOVERY ROOM	22,237	39,333	0	5,278	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,177	43,225	538	5,800	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,008	132,714	1,416	17,809	0
55.00	05500	RADIOLOGY-THERAPEUTIC	29,967	775	0	104	0
57.00	05700	CT SCAN	71,987	5,974	0	802	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	27,779	57	0	8	0
59.00	05900	CARDIAC CATHETERIZATION	122,345	69,887	226	9,378	0
60.00	06000	LABORATORY	230,493	21,646	0	2,905	0
64.00	06400	INTRAVENOUS THERAPY	37,964	10,574	0	1,419	0
65.00	06500	RESPIRATORY THERAPY	102,710	4,332	0	581	0
66.00	06600	PHYSICAL THERAPY	120,852	45,001	0	6,039	0
67.00	06700	OCCUPATIONAL THERAPY	37,339	14,944	0	2,005	0
68.00	06800	SPEECH PATHOLOGY	15,709	6,285	0	843	0
69.00	06900	ELECTROCARDIOLOGY	69,805	10,177	0	1,366	0
70.00	07000	ELECTROENCEPHALOGRAPHY	20,003	412	0	55	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	491,776	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	497,437	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,440,597	0	0	0	0
73.01	07301	SPECIALTY PHARMACY	1,065,654	0	0	0	0
74.00	07400	RENAL DIALYSIS	22,820	1,953	0	262	0
76.00	03330	ENDOSCOPY	17,748	0	355	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	199,280	22,823	0	3,063	0
76.03	03951	LUTHERWOOD PARTNERSHIP	71,588	0	0	0	0
76.04	03952	WOUND CARE CENTER	37,215	20,607	327	2,765	0
76.05	03480	ONCOLOGY-CANCER CARE CENTER	681,954	413,870	0	55,536	0
76.06	03953	IMAGING CENTERS	110,122	14,619	0	1,962	0
76.07	03954	BREAST DIAGNOSTIC CENTER	41,762	25,873	0	3,472	0
76.97	07697	CARDIAC REHABILITATION	21,365	28,347	0	3,804	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,795	4,078	0	547	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	23,376	15,897	2	2,133	0
90.03	09001	CLINIC	0	0	0	0	0
90.04	04953	SPINE CENTER	0	0	0	0	0
90.05	04954	INFUSION CENTERS	12,306	0	0	0	0
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0
90.07	09003	KNEE CENTER	64,282	70,170	0	9,416	0
90.08	09004	PALLIATIVE CARE	75	1,072	0	144	0
90.09	09005	MULTIDISCIPLINARY CLINIC	222	0	0	0	0
90.10	09006	WORK SITE CLINICS	0	0	0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0
91.00	09100	EMERGENCY	339,098	318,211	3,525	42,700	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	10,375,231	3,291,568	19,120	434,886	344,043	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2	0	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	7,558	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	2,583	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	12,095	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	94,345	0	0	0	0	194.05
194.07	07957 LI FE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	135,370	28,979	0	3,889	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	10,627,184	3,320,547	19,120	438,775	344,043	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 1:46 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	931,120					11.00
13.00	01300	NURSING ADMINISTRATION	19,163	481,606				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,439	0	3,185,476			14.00
15.00	01500	PHARMACY	54,541	0	5	1,570,183		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	983	0	3	0	119,424	16.00
17.00	01700	SOCIAL SERVICE	10,810	0	10	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	32,921	0	111	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	20,637	0	415	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	264,352	273,400	31,735	0	7,900	30.00
31.00	03100	INTENSIVE CARE UNIT	64,859	67,070	11,443	0	2,594	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,827	0	1,313	0	739	35.00
43.00	04300	NURSERY	2,457	2,678	518	0	85	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,558	55,428	229,600	0	6,755	50.00
51.00	05100	RECOVERY ROOM	3,439	0	382	0	532	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,301	11,536	2,231	0	366	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,301	0	0	0	2,098	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,914	0	5,768	0	1,024	55.00
57.00	05700	CT SCAN	17,689	0	1,550	0	3,774	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,439	0	3	0	597	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,620	0	258,602	0	11,507	59.00
60.00	06000	LABORATORY	0	0	32,897	0	4,276	60.00
64.00	06400	INTRAVENOUS THERAPY	7,370	0	311	0	215	64.00
65.00	06500	RESPIRATORY THERAPY	22,602	0	2,949	0	1,408	65.00
66.00	06600	PHYSICAL THERAPY	15,232	0	1,912	0	706	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,844	0	309	0	245	67.00
68.00	06800	SPEECH PATHOLOGY	3,931	0	130	0	103	68.00
69.00	06900	ELECTROCARDIOLOGY	22,111	0	4,382	0	1,865	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,422	0	1,072	0	222	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	423,096	0	3,242	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,352	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,070,544	1,570,183	37,765	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	52,481	0	3,799	73.01
74.00	07400	RENAL DIALYSIS	0	0	148	0	201	74.00
76.00	03330	ENDOSCOPY	2,948	0	722	0	181	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	28,990	0	2,270	0	565	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	1,837	0	21	76.03
76.04	03952	WOUND CARE CENTER	5,896	0	3,186	0	420	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	92,375	0	17,650	0	9,820	76.05
76.06	03953	IMAGING CENTERS	491	0	1,088	0	2,666	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	225	76.07
76.97	07697	CARDIAC REHABILITATION	6,879	0	320	0	137	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	983	0	359	0	86	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
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	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	10,318	0	871	0	163	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	19	0	82	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	17,197	0	1	0	196	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	14	90.08
90.09	09005	MULTIDISCIPLINARY CLINIC	0	0	0	0	0	90.09
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	69,281	71,494	19,355	0	9,478	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		931,120	481,606	3,181,598	1,570,183	119,424	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE	0	0	21	0	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	0	32	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	1,260	0	0	194.05
194.07	07957	LIFECHECK	0	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	2,565	0	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	931,120	481,606	3,185,476	1,570,183	119,424	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 1:46 pm	
Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	17.00	21.00	22.00	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
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE	130,216			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	102,248		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	366,081		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	106,071		9,003,653	0 30.00
31.00 03100	INTENSIVE CARE UNIT	18,836		2,979,147	0 31.00
32.00 03200	CORONARY CARE UNIT	0		0	0 32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	3,261		166,839	0 35.00
43.00 04300	NURSERY	2,048		134,288	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0		5,739,546	0 50.00
51.00 05100	RECOVERY ROOM	0		387,037	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0		578,024	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0		1,651,734	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0		80,547	0 55.00
57.00 05700	CT SCAN	0		748,921	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0		750,302	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0		2,088,330	0 59.00
60.00 06000	LABORATORY	0		500,906	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0		121,391	0 64.00
65.00 06500	RESPIRATORY THERAPY	0		247,371	0 65.00
66.00 06600	PHYSICAL THERAPY	0		1,545,071	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0		153,995	0 67.00
68.00 06800	SPEECH PATHOLOGY	0		64,984	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0		837,005	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0		172,779	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		918,114	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0		500,789	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0		6,119,089	0 73.00
73.01 07301	SPECIALTY PHARMACY	0		1,123,360	0 73.01
74.00 07400	RENAL DIALYSIS	0		35,268	0 74.00
76.00 03330	ENDOSCOPY	0		169,724	0 76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		2,083,523	0 76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0		231,740	0 76.03
76.04 03952	WOUND CARE CENTER	0		181,082	0 76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0		6,086,808	0 76.05
76.06 03953	IMAGING CENTERS	0		1,575,982	0 76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0		296,153	0 76.07
76.97 07697	CARDIAC REHABILITATION	0		368,969	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0		34,722	0 76.98
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0		0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0 89.00
90.00 09000	CLINIC	0		0	0 90.00
90.01 04950	DIABETIC CARE CENTER	0		0	0 90.01
90.02 04951	HEALTHY HEARTS CENTER	0		303,877	0 90.02
90.03 09001	CLINIC	0		0	0 90.03
90.04 04953	SPINE CENTER	0		0	0 90.04
90.05 04954	INFUSION CENTERS	0		223,297	0 90.05
90.06 09002	MEDCHECK CLINICS	0		0	0 90.06
90.07 09003	KNEE CENTER	0		532,951	0 90.07
90.08 09004	PALLIATIVE CARE	0		6,728	0 90.08
90.09 09005	MULTIDISCIPLINARY CLINIC	0		3,790	0 90.09
90.10 09006	WORK SITE CLINICS	0		0	0 90.10
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0		0	0 90.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	17.00	21.00	22.00	24.00	25.00	
91.00 09100 EMERGENCY	0			2,868,093	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0			0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	130,216	0	0	51,615,929	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			0	0	190.00
191.00 19100 RESEARCH	0			0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0			158	0	192.00
194.00 07950 HOME OFFICE	0			0	0	194.00
194.01 07951 CHNW LEASED SPACE	0			0	0	194.01
194.02 07952 ACCOUNTABLE CARE	0			7,865	0	194.02
194.03 07953 SCHOOL BASED CLINICS	0			2,676	0	194.03
194.04 07954 SMO-NON PROVIDER BASED	0			12,551	0	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0			1,527,829	0	194.05
194.07 07957 LIFE CHECK	0			0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0			504,819	0	194.08
194.09 07959 SURGERY CENTER EAST	0			0	0	194.09
200.00 Cross Foot Adjustments		102,248	366,081	468,329	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	130,216	102,248	366,081	54,140,156	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 1:46 pm
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
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	9,003,653	30.00
31.00	03100	INTENSIVE CARE UNIT	2,979,147	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	166,839	35.00
43.00	04300	NURSERY	134,288	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	5,739,546	50.00
51.00	05100	RECOVERY ROOM	387,037	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	578,024	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,651,734	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	80,547	55.00
57.00	05700	CT SCAN	748,921	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	750,302	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,088,330	59.00
60.00	06000	LABORATORY	500,906	60.00
64.00	06400	INTRAVENOUS THERAPY	121,391	64.00
65.00	06500	RESPIRATORY THERAPY	247,371	65.00
66.00	06600	PHYSICAL THERAPY	1,545,071	66.00
67.00	06700	OCCUPATIONAL THERAPY	153,995	67.00
68.00	06800	SPEECH PATHOLOGY	64,984	68.00
69.00	06900	ELECTROCARDIOLOGY	837,005	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	172,779	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	918,114	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	500,789	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,119,089	73.00
73.01	07301	SPECIALTY PHARMACY	1,123,360	73.01
74.00	07400	RENAL DIALYSIS	35,268	74.00
76.00	03330	ENDOSCOPY	169,724	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,083,523	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	231,740	76.03
76.04	03952	WOUND CARE CENTER	181,082	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	6,086,808	76.05
76.06	03953	IMAGING CENTERS	1,575,982	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	296,153	76.07
76.97	07697	CARDIAC REHABILITATION	368,969	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	34,722	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	303,877	90.02
90.03	09001	CLINIC	0	90.03
90.04	04953	SPINE CENTER	0	90.04
90.05	04954	INFUSION CENTERS	223,297	90.05
90.06	09002	MEDCHECK CLINICS	0	90.06
90.07	09003	KNEE CENTER	532,951	90.07
90.08	09004	PALLIATIVE CARE	6,728	90.08
90.09	09005	MULTIDISCIPLINARY CLINIC	3,790	90.09
90.10	09006	WORK SITE CLINICS	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	90.12
91.00	09100	EMERGENCY	2,868,093	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,615,929	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	158	192.00
194.00	07950 HOME OFFICE	0	194.00
194.01	07951 CHNW LEASED SPACE	0	194.01
194.02	07952 ACCOUNTABLE CARE	7,865	194.02
194.03	07953 SCHOOL BASED CLINICS	2,676	194.03
194.04	07954 SMO-NON PROVIDER BASED	12,551	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	1,527,829	194.05
194.07	07957 LI FE CHECK	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	504,819	194.08
194.09	07959 SURGERY CENTER EAST	0	194.09
200.00	Cross Foot Adjustments	468,329	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	54,140,156	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	849,674				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		33,938,335			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,271	24,672	247,997,817		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	38,266	9,799,683	10,500,103	-147,038,136	5.00
7.00 00700	OPERATION OF PLANT	111,447	281,285	2,271,286	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	10,591	32,173	3,911,566	0	9.00
10.00 01000	DIETARY	9,336	31,057	1,028,182	0	10.00
11.00 01100	CAFETERIA	23,306	185,737	2,610,323	0	11.00
13.00 01300	NURSING ADMINISTRATION	8,391	43,500	3,085,191	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	16,836	2,566,628	429,188	0	14.00
15.00 01500	PHARMACY	9,530	1,043,448	9,139,911	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,164	0	136,777	0	16.00
17.00 01700	SOCIAL SERVICE	2,732	158	1,969,349	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,325	4,361,693	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,440	69,182	9,914,498	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	179,241	1,617,470	54,566,145	0	30.00
31.00 03100	INTENSIVE CARE UNIT	47,901	1,033,612	12,907,143	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,682	31,101	1,970,579	0	35.00
43.00 04300	NURSERY	2,096	52,666	482,376	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	88,856	2,415,083	9,565,010	0	50.00
51.00 05100	RECOVERY ROOM	8,217	117,635	772,530	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,030	226,877	2,563,688	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	27,725	729,744	3,313,715	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	162	33,836	849,021	0	55.00
57.00 05700	CT SCAN	1,248	621,950	2,436,183	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	12	725,461	759,179	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	14,600	1,251,937	4,158,963	0	59.00
60.00 06000	LABORATORY	4,522	100,303	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	2,209	9,192	1,359,781	0	64.00
65.00 06500	RESPIRATORY THERAPY	905	88,102	5,250,045	0	65.00
66.00 06600	PHYSICAL THERAPY	9,401	1,136,406	5,152,419	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	3,122	13,649	1,724,757	0	67.00
68.00 06800	SPEECH PATHOLOGY	1,313	5,742	725,657	0	68.00
69.00 06900	ELECTROCARDIOLOGY	2,126	680,922	3,232,172	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	86	145,555	753,635	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 07301	SPECIALTY PHARMACY	0	0	2,006,008	0	73.01
74.00 07400	RENAL DIALYSIS	408	0	10,478	0	74.00
76.00 03330	ENDOSCOPY	0	148,988	561,364	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,768	1,707,955	30,495,752	0	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	157,028	4,177,487	0	76.03
76.04 03952	WOUND CARE CENTER	4,305	5,830	951,803	0	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	86,461	2,741,611	14,867,117	0	76.05
76.06 03953	IMAGING CENTERS	3,054	1,383,401	3,812,405	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	5,405	95,000	120	0	76.07
76.97 07697	CARDIAC REHABILITATION	5,922	165,907	902,990	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	852	1,154	150,513	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
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 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	3,321	171,212	1,916,486	0	90.02
90.03 09001	CLINIC	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	0	0	0	90.04
90.05 04954	INFUSION CENTERS	0	212,886	441,975	0	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07 09003	KNEE CENTER	14,659	15,466	2,114,921	0	90.07
90.08 09004	PALLIATIVE CARE	224	0	0	0	90.08
90.09 09005	MULTISPECIALTY CLINIC	0	3,607	0	0	90.09
90.10 09006	WORK SITE CLINICS	0	0	0	0	90.10
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
91.00 09100 EMERGENCY	66,477	380,594	12,818,121	0	24,665,293	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	843,620	32,307,730	237,128,605	-147,038,136	754,686,597	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	158	0	0	156	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02 07952 ACCOUNTABLE CARE	0	0	402,282	0	549,777	194.02
194.03 07953 SCHOOL BASED CLINICS	0	0	86,408	0	187,859	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	641,916	0	879,775	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0	1,445,361	3,585,896	0	6,862,435	194.05
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	6,054	185,086	6,152,710	0	9,846,514	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	20,570,165	33,569,991	13,743,771		147,038,136	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	24.209479	0.989147	0.055419		0.190214	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			176,222		10,627,184	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000711		0.013748	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: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (ONSITE FTES)	
		7.00	8.00	9.00	10.00	11.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	693,690				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	272,691			8.00
9.00	00900	HOUSEKEEPING	10,591	0	683,099		9.00
10.00	01000	DIETARY	9,336	0	9,336	95,201	10.00
11.00	01100	CAFETERIA	23,306	0	23,306	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,391	0	8,391	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,836	0	16,836	0	14.00
15.00	01500	PHARMACY	9,530	0	9,530	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,164	0	1,164	0	16.00
17.00	01700	SOCIAL SERVICE	2,732	0	2,732	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,440	0	4,440	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	179,241	123,191	179,241	80,402	30.00
31.00	03100	INTENSIVE CARE UNIT	47,901	25,262	47,901	14,799	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,682	0	2,682	0	35.00
43.00	04300	NURSERY	2,096	1,780	2,096	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,856	31,348	88,856	0	50.00
51.00	05100	RECOVERY ROOM	8,217	0	8,217	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,030	7,668	9,030	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,725	20,201	27,725	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	162	0	162	0	55.00
57.00	05700	CT SCAN	1,248	0	1,248	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12	0	12	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,600	3,219	14,600	0	59.00
60.00	06000	LABORATORY	4,522	0	4,522	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,209	0	2,209	0	64.00
65.00	06500	RESPIRATORY THERAPY	905	0	905	0	65.00
66.00	06600	PHYSICAL THERAPY	9,401	0	9,401	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,122	0	3,122	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,313	0	1,313	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,126	0	2,126	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	86	0	86	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	408	0	408	0	74.00
76.00	03330	ENDOSCOPY	0	5,064	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,768	0	4,768	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	4,305	4,662	4,305	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	86,461	0	86,461	0	76.05
76.06	03953	IMAGING CENTERS	3,054	0	3,054	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	5,405	0	5,405	0	76.07
76.97	07697	CARDIAC REHABILITATION	5,922	0	5,922	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	852	0	852	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
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	04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	3,321	29	3,321	0	90.02
90.03	09001	CLINIC	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003	KNEE CENTER	14,659	0	14,659	0	90.07
90.08	09004	PALLIATIVE CARE	224	0	224	0	90.08
90.09	09005	MULTIDISCIPLINARY CLINIC	0	0	0	0	90.09
90.10	09006	WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100	EMERGENCY	66,477	50,267	66,477	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (ONSITE FTES)	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	687,636	272,691	677,045	95,201	1,895	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	0	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	0	0	0	194.05
194.07	07957 LIFE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	6,054	0	6,054	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	29,662,387	1,655,331	8,856,566	3,627,012	6,041,755	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	42.760292	6.070354	12.965274	38.098465	3,188.261214	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,320,547	19,120	438,775	344,043	931,120	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.786788	0.070116	0.642330	3.613859	491.356201	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: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1
Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,969,930					13.00
14.00	01400	0	269,311,796				14.00
15.00	01500	0	410	100			15.00
16.00	01600	0	231	0	3,750,118,044		16.00
17.00	01700	0	878	0	0	102,308	17.00
21.00	02100	0	9,347	0	0	0	21.00
22.00	02200	0	35,077	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,118,299	2,683,010	0	246,869,889	83,338	30.00
31.00	03100	274,338	967,423	0	81,060,801	14,799	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	0	110,972	0	23,088,927	2,562	35.00
43.00	04300	10,953	43,779	0	2,655,630	1,609	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	226,719	19,411,550	0	211,107,348	0	50.00
51.00	05100	0	32,276	0	16,630,375	0	51.00
52.00	05200	47,185	188,595	0	11,440,039	0	52.00
54.00	05400	0	0	0	65,570,562	0	54.00
55.00	05500	0	487,674	0	32,010,423	0	55.00
57.00	05700	0	131,060	0	117,933,509	0	57.00
58.00	05800	0	218	0	18,654,793	0	58.00
59.00	05900	0	21,863,547	0	359,604,353	0	59.00
60.00	06000	0	2,781,263	0	133,633,282	0	60.00
64.00	06400	0	26,307	0	6,720,706	0	64.00
65.00	06500	0	249,323	0	43,985,405	0	65.00
66.00	06600	0	161,654	0	22,068,684	0	66.00
67.00	06700	0	26,114	0	7,647,698	0	67.00
68.00	06800	0	10,987	0	3,218,354	0	68.00
69.00	06900	0	370,516	0	58,267,545	0	69.00
70.00	07000	0	90,636	0	6,924,305	0	70.00
71.00	07100	0	35,770,733	0	101,316,684	0	71.00
72.00	07200	0	0	0	104,735,880	0	72.00
73.00	07300	0	175,049,654	100	1,198,328,206	0	73.00
73.01	07301	0	4,436,983	0	118,729,617	0	73.01
74.00	07400	0	12,546	0	6,283,340	0	74.00
76.00	03330	0	61,046	0	5,659,340	0	76.00
76.01	03550	0	191,939	0	17,642,927	0	76.01
76.03	03951	0	155,332	0	660,562	0	76.03
76.04	03952	0	269,363	0	13,130,226	0	76.04
76.05	03480	0	1,492,256	0	306,873,925	0	76.05
76.06	03953	0	92,012	0	83,316,809	0	76.06
76.07	03954	0	0	0	7,023,002	0	76.07
76.97	07697	0	27,020	0	4,270,325	0	76.97
76.98	07698	0	30,392	0	2,683,830	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	0	73,677	0	5,079,478	0	90.02
90.03	09001	0	0	0	0	0	90.03
90.04	04953	0	0	0	0	0	90.04
90.05	04954	0	1,628	0	2,555,033	0	90.05
90.06	09002	0	0	0	0	0	90.06
90.07	09003	0	113	0	6,131,312	0	90.07
90.08	09004	0	0	0	431,751	0	90.08
90.09	09005	0	0	0	0	0	90.09
90.10	09006	0	0	0	0	0	90.10
90.12	04961	0	0	0	0	0	90.12
91.00	09100	292,436	1,636,368	0	296,173,169	0	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,969,930	268,983,909	100	3,750,118,044	102,308	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	0	1,736	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	2,727	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	20	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	106,559	0	0	0	194.05
194.07	07957 LIFE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	216,845	0	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	15,181,601	13,424,092	17,728,827	7,329,676	3,414,131	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.706670	0.049846	177,288.270000	0.001955	33.371105	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	481,606	3,185,476	1,570,183	119,424	130,216	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.244479	0.011828	15,701.830000	0.000032	1.272784	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: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1
Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	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
5.00 00500	ADMINISTRATIVE & GENERAL			5.00
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
17.00 01700	SOCIAL SERVICE			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	261,400		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		261,400	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	155,700	155,700	30.00
31.00 03100	INTENSIVE CARE UNIT	5,100	5,100	31.00
32.00 03200	CORONARY CARE UNIT	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	5,300	5,300	35.00
43.00 04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	35,000	35,000	50.00
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,100	2,100	59.00
60.00 06000	LABORATORY	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	12,500	12,500	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 PATIENTS	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01 07301	SPECIALTY PHARMACY	0	0	73.01
74.00 07400	RENAL DIALYSIS	0	0	74.00
76.00 03330	ENDOSCOPY	0	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	26,800	26,800	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	76.03
76.04 03952	WOUND CARE CENTER	2,700	2,700	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	3,900	3,900	76.05
76.06 03953	IMAGING CENTERS	0	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0	76.07
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	0	0	90.02
90.03 09001	CLINIC	0	0	90.03
90.04 04953	SPINE CENTER	0	0	90.04
90.05 04954	INFUSION CENTERS	0	0	90.05
90.06 09002	MEDCHECK CLINICS	0	0	90.06
90.07 09003	KNEE CENTER	0	0	90.07
90.08 09004	PALLIATIVE CARE	0	0	90.08
90.09 09005	MULTIDISCIPLINARY CLINIC	0	0	90.09
90.10 09006	WORK SITE CLINICS	0	0	90.10
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00 09100	EMERGENCY	11,700	11,700	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description	INTERNS & RESIDENTS				
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00	
OTHER REIMBURSABLE COST CENTERS					
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00	
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		260,800	260,800	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00	
191.00 19100 RESEARCH	0	0		191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0		192.00	
194.00 07950 HOME OFFICE	0	0		194.00	
194.01 07951 CHNW LEASED SPACE	0	0		194.01	
194.02 07952 ACCOUNTABLE CARE	0	0		194.02	
194.03 07953 SCHOOL BASED CLINICS	0	0		194.03	
194.04 07954 SMO-NON PROVIDER BASED	0	0		194.04	
194.05 07955 FAMILY PRACTICE MEDICINE	600	600		194.05	
194.07 07957 LIFE CHECK	0	0		194.07	
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0		194.08	
194.09 07959 SURGERY CENTER EAST	0	0		194.09	
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)	5,738,755	12,326,219	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	21.953921	47.154625	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	102,248	366,081	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.391155	1.400463	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	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 1:46 pm
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		Title XVIII		Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	120,158,679		120,158,679	61,410	120,220,089
31.00	03100 INTENSIVE CARE UNIT	33,269,857		33,269,857	0	33,269,857
32.00	03200 CORONARY CARE UNIT	0		0	0	0
35.00	02060 NEONATAL INTENSIVE CARE UNIT	3,816,100		3,816,100	0	3,816,100
43.00	04300 NURSERY	1,312,190		1,312,190	0	1,312,190
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	40,022,944		40,022,944	0	40,022,944
51.00	05100 RECOVERY ROOM	2,439,449		2,439,449	0	2,439,449
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,055,041		6,055,041	0	6,055,041
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,748,031		9,748,031	0	9,748,031
55.00	05500 RADIOLOGY-THERAPEUTIC	2,722,108		2,722,108	0	2,722,108
57.00	05700 CT SCAN	6,653,620		6,653,620	0	6,653,620
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,464,369		2,464,369	0	2,464,369
59.00	05900 CARDIAC CATHETERIZATION	13,358,097		13,358,097	0	13,358,097
60.00	06000 LABORATORY	20,606,527		20,606,527	0	20,606,527
64.00	06400 INTRAVENOUS THERAPY	3,472,030		3,472,030	0	3,472,030
65.00	06500 RESPIRATORY THERAPY	9,187,445	0	9,187,445	0	9,187,445
66.00	06600 PHYSICAL THERAPY	11,136,522	0	11,136,522	0	11,136,522
67.00	06700 OCCUPATIONAL THERAPY	3,480,192	0	3,480,192	0	3,480,192
68.00	06800 SPEECH PATHOLOGY	1,465,537	0	1,465,537	0	1,465,537
69.00	06900 ELECTROCARDIOLOGY	6,437,599		6,437,599	0	6,437,599
70.00	07000 ELECTROENCEPHALOGRAPHY	1,783,305		1,783,305	0	1,783,305
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	44,555,929		44,555,929	0	44,555,929
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	43,269,666		43,269,666	0	43,269,666
73.00	07300 DRUGS CHARGED TO PATIENTS	240,104,163		240,104,163	0	240,104,163
73.01	07301 SPECIALTY PHARMACY	92,710,793		92,710,793	0	92,710,793
74.00	07400 RENAL DIALYSIS	2,011,272		2,011,272	0	2,011,272
76.00	03330 ENDOSCOPY	1,600,519		1,600,519	0	1,600,519
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	17,750,294		17,750,294	0	17,750,294
76.03	03951 LUTHERWOOD PARTNERSHIP	6,206,672		6,206,672	0	6,206,672
76.04	03952 WOUND CARE CENTER	3,567,382		3,567,382	0	3,567,382
76.05	03480 ONCOLOGY-CANCER CARE CENTER	65,131,045		65,131,045	0	65,131,045
76.06	03953 IMAGING CENTERS	9,874,463		9,874,463	0	9,874,463
76.07	03954 BREAST DIAGNOSTIC CENTER	3,930,371		3,930,371	0	3,930,371
76.97	07697 CARDIAC REHABILITATION	2,234,020		2,234,020	0	2,234,020
76.98	07698 HYPERBARI C OXYGEN THERAPY	648,879		648,879	0	648,879
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000 CLINIC	0		0	0	0
90.01	04950 DIABETIC CARE CENTER	0		0	0	0
90.02	04951 HEALTHY HEARTS CENTER	2,289,575		2,289,575	0	2,289,575
90.03	09001 CLINIC	0		0	0	0
90.04	04953 SPINE CENTER	15		15	0	15
90.05	04954 INFUSION CENTERS	1,070,428		1,070,428	0	1,070,428
90.06	09002 MEDCHECK CLINICS	0		0	0	0
90.07	09003 KNEE CENTER	6,505,545		6,505,545	0	6,505,545
90.08	09004 PALLIATIVE CARE	19,781		19,781	0	19,781
90.09	09005 MULTI DISCIPLINARY CLINIC	19,215		19,215	0	19,215
90.10	09006 WORK SITE CLINICS	0		0	0	0
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0		0	0	0
91.00	09100 EMERGENCY	36,730,422		36,730,422	0	36,730,422
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,176,583		9,176,583	0	9,176,583
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0		0	0	0
200.00	Subtotal (see instructions)	888,996,674	0	888,996,674	61,410	889,058,084
201.00	Less Observation Beds	9,176,583		9,176,583		9,176,583
202.00	Total (see instructions)	879,820,091	0	879,820,091	61,410	879,881,501

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/25/2023 1:46 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	233,946,010		233,946,010				30.00
31.00	03100	INTENSIVE CARE UNIT	81,060,801		81,060,801				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	23,088,927		23,088,927				35.00
43.00	04300	NURSERY	2,655,630		2,655,630				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	136,549,063	74,558,285	211,107,348	0.189586	0.000000		50.00
51.00	05100	RECOVERY ROOM	7,882,731	8,747,644	16,630,375	0.146686	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,440,039	0	11,440,039	0.529285	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,271,248	51,299,314	65,570,562	0.148665	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,183,624	14,826,799	32,010,423	0.085038	0.000000		55.00
57.00	05700	CT SCAN	32,065,018	85,868,491	117,933,509	0.056418	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,954,283	12,700,510	18,654,793	0.132104	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	126,372,812	233,231,541	359,604,353	0.037147	0.000000		59.00
60.00	06000	LABORATORY	64,262,782	69,370,500	133,633,282	0.154202	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	1,974,566	4,746,140	6,720,706	0.516617	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	40,045,432	3,939,973	43,985,405	0.208875	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,978,507	18,090,177	22,068,684	0.504630	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,492,318	4,155,380	7,647,698	0.455064	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,271,332	1,947,022	3,218,354	0.455368	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	15,830,384	42,437,161	58,267,545	0.110483	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	953,970	5,970,335	6,924,305	0.257543	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,296,985	53,019,699	101,316,684	0.439769	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	63,653,641	41,082,239	104,735,880	0.413131	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,691,972	1,119,636,234	1,198,328,206	0.200366	0.000000		73.00
73.01	07301	SPECIALTY PHARMACY	0	118,729,617	118,729,617	0.780856	0.000000		73.01
74.00	07400	RENAL DIALYSIS	6,283,340	0	6,283,340	0.320096	0.000000		74.00
76.00	03330	ENDOSCOPY	3,059,259	2,600,081	5,659,340	0.282810	0.000000		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	377,248	17,265,679	17,642,927	1.006086	0.000000		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	58	660,504	660,562	9.396048	0.000000		76.03
76.04	03952	WOUND CARE CENTER	813,939	12,316,287	13,130,226	0.271692	0.000000		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,985,201	304,888,724	306,873,925	0.212240	0.000000		76.05
76.06	03953	IMAGING CENTERS	216,743	83,100,066	83,316,809	0.118517	0.000000		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	33,584	6,989,418	7,023,002	0.559643	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	1,433	4,268,892	4,270,325	0.523150	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	2,683,830	2,683,830	0.241774	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	30,920	5,048,558	5,079,478	0.450750	0.000000		90.02
90.03	09001	CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	04953	SPI NE CENTER	0	0	0	0.000000	0.000000		90.04
90.05	04954	INFUSION CENTERS	148	2,554,885	2,555,033	0.418949	0.000000		90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	0.000000		90.06
90.07	09003	KNEE CENTER	4,489	6,126,823	6,131,312	1.061036	0.000000		90.07
90.08	09004	PALLIATIVE CARE	711	431,040	431,751	0.045816	0.000000		90.08
90.09	09005	MULTIDISCIPLINARY CLINIC	0	0	0	0.000000	0.000000		90.09
90.10	09006	WORK SITE CLINICS	0	0	0	0.000000	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0.000000	0.000000		90.12
91.00	09100	EMERGENCY	65,569,687	230,603,482	296,173,169	0.124017	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,922,010	10,001,869	12,923,879	0.710049	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
200.00		Subtotal (see instructions)	1,096,220,845	2,653,897,199	3,750,118,044				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,096,220,845	2,653,897,199	3,750,118,044				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 1:46 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital 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
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.189586		50.00
51.00	05100	RECOVERY ROOM	0.146686		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.529285		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148665		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.085038		55.00
57.00	05700	CT SCAN	0.056418		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.132104		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037147		59.00
60.00	06000	LABORATORY	0.154202		60.00
64.00	06400	INTRAVENOUS THERAPY	0.516617		64.00
65.00	06500	RESPIRATORY THERAPY	0.208875		65.00
66.00	06600	PHYSICAL THERAPY	0.504630		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.455064		67.00
68.00	06800	SPEECH PATHOLOGY	0.455368		68.00
69.00	06900	ELECTROCARDIOLOGY	0.110483		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.257543		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.439769		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.413131		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200366		73.00
73.01	07301	SPECIALTY PHARMACY	0.780856		73.01
74.00	07400	RENAL DIALYSIS	0.320096		74.00
76.00	03330	ENDOSCOPY	0.282810		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.006086		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	9.396048		76.03
76.04	03952	WOUND CARE CENTER	0.271692		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.212240		76.05
76.06	03953	IMAGING CENTERS	0.118517		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.559643		76.07
76.97	07697	CARDIAC REHABILITATION	0.523150		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.241774		76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	0.450750		90.02
90.03	09001	CLINIC	0.000000		90.03
90.04	04953	SPINE CENTER	0.000000		90.04
90.05	04954	INFUSION CENTERS	0.418949		90.05
90.06	09002	MEDCHECK CLINICS	0.000000		90.06
90.07	09003	KNEE CENTER	1.061036		90.07
90.08	09004	PALLIATIVE CARE	0.045816		90.08
90.09	09005	MULTIDISCIPLINARY CLINIC	0.000000		90.09
90.10	09006	WORK SITE CLINICS	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100	EMERGENCY	0.124017		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.710049		92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 1:46 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	130,918,879		130,918,879	61,410	130,980,289	30.00
31.00	03100	INTENSIVE CARE UNIT	33,622,311		33,622,311	0	33,622,311	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,182,376		4,182,376	0	4,182,376	35.00
43.00	04300	NURSERY	1,312,190		1,312,190	0	1,312,190	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,441,743		42,441,743	0	42,441,743	50.00
51.00	05100	RECOVERY ROOM	2,439,449		2,439,449	0	2,439,449	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,055,041		6,055,041	0	6,055,041	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,748,031		9,748,031	0	9,748,031	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,722,108		2,722,108	0	2,722,108	55.00
57.00	05700	CT SCAN	6,653,620		6,653,620	0	6,653,620	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,464,369		2,464,369	0	2,464,369	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,503,225		13,503,225	0	13,503,225	59.00
60.00	06000	LABORATORY	20,606,527		20,606,527	0	20,606,527	60.00
64.00	06400	INTRAVENOUS THERAPY	3,472,030		3,472,030	0	3,472,030	64.00
65.00	06500	RESPIRATORY THERAPY	9,187,445	0	9,187,445	0	9,187,445	65.00
66.00	06600	PHYSICAL THERAPY	12,000,379	0	12,000,379	0	12,000,379	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,480,192	0	3,480,192	0	3,480,192	67.00
68.00	06800	SPEECH PATHOLOGY	1,465,537	0	1,465,537	0	1,465,537	68.00
69.00	06900	ELECTROCARDIOLOGY	6,437,599		6,437,599	0	6,437,599	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,783,305		1,783,305	0	1,783,305	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,555,929		44,555,929	0	44,555,929	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,269,666		43,269,666	0	43,269,666	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	240,104,163		240,104,163	0	240,104,163	73.00
73.01	07301	SPECIALTY PHARMACY	92,710,793		92,710,793	0	92,710,793	73.01
74.00	07400	RENAL DIALYSIS	2,011,272		2,011,272	0	2,011,272	74.00
76.00	03330	ENDOSCOPY	1,600,519		1,600,519	0	1,600,519	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	19,602,403		19,602,403	0	19,602,403	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	6,206,672		6,206,672	0	6,206,672	76.03
76.04	03952	WOUND CARE CENTER	3,753,975		3,753,975	0	3,753,975	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	65,400,568		65,400,568	0	65,400,568	76.05
76.06	03953	IMAGING CENTERS	9,874,463		9,874,463	0	9,874,463	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	3,930,371		3,930,371	0	3,930,371	76.07
76.97	07697	CARDIAC REHABILITATION	2,234,020		2,234,020	0	2,234,020	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	648,879		648,879	0	648,879	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
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	04950	DIABETIC CARE CENTER	0		0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	2,289,575		2,289,575	0	2,289,575	90.02
90.03	09001	CLINIC	0		0	0	0	90.03
90.04	04953	SPI NE CENTER	15		15	0	15	90.04
90.05	04954	INFUSION CENTERS	1,070,428		1,070,428	0	1,070,428	90.05
90.06	09002	MEDCHECK CLINICS	0		0	0	0	90.06
90.07	09003	KNEE CENTER	6,505,545		6,505,545	0	6,505,545	90.07
90.08	09004	PALLIATIVE CARE	19,781		19,781	0	19,781	90.08
90.09	09005	MULTI DISCIPLINARY CLINIC	19,215		19,215	0	19,215	90.09
90.10	09006	WORK SITE CLINICS	0		0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0		0	0	0	90.12
91.00	09100	EMERGENCY	37,538,992		37,538,992	0	37,538,992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,176,583		9,176,583	0	9,176,583	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
200.00		Subtotal (see instructions)	907,020,183	0	907,020,183	61,410	907,081,593	200.00
201.00		Less Observation Beds	9,176,583		9,176,583	0	9,176,583	201.00
202.00		Total (see instructions)	897,843,600	0	897,843,600	61,410	897,905,010	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/25/2023 1:46 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		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	233,946,010		233,946,010				30.00
31.00	03100	INTENSIVE CARE UNIT	81,060,801		81,060,801				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	23,088,927		23,088,927				35.00
43.00	04300	NURSERY	2,655,630		2,655,630				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	136,549,063	74,558,285	211,107,348	0.201043	0.000000		50.00
51.00	05100	RECOVERY ROOM	7,882,731	8,747,644	16,630,375	0.146686	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,440,039	0	11,440,039	0.529285	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,271,248	51,299,314	65,570,562	0.148665	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,183,624	14,826,799	32,010,423	0.085038	0.000000		55.00
57.00	05700	CT SCAN	32,065,018	85,868,491	117,933,509	0.056418	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,954,283	12,700,510	18,654,793	0.132104	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	126,372,812	233,231,541	359,604,353	0.037550	0.000000		59.00
60.00	06000	LABORATORY	64,262,782	69,370,500	133,633,282	0.154202	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	1,974,566	4,746,140	6,720,706	0.516617	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	40,045,432	3,939,973	43,985,405	0.208875	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,978,507	18,090,177	22,068,684	0.543774	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,492,318	4,155,380	7,647,698	0.455064	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,271,332	1,947,022	3,218,354	0.455368	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	15,830,384	42,437,161	58,267,545	0.110483	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	953,970	5,970,335	6,924,305	0.257543	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,296,985	53,019,699	101,316,684	0.439769	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	63,653,641	41,082,239	104,735,880	0.413131	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,691,972	1,119,636,234	1,198,328,206	0.200366	0.000000		73.00
73.01	07301	SPECIALTY PHARMACY	0	118,729,617	118,729,617	0.780856	0.000000		73.01
74.00	07400	RENAL DIALYSIS	6,283,340	0	6,283,340	0.320096	0.000000		74.00
76.00	03330	ENDOSCOPY	3,059,259	2,600,081	5,659,340	0.282810	0.000000		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	377,248	17,265,679	17,642,927	1.111063	0.000000		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	58	660,504	660,562	9.396048	0.000000		76.03
76.04	03952	WOUND CARE CENTER	813,939	12,316,287	13,130,226	0.285903	0.000000		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,985,201	304,888,724	306,873,925	0.213119	0.000000		76.05
76.06	03953	IMAGING CENTERS	216,743	83,100,066	83,316,809	0.118517	0.000000		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	33,584	6,989,418	7,023,002	0.559643	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	1,433	4,268,892	4,270,325	0.523150	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	2,683,830	2,683,830	0.241774	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	30,920	5,048,558	5,079,478	0.450750	0.000000		90.02
90.03	09001	CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	04953	SPI NE CENTER	0	0	0	0.000000	0.000000		90.04
90.05	04954	INFUSION CENTERS	148	2,554,885	2,555,033	0.418949	0.000000		90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	0.000000		90.06
90.07	09003	KNEE CENTER	4,489	6,126,823	6,131,312	1.061036	0.000000		90.07
90.08	09004	PALLIATIVE CARE	711	431,040	431,751	0.045816	0.000000		90.08
90.09	09005	MULTIDISCIPLINARY CLINIC	0	0	0	0.000000	0.000000		90.09
90.10	09006	WORK SITE CLINICS	0	0	0	0.000000	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0.000000	0.000000		90.12
91.00	09100	EMERGENCY	65,569,687	230,603,482	296,173,169	0.126747	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,922,010	10,001,869	12,923,879	0.710049	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
200.00		Subtotal (see instructions)	1,096,220,845	2,653,897,199	3,750,118,044				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,096,220,845	2,653,897,199	3,750,118,044				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 1:46 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
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.201043		50.00
51.00	05100	RECOVERY ROOM	0.146686		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.529285		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148665		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.085038		55.00
57.00	05700	CT SCAN	0.056418		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.132104		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037550		59.00
60.00	06000	LABORATORY	0.154202		60.00
64.00	06400	INTRAVENOUS THERAPY	0.516617		64.00
65.00	06500	RESPIRATORY THERAPY	0.208875		65.00
66.00	06600	PHYSICAL THERAPY	0.543774		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.455064		67.00
68.00	06800	SPEECH PATHOLOGY	0.455368		68.00
69.00	06900	ELECTROCARDIOLOGY	0.110483		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.257543		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.439769		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.413131		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200366		73.00
73.01	07301	SPECIALTY PHARMACY	0.780856		73.01
74.00	07400	RENAL DIALYSIS	0.320096		74.00
76.00	03330	ENDOSCOPY	0.282810		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.111063		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	9.396048		76.03
76.04	03952	WOUND CARE CENTER	0.285903		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.213119		76.05
76.06	03953	IMAGING CENTERS	0.118517		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.559643		76.07
76.97	07697	CARDIAC REHABILITATION	0.523150		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.241774		76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	0.450750		90.02
90.03	09001	CLINIC	0.000000		90.03
90.04	04953	SPINE CENTER	0.000000		90.04
90.05	04954	INFUSION CENTERS	0.418949		90.05
90.06	09002	MEDCHECK CLINICS	0.000000		90.06
90.07	09003	KNEE CENTER	1.061036		90.07
90.08	09004	PALLIATIVE CARE	0.045816		90.08
90.09	09005	MULTIDISCIPLINARY CLINIC	0.000000		90.09
90.10	09006	WORK SITE CLINICS	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100	EMERGENCY	0.126747		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.710049		92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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: 15-0074

Period: From 01/01/2022 To 12/31/2022

Worksheet C Part II Date/Time Prepared: 5/25/2023 1:46 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	42,441,743	5,739,546	36,702,197	0	0	50.00
51.00	05100 RECOVERY ROOM	2,439,449	387,037	2,052,412	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,055,041	578,024	5,477,017	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,748,031	1,651,734	8,096,297	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,722,108	80,547	2,641,561	0	0	55.00
57.00	05700 CT SCAN	6,653,620	748,921	5,904,699	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,464,369	750,302	1,714,067	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	13,503,225	2,088,330	11,414,895	0	0	59.00
60.00	06000 LABORATORY	20,606,527	500,906	20,105,621	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	3,472,030	121,391	3,350,639	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	9,187,445	247,371	8,940,074	0	0	65.00
66.00	06600 PHYSICAL THERAPY	12,000,379	1,545,071	10,455,308	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,480,192	153,995	3,326,197	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	1,465,537	64,984	1,400,553	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	6,437,599	837,005	5,600,594	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,783,305	172,779	1,610,526	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	44,555,929	918,114	43,637,815	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	43,269,666	500,789	42,768,877	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	240,104,163	6,119,089	233,985,074	0	0	73.00
73.01	07301 SPECIALTY PHARMACY	92,710,793	1,123,360	91,587,433	0	0	73.01
74.00	07400 RENAL DIALYSIS	2,011,272	35,268	1,976,004	0	0	74.00
76.00	03330 ENDOSCOPY	1,600,519	169,724	1,430,795	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	19,602,403	2,083,523	17,518,880	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	6,206,672	231,740	5,974,932	0	0	76.03
76.04	03952 WOUND CARE CENTER	3,753,975	181,082	3,572,893	0	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	65,400,568	6,086,808	59,313,760	0	0	76.05
76.06	03953 IMAGING CENTERS	9,874,463	1,575,982	8,298,481	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	3,930,371	296,153	3,634,218	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	2,234,020	368,969	1,865,051	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	648,879	34,722	614,157	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
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	04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	2,289,575	303,877	1,985,698	0	0	90.02
90.03	09001 CLINIC	0	0	0	0	0	90.03
90.04	04953 SPINE CENTER	15	0	15	0	0	90.04
90.05	04954 INFUSION CENTERS	1,070,428	223,297	847,131	0	0	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003 KNEE CENTER	6,505,545	532,951	5,972,594	0	0	90.07
90.08	09004 PALLIATIVE CARE	19,781	6,728	13,053	0	0	90.08
90.09	09005 MULTIDISCIPLINARY CLINIC	19,215	3,790	15,425	0	0	90.09
90.10	09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100 EMERGENCY	37,538,992	2,868,093	34,670,899	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,176,583	687,262	8,489,321	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Subtotal (sum of lines 50 thru 199)	736,984,427	40,019,264	696,965,163	0	0	200.00
201.00	Less Observation Beds	9,176,583	687,262	8,489,321	0	0	201.00
202.00	Total (line 200 minus line 201)	727,807,844	39,332,002	688,475,842	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part II Date/Time Prepared: 5/25/2023 1:46 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	42,441,743	211,107,348	0.201043		50.00
51.00	05100 RECOVERY ROOM	2,439,449	16,630,375	0.146686		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,055,041	11,440,039	0.529285		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,748,031	65,570,562	0.148665		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,722,108	32,010,423	0.085038		55.00
57.00	05700 CT SCAN	6,653,620	117,933,509	0.056418		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,464,369	18,654,793	0.132104		58.00
59.00	05900 CARDIAC CATHETERIZATION	13,503,225	359,604,353	0.037550		59.00
60.00	06000 LABORATORY	20,606,527	133,633,282	0.154202		60.00
64.00	06400 INTRAVENOUS THERAPY	3,472,030	6,720,706	0.516617		64.00
65.00	06500 RESPIRATORY THERAPY	9,187,445	43,985,405	0.208875		65.00
66.00	06600 PHYSICAL THERAPY	12,000,379	22,068,684	0.543774		66.00
67.00	06700 OCCUPATIONAL THERAPY	3,480,192	7,647,698	0.455064		67.00
68.00	06800 SPEECH PATHOLOGY	1,465,537	3,218,354	0.455368		68.00
69.00	06900 ELECTROCARDIOLOGY	6,437,599	58,267,545	0.110483		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,783,305	6,924,305	0.257543		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	44,555,929	101,316,684	0.439769		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	43,269,666	104,735,880	0.413131		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	240,104,163	1,198,328,206	0.200366		73.00
73.01	07301 SPECIALTY PHARMACY	92,710,793	118,729,617	0.780856		73.01
74.00	07400 RENAL DIALYSIS	2,011,272	6,283,340	0.320096		74.00
76.00	03330 ENDOSCOPY	1,600,519	5,659,340	0.282810		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	19,602,403	17,642,927	1.111063		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	6,206,672	660,562	9.396048		76.03
76.04	03952 WOUND CARE CENTER	3,753,975	13,130,226	0.285903		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	65,400,568	306,873,925	0.213119		76.05
76.06	03953 IMAGING CENTERS	9,874,463	83,316,809	0.118517		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	3,930,371	7,023,002	0.559643		76.07
76.97	07697 CARDIAC REHABILITATION	2,234,020	4,270,325	0.523150		76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	648,879	2,683,830	0.241774		76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0.000000		90.01
90.02	04951 HEALTHY HEARTS CENTER	2,289,575	5,079,478	0.450750		90.02
90.03	09001 CLINIC	0	0	0.000000		90.03
90.04	04953 SPINE CENTER	15	0	0.000000		90.04
90.05	04954 INFUSION CENTERS	1,070,428	2,555,033	0.418949		90.05
90.06	09002 MEDCHECK CLINICS	0	0	0.000000		90.06
90.07	09003 KNEE CENTER	6,505,545	6,131,312	1.061036		90.07
90.08	09004 PALLIATIVE CARE	19,781	431,751	0.045816		90.08
90.09	09005 MULTIDISCIPLINARY CLINIC	19,215	0	0.000000		90.09
90.10	09006 WORK SITE CLINICS	0	0	0.000000		90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000		90.12
91.00	09100 EMERGENCY	37,538,992	296,173,169	0.126747		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,176,583	12,923,879	0.710049		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
200.00	Subtotal (sum of lines 50 thru 199)	736,984,427	3,409,366,676			200.00
201.00	Less Observation Beds	9,176,583	0			201.00
202.00	Total (line 200 minus line 201)	727,807,844	3,409,366,676			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/25/2023 1:46 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)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,003,653	0	9,003,653	90,225	99.79	30.00
31.00	INTENSIVE CARE UNIT	2,979,147		2,979,147	14,799	201.31	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	166,839		166,839	2,562	65.12	35.00
43.00	NURSERY	134,288		134,288	1,609	83.46	43.00
200.00	Total (lines 30 through 199)	12,283,927		12,283,927	109,195		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	12,936	1,290,883				
31.00	INTENSIVE CARE UNIT	3,241	652,446				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	16,177	1,943,329				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0074		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/25/2023 1:46 pm	
Title XVIII			Hospital		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	5,739,546	211,107,348	0.027188	36,582,861	994,615	50.00
51.00	05100	RECOVERY ROOM	387,037	16,630,375	0.023273	2,348,752	54,663	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	578,024	11,440,039	0.050526	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,651,734	65,570,562	0.025190	3,547,586	89,364	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	80,547	32,010,423	0.002516	4,689,329	11,798	55.00
57.00	05700	CT SCAN	748,921	117,933,509	0.006350	7,121,177	45,219	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	750,302	18,654,793	0.040220	1,267,745	50,989	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,088,330	359,604,353	0.005807	34,430,647	199,939	59.00
60.00	06000	LABORATORY	500,906	133,633,282	0.003748	14,238,364	53,365	60.00
64.00	06400	INTRAVENOUS THERAPY	121,391	6,720,706	0.018062	341,508	6,168	64.00
65.00	06500	RESPIRATORY THERAPY	247,371	43,985,405	0.005624	8,631,623	48,544	65.00
66.00	06600	PHYSICAL THERAPY	1,545,071	22,068,684	0.070012	1,051,202	73,597	66.00
67.00	06700	OCCUPATIONAL THERAPY	153,995	7,647,698	0.020136	898,741	18,097	67.00
68.00	06800	SPEECH PATHOLOGY	64,984	3,218,354	0.020192	280,374	5,661	68.00
69.00	06900	ELECTROCARDIOLOGY	837,005	58,267,545	0.014365	4,226,129	60,708	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	172,779	6,924,305	0.024953	167,426	4,178	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	918,114	101,316,684	0.009062	11,959,633	108,378	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	500,789	104,735,880	0.004781	22,347,564	106,844	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,119,089	1,198,328,206	0.005106	15,900,260	81,187	73.00
73.01	07301	SPECIALTY PHARMACY	1,123,360	118,729,617	0.009461	0	0	73.01
74.00	07400	RENAL DIALYSIS	35,268	6,283,340	0.005613	1,589,457	8,922	74.00
76.00	03330	ENDOSCOPY	169,724	5,659,340	0.029990	40,587	1,217	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,083,523	17,642,927	0.118094	15,912	1,879	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	231,740	660,562	0.350822	0	0	76.03
76.04	03952	WOUND CARE CENTER	181,082	13,130,226	0.013791	192,141	2,650	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	6,086,808	306,873,925	0.019835	409,240	8,117	76.05
76.06	03953	IMAGING CENTERS	1,575,982	83,316,809	0.018916	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	296,153	7,023,002	0.042169	2,014	85	76.07
76.97	07697	CARDIAC REHABILITATION	368,969	4,270,325	0.086403	1,083	94	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	34,722	2,683,830	0.012937	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
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	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	303,877	5,079,478	0.059824	0	0	90.02
90.03	09001	CLINIC	0	0	0.000000	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0.000000	0	0	90.04
90.05	04954	INFUSION CENTERS	223,297	2,555,033	0.087395	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003	KNEE CENTER	532,951	6,131,312	0.086923	0	0	90.07
90.08	09004	PALLIATIVE CARE	6,728	431,751	0.015583	0	0	90.08
90.09	09005	MULTIDISCIPLINARY CLINIC	3,790	0	0.000000	0	0	90.09
90.10	09006	WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	2,868,093	296,173,169	0.009684	15,154,615	146,757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	687,262	12,923,879	0.053178	916,584	48,742	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	40,019,264	3,409,366,676		188,352,554	2,231,777	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/25/2023 1:46 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	90,225	0.00	12,936	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	14,799	0.00	3,241	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,562	0.00	0	35.00	
43.00	04300	NURSERY	0	0	1,609	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	109,195		16,177	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0074		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/25/2023 1:46 pm		
Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76.05
76.06	03953	IMAGING CENTERS	0	0	0	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
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	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	0	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPI NE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	0	0	0	0	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	0	90.08
90.09	09005	MULTI DISCIPLINARY CLINIC	0	0	0	0	0	90.09
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
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								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 1:46 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	211,107,348	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	16,630,375	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	11,440,039	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	65,570,562	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	32,010,423	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	117,933,509	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,654,793	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	359,604,353	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	133,633,282	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	6,720,706	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	43,985,405	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	22,068,684	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,647,698	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,218,354	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	58,267,545	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	6,924,305	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	101,316,684	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	104,735,880	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1,198,328,206	0.000000	73.00
73.01 07301 SPECIALTY PHARMACY	0	0	0	118,729,617	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	6,283,340	0.000000	74.00
76.00 03330 ENDOSCOPY	0	0	0	5,659,340	0.000000	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	17,642,927	0.000000	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	660,562	0.000000	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	13,130,226	0.000000	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	306,873,925	0.000000	76.05
76.06 03953 IMAGING CENTERS	0	0	0	83,316,809	0.000000	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	7,023,002	0.000000	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,270,325	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	2,683,830	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
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 04950 DIABETIC CARE CENTER	0	0	0	0	0.000000	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	5,079,478	0.000000	90.02
90.03 09001 CLINIC	0	0	0	0	0.000000	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0.000000	90.04
90.05 04954 INFUSION CENTERS	0	0	0	2,555,033	0.000000	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0.000000	90.06
90.07 09003 KNEE CENTER	0	0	0	6,131,312	0.000000	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	431,751	0.000000	90.08
90.09 09005 MULTIDISCIPLINARY CLINIC	0	0	0	0	0.000000	90.09
90.10 09006 WORK SITE CLINICS	0	0	0	0	0.000000	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0.000000	90.12
91.00 09100 EMERGENCY	0	0	0	296,173,169	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	12,923,879	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	0	0	3,409,366,676		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 1:46 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	36,582,861	0	12,302,726	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	2,348,752	0	4,638,704	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,547,586	0	9,324,722	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	4,689,329	0	5,039,708	0	55.00	
57.00	05700 CT SCAN	0.000000	7,121,177	0	10,749,068	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,267,745	0	1,682,116	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	34,430,647	0	64,733,728	0	59.00	
60.00	06000 LABORATORY	0.000000	14,238,364	0	11,783,507	0	60.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	341,508	0	650,071	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	8,631,623	0	327,123	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	1,051,202	0	60,441	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	898,741	0	13,329	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	280,374	0	829	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,226,129	0	9,838,867	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	167,426	0	760,507	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	11,959,633	0	13,102,025	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	22,347,564	0	11,203,436	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	15,900,260	0	330,356,137	0	73.00	
73.01	07301 SPECIALTY PHARMACY	0.000000	0	0	0	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	1,589,457	0	0	0	74.00	
76.00	03330 ENDOSCOPY	0.000000	40,587	0	372,323	0	76.00	
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	15,912	0	307,445	0	76.01	
76.03	03951 LUTHERWOOD PARTNERSHIP	0.000000	0	0	0	0	76.03	
76.04	03952 WOUND CARE CENTER	0.000000	192,141	0	3,653,723	0	76.04	
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.000000	409,240	0	73,456,709	0	76.05	
76.06	03953 IMAGING CENTERS	0.000000	0	0	17,976,230	0	76.06	
76.07	03954 BREAST DIAGNOSTIC CENTER	0.000000	2,014	0	168,596	0	76.07	
76.97	07697 CARDIAC REHABILITATION	0.000000	1,083	0	1,216,679	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
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	04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01	
90.02	04951 HEALTHY HEARTS CENTER	0.000000	0	0	1,311,990	0	90.02	
90.03	09001 CLINIC	0.000000	0	0	0	0	90.03	
90.04	04953 SPINE CENTER	0.000000	0	0	0	0	90.04	
90.05	04954 INFUSION CENTERS	0.000000	0	0	554,208	0	90.05	
90.06	09002 MEDCHECK CLINICS	0.000000	0	0	0	0	90.06	
90.07	09003 KNEE CENTER	0.000000	0	0	627,452	0	90.07	
90.08	09004 PALLIATIVE CARE	0.000000	0	0	0	0	90.08	
90.09	09005 MULTIDISCIPLINARY CLINIC	0.000000	0	0	0	0	90.09	
90.10	09006 WORK SITE CLINICS	0.000000	0	0	0	0	90.10	
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	90.12	
91.00	09100 EMERGENCY	0.000000	15,154,615	0	18,812,581	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	916,584	0	567,072	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00	
200.00	Total (lines 50 through 199)		188,352,554	0	605,592,052	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 1:46 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	0.189586	12,302,726	0	1,930	2,332,425	50.00
51.00	05100	RECOVERY ROOM	0.146686	4,638,704	0	0	680,433	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.529285	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148665	9,324,722	0	0	1,386,260	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.085038	5,039,708	0	0	428,567	55.00
57.00	05700	CT SCAN	0.056418	10,749,068	0	0	606,441	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.132104	1,682,116	0	0	222,214	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037147	64,733,728	0	0	2,404,664	59.00
60.00	06000	LABORATORY	0.154202	11,783,507	573	0	1,817,040	60.00
64.00	06400	INTRAVENOUS THERAPY	0.516617	650,071	0	0	335,838	64.00
65.00	06500	RESPIRATORY THERAPY	0.208875	327,123	0	0	68,328	65.00
66.00	06600	PHYSICAL THERAPY	0.504630	60,441	0	0	30,500	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.455064	13,329	0	0	6,066	67.00
68.00	06800	SPEECH PATHOLOGY	0.455368	829	0	0	378	68.00
69.00	06900	ELECTROCARDIOLOGY	0.110483	9,838,867	0	0	1,087,028	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.257543	760,507	0	0	195,863	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.439769	13,102,025	0	0	5,761,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.413131	11,203,436	0	0	4,628,487	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200366	330,356,137	2,785	243,354	66,192,138	73.00
73.01	07301	SPECIALTY PHARMACY	0.780856	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.320096	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.282810	372,323	0	0	105,297	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.006086	307,445	0	0	309,316	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	9.396048	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	0.271692	3,653,723	0	0	992,687	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.212240	73,456,709	0	2,864	15,590,452	76.05
76.06	03953	IMAGING CENTERS	0.118517	17,976,230	0	0	2,130,489	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.559643	168,596	0	0	94,354	76.07
76.97	07697	CARDIAC REHABILITATION	0.523150	1,216,679	0	0	636,506	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.241774	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.450750	1,311,990	0	0	591,379	90.02
90.03	09001	CLINIC	0.000000	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0.000000	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0.418949	554,208	0	996	232,185	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	0	0	0	90.06
90.07	09003	KNEE CENTER	1.061036	627,452	0	0	665,749	90.07
90.08	09004	PALLIATIVE CARE	0.045816	0	0	0	0	90.08
90.09	09005	MULTIDISCIPLINARY CLINIC	0.000000	0	0	0	0	90.09
90.10	09006	WORK SITE CLINICS	0.000000	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	90.12
91.00	09100	EMERGENCY	0.124017	18,812,581	0	436	2,333,080	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.710049	567,072	0	0	402,649	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		605,592,052	3,358	249,580	112,268,677	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		605,592,052	3,358	249,580	112,268,677	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 1:46 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	366	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	88	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	558	48,760	73.00
73.01	07301 SPECIALTY PHARMACY	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0	0	76.03
76.04	03952 WOUND CARE CENTER	0	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	608	76.05
76.06	03953 IMAGING CENTERS	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0	0	90.02
90.03	09001 CLINIC	0	0	90.03
90.04	04953 SPINE CENTER	0	0	90.04
90.05	04954 INFUSION CENTERS	0	417	90.05
90.06	09002 MEDCHECK CLINICS	0	0	90.06
90.07	09003 KNEE CENTER	0	0	90.07
90.08	09004 PALLIATIVE CARE	0	0	90.08
90.09	09005 MULTIDISCIPLINARY CLINIC	0	0	90.09
90.10	09006 WORK SITE CLINICS	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100 EMERGENCY	0	54	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	646	50,205	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	646	50,205	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/25/2023 1:46 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	9,003,653	0	9,003,653	90,225	99.79	30.00	
31.00	INTENSIVE CARE UNIT	2,979,147		2,979,147	14,799	201.31	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
35.00	NEONATAL INTENSIVE CARE UNIT	166,839		166,839	2,562	65.12	35.00	
43.00	NURSERY	134,288		134,288	1,609	83.46	43.00	
200.00	Total (lines 30 through 199)	12,283,927		12,283,927	109,195		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	5,844	583,173					30.00
31.00	INTENSIVE CARE UNIT	808	162,658					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
35.00	NEONATAL INTENSIVE CARE UNIT	324	21,099					35.00
43.00	NURSERY	1,323	110,418					43.00
200.00	Total (lines 30 through 199)	8,299	877,348					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet D
Part II
Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,739,546	211,107,348	0.027188	3,051,024	82,951	50.00
51.00	05100 RECOVERY ROOM	387,037	16,630,375	0.023273	357,535	8,321	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	578,024	11,440,039	0.050526	683,328	34,526	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,651,734	65,570,562	0.025190	659,874	16,622	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	80,547	32,010,423	0.002516	927,215	2,333	55.00
57.00	05700 CT SCAN	748,921	117,933,509	0.006350	1,850,917	11,753	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	750,302	18,654,793	0.040220	334,317	13,446	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,088,330	359,604,353	0.005807	2,504,317	14,543	59.00
60.00	06000 LABORATORY	500,906	133,633,282	0.003748	3,696,710	13,855	60.00
64.00	06400 INTRAVENOUS THERAPY	121,391	6,720,706	0.018062	109,411	1,976	64.00
65.00	06500 RESPIRATORY THERAPY	247,371	43,985,405	0.005624	2,137,876	12,023	65.00
66.00	06600 PHYSICAL THERAPY	1,545,071	22,068,684	0.070012	176,189	12,335	66.00
67.00	06700 OCCUPATIONAL THERAPY	153,995	7,647,698	0.020136	169,757	3,418	67.00
68.00	06800 SPEECH PATHOLOGY	64,984	3,218,354	0.020192	89,679	1,811	68.00
69.00	06900 ELECTROCARDIOLOGY	837,005	58,267,545	0.014365	583,120	8,377	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	172,779	6,924,305	0.024953	54,462	1,359	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	918,114	101,316,684	0.009062	1,881,684	17,052	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	500,789	104,735,880	0.004781	837,981	4,006	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,119,089	1,198,328,206	0.005106	4,518,973	23,074	73.00
73.01	07301 SPECIALTY PHARMACY	1,123,360	118,729,617	0.009461	0	0	73.01
74.00	07400 RENAL DIALYSIS	35,268	6,283,340	0.005613	330,832	1,857	74.00
76.00	03330 ENDOSCOPY	169,724	5,659,340	0.029990	172,741	5,181	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,083,523	17,642,927	0.118094	29,805	3,520	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	231,740	660,562	0.350822	0	0	76.03
76.04	03952 WOUND CARE CENTER	181,082	13,130,226	0.013791	52,302	721	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	6,086,808	306,873,925	0.019835	57,523	1,141	76.05
76.06	03953 IMAGING CENTERS	1,575,982	83,316,809	0.018916	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	296,153	7,023,002	0.042169	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	368,969	4,270,325	0.086403	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	34,722	2,683,830	0.012937	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
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	04950 DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	303,877	5,079,478	0.059824	1,292	77	90.02
90.03	09001 CLINIC	0	0	0.000000	0	0	90.03
90.04	04953 SPINE CENTER	0	0	0.000000	0	0	90.04
90.05	04954 INFUSION CENTERS	223,297	2,555,033	0.087395	0	0	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003 KNEE CENTER	532,951	6,131,312	0.086923	0	0	90.07
90.08	09004 PALLIATIVE CARE	6,728	431,751	0.015583	224	3	90.08
90.09	09005 MULTIDISCIPLINARY CLINIC	3,790	0	0.000000	0	0	90.09
90.10	09006 WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100 EMERGENCY	2,868,093	296,173,169	0.009684	3,747,500	36,291	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	687,262	12,923,879	0.053178	237,057	12,606	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50 through 199)	40,019,264	3,409,366,676		29,253,645	345,178	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/25/2023 1:46 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	90,225	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT		0	14,799	0.00	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0.00	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	2,562	0.00	35.00
43.00	04300	NURSERY		0	1,609	0.00	43.00
200.00		Total (lines 30 through 199)		0	109,195		200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
32.00	03200	CORONARY CARE UNIT	0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0				35.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0074		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/25/2023 1:46 pm		
Cost Center Description			Title XIX			Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
			1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	0	0	0	0	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	0	76.05
76.06	03953	IMAGING CENTERS	0	0	0	0	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
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	04950	DIABETIC CARE CENTER	0	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	0	0	90.02
90.03	09001	CLINIC	0	0	0	0	0	0	90.03
90.04	04953	SPI NE CENTER	0	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	0	0	0	0	0	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	0	0	90.08
90.09	09005	MULTI DISCIPLINARY CLINIC	0	0	0	0	0	0	90.09
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	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									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 1:46 pm
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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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	211,107,348	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	16,630,375	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	11,440,039	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	65,570,562	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	32,010,423	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	117,933,509	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,654,793	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	359,604,353	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	133,633,282	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	6,720,706	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	43,985,405	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	22,068,684	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,647,698	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,218,354	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	58,267,545	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	6,924,305	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	101,316,684	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	104,735,880	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1,198,328,206	0.000000	73.00
73.01 07301 SPECIALTY PHARMACY	0	0	0	118,729,617	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	6,283,340	0.000000	74.00
76.00 03330 ENDOSCOPY	0	0	0	5,659,340	0.000000	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	17,642,927	0.000000	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	660,562	0.000000	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	13,130,226	0.000000	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	306,873,925	0.000000	76.05
76.06 03953 IMAGING CENTERS	0	0	0	83,316,809	0.000000	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	7,023,002	0.000000	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,270,325	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	2,683,830	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
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 04950 DIABETIC CARE CENTER	0	0	0	0	0.000000	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	5,079,478	0.000000	90.02
90.03 09001 CLINIC	0	0	0	0	0.000000	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0.000000	90.04
90.05 04954 INFUSION CENTERS	0	0	0	2,555,033	0.000000	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0.000000	90.06
90.07 09003 KNEE CENTER	0	0	0	6,131,312	0.000000	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	431,751	0.000000	90.08
90.09 09005 MULTIDISCIPLINARY CLINIC	0	0	0	0	0.000000	90.09
90.10 09006 WORK SITE CLINICS	0	0	0	0	0.000000	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0.000000	90.12
91.00 09100 EMERGENCY	0	0	0	296,173,169	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	12,923,879	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	0	0	3,409,366,676		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 1:46 pm
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Cost Center Description		Title XIX				Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
		9.00	10.00	11.00	12.00			13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000 OPERATING ROOM	0.000000	3,051,024	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	357,535	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	683,328	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	659,874	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	927,215	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	1,850,917	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	334,317	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,504,317	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	3,696,710	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	109,411	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,137,876	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	176,189	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	169,757	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	89,679	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	583,120	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	54,462	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,881,684	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	837,981	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	4,518,973	0	0	0	0	0	73.00
73.01	07301 SPECIALTY PHARMACY	0.000000	0	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	330,832	0	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.000000	172,741	0	0	0	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	29,805	0	0	0	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0.000000	0	0	0	0	0	0	76.03
76.04	03952 WOUND CARE CENTER	0.000000	52,302	0	0	0	0	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.000000	57,523	0	0	0	0	0	76.05
76.06	03953 IMAGING CENTERS	0.000000	0	0	0	0	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.000000	0	0	0	0	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0.000000	1,292	0	0	0	0	0	90.02
90.03	09001 CLINIC	0.000000	0	0	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0.000000	0	0	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	0.000000	0	0	0	0	0	0	90.05
90.06	09002 MEDCHECK CLINICS	0.000000	0	0	0	0	0	0	90.06
90.07	09003 KNEE CENTER	0.000000	0	0	0	0	0	0	90.07
90.08	09004 PALLIATIVE CARE	0.000000	224	0	0	0	0	0	90.08
90.09	09005 MULTIDISCIPLINARY CLINIC	0.000000	0	0	0	0	0	0	90.09
90.10	09006 WORK SITE CLINICS	0.000000	0	0	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	0	0	90.12
91.00	09100 EMERGENCY	0.000000	3,747,500	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	237,057	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		29,253,645	0	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 1:46 pm
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		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	0.201043	0	0	2,058,282	0	50.00
51.00	05100 RECOVERY ROOM	0.146686	0	0	413,445	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.529285	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148665	0	0	1,671,809	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.085038	0	0	480,608	0	55.00
57.00	05700 CT SCAN	0.056418	0	0	4,559,328	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.132104	0	0	401,687	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.037550	0	0	2,114,251	0	59.00
60.00	06000 LABORATORY	0.154202	0	0	2,671,762	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.516617	0	0	229,219	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.208875	0	0	218,557	0	65.00
66.00	06600 PHYSICAL THERAPY	0.543774	0	0	269,932	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.455064	0	0	126,880	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.455368	0	0	82,269	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.110483	0	0	462,602	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.257543	0	0	126,672	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.439769	0	0	636,250	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.413131	0	0	786,767	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.200366	0	0	24,991,753	0	73.00
73.01	07301 SPECIALTY PHARMACY	0.780856	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.320096	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.282810	0	0	67,128	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.111063	0	0	285,641	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	9.396048	0	0	75,664	0	76.03
76.04	03952 WOUND CARE CENTER	0.285903	0	0	510,855	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.213119	0	0	6,687,660	0	76.05
76.06	03953 IMAGING CENTERS	0.118517	0	0	933,260	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.559643	0	0	83,554	0	76.07
76.97	07697 CARDIAC REHABILITATION	0.523150	0	0	4,453	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.241774	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC						88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0.450750	0	0	71,489	0	90.02
90.03	09001 CLINIC	0.000000	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0.000000	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	0.418949	0	0	3,243	0	90.05
90.06	09002 MEDCHECK CLINICS	0.000000	0	0	0	0	90.06
90.07	09003 KNEE CENTER	1.061036	0	0	28,307	0	90.07
90.08	09004 PALLIATIVE CARE	0.045816	0	0	16,601	0	90.08
90.09	09005 MULTIDISCIPLINARY CLINIC	0.000000	0	0	0	0	90.09
90.10	09006 WORK SITE CLINICS	0.000000	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	90.12
91.00	09100 EMERGENCY	0.126747	0	0	15,609,466	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.710049	0	0	517,531	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		0	0	67,196,925	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 - line 201)		0	0	67,196,925	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 1:46 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	413,803		50.00
51.00 05100 RECOVERY ROOM	0	60,647		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	248,539		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	40,870		55.00
57.00 05700 CT SCAN	0	257,228		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	53,064		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	79,390		59.00
60.00 06000 LABORATORY	0	411,991		60.00
64.00 06400 INTRAVENOUS THERAPY	0	118,418		64.00
65.00 06500 RESPIRATORY THERAPY	0	45,651		65.00
66.00 06600 PHYSICAL THERAPY	0	146,782		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	57,739		67.00
68.00 06800 SPEECH PATHOLOGY	0	37,463		68.00
69.00 06900 ELECTROCARDIOLOGY	0	51,110		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	32,623		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	279,803		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	325,038		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,007,498		73.00
73.01 07301 SPECIALTY PHARMACY	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	18,984		76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	317,365		76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	710,943		76.03
76.04 03952 WOUND CARE CENTER	0	146,055		76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	1,425,267		76.05
76.06 03953 IMAGING CENTERS	0	110,607		76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	46,760		76.07
76.97 07697 CARDIAC REHABILITATION	0	2,330		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 04950 DIABETIC CARE CENTER	0	0		90.01
90.02 04951 HEALTHY HEARTS CENTER	0	32,224		90.02
90.03 09001 CLINIC	0	0		90.03
90.04 04953 SPINE CENTER	0	0		90.04
90.05 04954 INFUSION CENTERS	0	1,359		90.05
90.06 09002 MEDCHECK CLINICS	0	0		90.06
90.07 09003 KNEE CENTER	0	30,035		90.07
90.08 09004 PALLIATIVE CARE	0	761		90.08
90.09 09005 MULTIDISCIPLINARY CLINIC	0	0		90.09
90.10 09006 WORK SITE CLINICS	0	0		90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		90.12
91.00 09100 EMERGENCY	0	1,978,453		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	367,472		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	0	12,856,272		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	12,856,272		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2023 1:46 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		90,225	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		90,225	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)		83,338	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)		12,936	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)		120,220,089	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)		120,220,089	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)		120,220,089	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)		1,332.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,236,573	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)		17,236,573	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 1:46 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	33,269,857	14,799	2,248.12	3,241	7,286,157	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	3,816,100	2,562	1,489.50	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				36,691,723		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)				61,214,453		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				1,943,329		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				2,231,777		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				4,175,106		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				57,039,347		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
55.01	Permanent adjustment amount per discharge				0.00		55.01
55.02	Adjustment amount per discharge (contractor use only)				0.00		55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)				0.00		59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)				0.00		60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				6,887		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,332.45		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				9,176,583		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/25/2023 1:46 pm	
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	9,003,653	120,220,089	0.074893	9,176,583	687,262	90.00
91.00	Nursing Program cost	0	120,220,089	0.000000	9,176,583	0	91.00
92.00	Allied health cost	0	120,220,089	0.000000	9,176,583	0	92.00
93.00	All other Medical Education	0	120,220,089	0.000000	9,176,583	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 1:46 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)		90,225	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		90,225	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)		83,338	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)		5,844	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)		1,609	15.00
16.00	Nursery days (title V or XIX only)		1,323	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)		130,980,289	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)		130,980,289	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)		130,980,289	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)		1,451.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,483,793	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)		8,483,793	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 1:46 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,312,190	1,609	815.53	1,323	1,078,946	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	33,622,311	14,799	2,271.93	808	1,835,719	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,182,376	2,562	1,632.47	324	528,920	47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,750,668	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)					17,678,046	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)					877,348	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					345,178	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,222,526	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					16,455,520	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					6,887	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,451.71	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,997,927	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/25/2023 1:46 pm	
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	9,003,653	130,980,289	0.068741	9,997,927	687,267	90.00
91.00	Nursing Program cost	0	130,980,289	0.000000	9,997,927	0	91.00
92.00	Allied health cost	0	130,980,289	0.000000	9,997,927	0	92.00
93.00	All other Medical Education	0	130,980,289	0.000000	9,997,927	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/25/2023 1:46 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		33,565,783	30.00
31.00	03100	INTENSIVE CARE UNIT		17,222,770	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.189586	36,582,861	50.00
51.00	05100	RECOVERY ROOM	0.146686	2,348,752	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.529285	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148665	3,547,586	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.085038	4,689,329	55.00
57.00	05700	CT SCAN	0.056418	7,121,177	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.132104	1,267,745	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037147	34,430,647	59.00
60.00	06000	LABORATORY	0.154202	14,238,364	60.00
64.00	06400	INTRAVENOUS THERAPY	0.516617	341,508	64.00
65.00	06500	RESPIRATORY THERAPY	0.208875	8,631,623	65.00
66.00	06600	PHYSICAL THERAPY	0.504630	1,051,202	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.455064	898,741	67.00
68.00	06800	SPEECH PATHOLOGY	0.455368	280,374	68.00
69.00	06900	ELECTROCARDIOLOGY	0.110483	4,226,129	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.257543	167,426	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.439769	11,959,633	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.413131	22,347,564	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200366	15,900,260	73.00
73.01	07301	SPECIALTY PHARMACY	0.780856	0	73.01
74.00	07400	RENAL DIALYSIS	0.320096	1,589,457	74.00
76.00	03330	ENDOSCOPY	0.282810	40,587	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.006086	15,912	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	9.396048	0	76.03
76.04	03952	WOUND CARE CENTER	0.271692	192,141	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.212240	409,240	76.05
76.06	03953	IMAGING CENTERS	0.118517	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.559643	2,014	76.07
76.97	07697	CARDIAC REHABILITATION	0.523150	1,083	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.241774	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.450750	0	90.02
90.03	09001	CLINIC	0.000000	0	90.03
90.04	04953	SPINE CENTER	0.000000	0	90.04
90.05	04954	INFUSION CENTERS	0.418949	0	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	90.06
90.07	09003	KNEE CENTER	1.061036	0	90.07
90.08	09004	PALLIATIVE CARE	0.045816	0	90.08
90.09	09005	MULTIDISCIPLINARY CLINIC	0.000000	0	90.09
90.10	09006	WORK SITE CLINICS	0.000000	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	90.12
91.00	09100	EMERGENCY	0.124017	15,154,615	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.710049	916,584	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		188,352,554	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)		188,352,554	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/25/2023 1:46 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		15,490,901	30.00
31.00	03100	INTENSIVE CARE UNIT		4,008,406	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,061,300	35.00
43.00	04300	NURSERY		2,265,110	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.201043	3,051,024	50.00
51.00	05100	RECOVERY ROOM	0.146686	357,535	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.529285	683,328	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148665	659,874	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.085038	927,215	55.00
57.00	05700	CT SCAN	0.056418	1,850,917	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.132104	334,317	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037550	2,504,317	59.00
60.00	06000	LABORATORY	0.154202	3,696,710	60.00
64.00	06400	INTRAVENOUS THERAPY	0.516617	109,411	64.00
65.00	06500	RESPIRATORY THERAPY	0.208875	2,137,876	65.00
66.00	06600	PHYSICAL THERAPY	0.543774	176,189	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.455064	169,757	67.00
68.00	06800	SPEECH PATHOLOGY	0.455368	89,679	68.00
69.00	06900	ELECTROCARDIOLOGY	0.110483	583,120	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.257543	54,462	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.439769	1,881,684	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.413131	837,981	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200366	4,518,973	73.00
73.01	07301	SPECIALTY PHARMACY	0.780856	0	73.01
74.00	07400	RENAL DIALYSIS	0.320096	330,832	74.00
76.00	03330	ENDOSCOPY	0.282810	172,741	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.111063	29,805	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	9.396048	0	76.03
76.04	03952	WOUND CARE CENTER	0.285903	52,302	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.213119	57,523	76.05
76.06	03953	IMAGING CENTERS	0.118517	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.559643	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.523150	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.241774	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.450750	1,292	90.02
90.03	09001	CLINIC	0.000000	0	90.03
90.04	04953	SPINE CENTER	0.000000	0	90.04
90.05	04954	INFUSION CENTERS	0.418949	0	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	90.06
90.07	09003	KNEE CENTER	1.061036	0	90.07
90.08	09004	PALLIATIVE CARE	0.045816	224	90.08
90.09	09005	MULTIDISCIPLINARY CLINIC	0.000000	0	90.09
90.10	09006	WORK SITE CLINICS	0.000000	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	90.12
91.00	09100	EMERGENCY	0.126747	3,747,500	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.710049	237,057	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		29,253,645	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)		29,253,645	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 1:46 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)		32,611,427	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,808,621	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)		940,520	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		161,627	2.04
3.00	Managed Care Simulated Payments		54,928,385	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		367.88	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)		32.51	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)		2.69	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).		-11.78	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.		12.01	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)		30.05	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		47.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.90	11.00
12.00	Current year allowable FTE (see instructions)		32.95	12.00
13.00	Total allowable FTE count for the prior year.		31.81	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.		31.84	14.00
15.00	Sum of lines 12 through 14 divided by 3.		32.20	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		32.20	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.087529	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.091350	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.087529	21.00
22.00	IME payment adjustment (see instructions)		2,026,197	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,563,233	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		16.95	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,026,197	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,563,233	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.61	30.00
31.00	Percentage of Medicaid patient days (see instructions)		42.49	31.00
32.00	Sum of lines 30 and 31		52.10	32.00
33.00	Allowable disproportionate share percentage (see instructions)		32.20	33.00
34.00	Disproportionate share adjustment (see instructions)		3,495,314	34.00

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		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.000434222	0.000611991	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	3,122,927	4,207,070	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	2,335,778	1,060,413	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	3,396,191		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)			46.00
47.00	Subtotal (see instructions)	53,439,897		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)		56,003,130	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,588,686	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).		336,802	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		211,140	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		60,139,758	59.00
60.00	Primary payer payments		24,059	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		60,115,699	61.00
62.00	Deductibles billed to program beneficiaries		3,770,492	62.00
63.00	Coinurance billed to program beneficiaries		61,073	63.00
64.00	Allowable bad debts (see instructions)		302,968	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		196,929	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		152,679	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		56,481,063	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		38,196	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	MSP PASS THRU RECONCILIATION		-26	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		0	70.93
70.94	HRR adjustment amount (see instructions)		-437,274	70.94
70.95	Recovery of accelerated depreciation		0	70.95

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		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)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			56,005,567	71.00
71.01	Sequestration adjustment (see instructions)			705,670	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs				71.03
72.00	Interim payments			54,731,089	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)			568,808	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			3,297,073	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
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. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

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		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		50,851	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		112,268,677	2.00
3.00	OPPS payments		100,597,602	3.00
4.00	Outlier payment (see instructions)		662,983	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		50,851	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		252,938	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)		252,938	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)		252,938	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		202,087	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)		50,851	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)		101,260,585	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)		15,523,980	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)		85,787,456	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		618,150	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)		86,405,606	30.00
31.00	Primary payer payments		13,594	31.00
32.00	Subtotal (line 30 minus line 31)		86,392,012	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		532,324	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		346,011	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		302,511	36.00
37.00	Subtotal (see instructions)		86,738,023	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-281	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		27,332	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		86,738,304	40.00
40.01	Sequestration adjustment (see instructions)		1,092,903	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs		0	40.03
41.00	Interim payments		85,678,668	41.00
41.01	Interim payments-PARHM or CHART		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-33,267	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		23,248	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

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		Title XVIII	Hospital PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0074		Period: From 01/01/2022 To 12/31/2022		Worksheet E-1 Part I Date/Time Prepared: 5/25/2023 1:46 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		54,731,089		85,678,668	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)		54,731,089		85,678,668	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		568,808		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		33,267	6.02	
7.00	Total Medicare program liability (see instructions)		55,299,897		85,645,401	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: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/25/2023 1:46 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 IPPS & 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/25/2023 1:46 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.			26.92	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			2.82	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))			-11.78	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			10.93	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)			23.25	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			47.00	6.00
7.00	Enter the lesser of line 5 or line 6			23.25	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.	34.38	11.61	45.99	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.	17.01	5.74	22.75	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.90		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		2.90		10.01
11.00	Total weighted FTE count	17.01	8.64		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.39	8.40		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.35	8.69		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.58	8.58		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	16.58	8.58		17.00
18.00	Per resident amount	100,720.97	101,673.60		18.00
18.01	Per resident amount under §131 of the CAA 2021				18.01
19.00	Approved amount for resident costs	1,669,954	872,359	2,542,313	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			23.75	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,542,313	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/25/2023 1:46 pm
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		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)	16,177	22,568		26.00
27.00	Total Inpatient Days (see instructions)	101,190	101,190		27.00
28.00	Ratio of inpatient days to total inpatient days	0.159868	0.223026		28.00
29.00	Program direct GME amount	406,434	567,002	973,436	29.00
29.01	Percent reduction for MA DGME		3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		18,484	18,484	30.00
31.00	Net Program direct GME amount			954,952	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)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			6,283,340	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			61,214,453	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			24,059	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			61,190,394	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			112,319,528	42.00
43.00	Primary payer payments (see instructions)			13,594	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			112,305,934	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			173,496,328	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.352690	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.647310	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			954,952	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			336,802	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			618,150	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/25/2023 1:46 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. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet G

Date/Time Prepared:
5/25/2023 1:46 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	10,580	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	174,021	0	0	0	3.00
4.00	Accounts receivable	594,225,896	0	0	0	4.00
5.00	Other receivable	68,770,087	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	959,700	0	0	0	6.00
7.00	Inventory	23,244,606	0	0	0	7.00
8.00	Prepaid expenses	11,659,603	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	699,044,493	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,743,049	0	0	0	12.00
13.00	Land improvements	4,474,419	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	546,771,737	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	14,326,625	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	229,722,898	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	337,264	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-430,832,600	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	58,900	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	367,602,292	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	210,211,774	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	210,211,774	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,276,858,559	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	-2,811,982	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	9,295,295	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	6,483,313	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	11,961,268	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	11,961,268	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	18,444,581	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,258,413,978	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)	1,258,413,978	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,276,858,559	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet G-1

Date/Time Prepared:
5/25/2023 1:46 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		1,012,580,107		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		245,833,869			2.00
3.00	Total (sum of line 1 and line 2)		1,258,413,976		0	3.00
4.00	ROUNDING	1		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,258,413,977		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,258,413,977		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	ROUNDING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0074

Period:
From 01/01/2022
To 12/31/2022

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2023 1:46 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	87,864,235		87,864,235	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	87,864,235		87,864,235	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,967,789		22,967,789	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	23,533,151		23,533,151	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	46,500,940		46,500,940	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	134,365,175		134,365,175	17.00
18.00	Ancillary services	944,335,731	2,800,978,152	3,745,313,883	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	MISC REVENUE	0	25,824,549	25,824,549	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,078,700,906	2,826,802,701	3,905,503,607	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,033,676,184		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,033,676,184		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet G-3 Date/Time Prepared: 5/25/2023 1:46 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,905,503,607	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,669,600,213	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,235,903,394	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,033,676,184	4.00
5.00	Net income from service to patients (line 3 minus line 4)	202,227,210	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	4,718,207	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	24,071	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,361,071	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	8,738	21.00
22.00	Rental of hospital space	624,860	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REV	17,971,144	24.00
24.50	COVID-19 PHE Funding	17,898,571	24.50
25.00	Total other income (sum of lines 6-24)	43,606,662	25.00
26.00	Total (line 5 plus line 25)	245,833,872	26.00
27.00	ROUNDING	3	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	245,833,869	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/25/2023 1:46 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,308,197	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		171,318	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)		279.65	3.00
4.00	Number of interns & residents (see instructions)		32.20	4.00
5.00	Indirect medical education percentage (see instructions)		3.30	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)		109,171	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		3,588,686	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