

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet S Parts I-III Date/Time Prepared: 2/27/2023 8:09 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/27/2023 Time: 8:09 am
Contractor use only	5. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DEACONESS HOSPITAL (15-0082) for the cost reporting period beginning 10/01/2021 and ending 09/30/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Cheryl Wathen	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 Cheryl Wathen			2
3	Signatory Title SVP & CFO			3
4	Date (Dated when report is electronic)			4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	422,962	58,166	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	422,962	58,166	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet S-2 Part I Date/Time Prepared: 2/27/2023 8:09 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47747-		County: VANDERBURGH		1.00
1.00	Street: 600 MARY STREET	2.00		3.00		4.00		5.00		2.00
2.00	City: EVANSVILLE	3.00		4.00		5.00		6.00		7.00

	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	9.00	10.00

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	DEACONESS HOSPITAL	150082	21780	1	06/02/1966	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)					10/01/2021	09/30/2022	20.00		
21.00	Type of Control (see instructions)					2		21.00		
						1.00	2.00	3.00		

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N	N			22.03
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.04
23.00	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N	N			22.04
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082			Period: From 10/01/2021 To 09/30/2022		Worksheet S-2 Part I Date/Time Prepared: 2/27/2023 8:09 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,816	1,714	874	711	25,137	156		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.					2			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.					2			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	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
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet S-2 Part I Date/Time Prepared: 2/27/2023 8:09 am		
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	2	60.02	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet S-2
Part I
Date/Time Prepared:
2/27/2023 8:09 am

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

64.00	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. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	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 PRACTICE	1350	2.30	16.16	0.124594	65.00
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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	

66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.33	0.000000	66.00
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	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 MEDICINE	1350	2.18	19.42	0.100926	67.00
67.01		FAMILY MEDICINE	1351	0.55	1.04	0.345912	67.01

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		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		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0		76.00
					1.00	
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N			81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N		87.00
					V	XIX
					1.00	2.00
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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. I, 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. I 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet S-2 Part I Date/Time Prepared: 2/27/2023 8:09 am
			V 1.00	XIX 2.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N	
		Physical 1.00	Occupational 2.00	Speech 3.00
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.			Respiratory 4.00
				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	
			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	
			1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N	
			1.00	2.00
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0
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
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,696,092	309,626	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	N
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
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082		Period: From 10/01/2021 To 09/30/2022		Worksheet S-2 Part I Date/Time Prepared: 2/27/2023 8:09 am	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0778		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: DEACONESS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 08001		141.00	
142.00	Street: 600 MARY STREET	PO Box:				142.00	
143.00	City: EVANSVILLE	State: IN		Zip Code: 47710		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			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	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						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	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet S-2 Part I Date/Time Prepared: 2/27/2023 8:09 am
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082		Period: From 10/01/2021 To 09/30/2022		Worksheet S-2 Part II Date/Time Prepared: 2/27/2023 8:09 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	Y	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.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y				12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N				13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N				14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		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	02/14/2023	Y	02/14/2023		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: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet S-2 Part II Date/Time Prepared: 2/27/2023 8:09 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
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	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		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.	ERIC		HENDERSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	DEACONESS HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-450-6856		ERIC.HENDERSON@DEACONESS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet S-2
Part II
Date/Time Prepared:
2/27/2023 8:09 am

		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.	MANAGER 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: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2023 8:09 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	441	161,027	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		441	161,027	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	88	32,120	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		545	198,987	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		545				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2023 8:09 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	44,152	5,684	127,395			1.00
2.00 HMO and other (see instructions)	38,951	25,301				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			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	44,152	5,684	127,395			7.00
8.00 INTENSIVE CARE UNIT	8,244	366	25,157			8.00
9.00 CORONARY CARE UNIT	1,537	57	4,746			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	53,933	6,107	157,298	23.31	4,346.89	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	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)			57			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				23.31	4,346.89	27.00
28.00 Observation Bed Days		4,087	15,693			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2023 8:09 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	11,059	952	31,383	1.00
2.00	HMO and other (see instructions)			6,933	4,740		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	11,059	952	31,383	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2023 8:09 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	386,245,986	-1,672,375	384,573,611	9,099,900.94	42.26
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		3,237,376	0	3,237,376	31,256.06	103.58
4.00	Physician-Part A - Administrative		4,361,665	0	4,361,665	31,370.15	139.04
4.01	Physicians - Part A - Teaching		1,407,011	0	1,407,011	11,589.00	121.41
5.00	Physician and Non-Physician-Part B		51,942,332	0	51,942,332	252,295.65	205.88
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	2,018,363	2,018,363	49,534.93	40.75
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		81,957,941	0	81,957,941	2,547,042.66	32.18
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		22,287,570	2,833,849	25,121,419	535,265.56	46.93
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		17,688,755	0	17,688,755	131,221.68	134.80
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		11,845,814	0	11,845,814	81,228.92	145.83
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		50,123,539	0	50,123,539	1,606,927.79	31.19
14.02	Related organization salaries		6,006,977	0	6,006,977	151,740.08	39.59
15.00	Home office: Physician Part A - Administrative		288,994	0	288,994	1,404.72	205.73
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)		93,987,608	0	93,987,608		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		31,261,399	0	31,261,399		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		452,595	0	452,595		
22.00	Physician Part A - Administrative		478,264	0	478,264		
22.01	Physician Part A - Teaching		190,808	0	190,808		
23.00	Physician Part B		4,184,936	0	4,184,936		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		421,699	0	421,699		
25.50	Home office wage-related (core)		14,447,770	0	14,447,770		
25.51	Related organization wage-related (core)		1,559,664	0	1,559,664		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		50,999	0	50,999		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2023 8:09 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	3,300,540	68,512	3,369,052	105,014.52	32.08	26.00
27.00	Administrative & General	51,163,302	-6,422,080	44,741,222	1,078,652.90	41.48	27.00
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	4,127,511	147,478	4,274,989	142,285.65	30.05	30.00
31.00	Laundry & Linen Service	1,147,752	19,070	1,166,822	67,273.81	17.34	31.00
32.00	Housekeeping	6,105,685	65,248	6,170,933	342,565.38	18.01	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	5,384,934	-2,671,015	2,713,919	145,956.06	18.59	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,384,697	1,384,697	74,469.75	18.59	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	6,507,806	-164,790	6,343,016	203,279.64	31.20	38.00
39.00	Central Services and Supply	2,562,007	42,022	2,604,029	116,295.66	22.39	39.00
40.00	Pharmacy	10,259,480	101,985	10,361,465	265,387.54	39.04	40.00
41.00	Medical Records & Medical Records Library	1,128,085	4,948	1,133,033	55,932.67	20.26	41.00
42.00	Social Service	7,521,115	1,881	7,522,996	192,920.51	39.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2023 8:09 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	247,701,326	-3,690,738	244,010,588	6,208,182.64	39.30	1.00
2.00	Excluded area salaries (see instructions)	22,287,570	2,833,849	25,121,419	535,265.56	46.93	2.00
3.00	Subtotal salaries (line 1 minus line 2)	225,413,756	-6,524,587	218,889,169	5,672,917.08	38.58	3.00
4.00	Subtotal other wages & related costs (see inst.)	85,954,079	0	85,954,079	1,972,523.19	43.58	4.00
5.00	Subtotal wage-related costs (see inst.)	110,524,305	0	110,524,305	0.00	50.49	5.00
6.00	Total (sum of lines 3 thru 5)	421,892,140	-6,524,587	415,367,553	7,645,440.27	54.33	6.00
7.00	Total overhead cost (see instructions)	99,208,217	-7,422,044	91,786,173	2,790,034.09	32.90	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2023 8:09 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		14,264,963	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)		6,780,949	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		349,004	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)		77,945,919	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,757,238	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		409,879	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		2,102	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		4,848,853	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,962,007	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		21,375,964	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		11,919	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		30,297	21.00
22.00	Day Care Cost and Allowances		489,974	22.00
23.00	Tuition Reimbursement		748,242	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		130,977,310	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: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet S-3
Part V
Date/Time Prepared:
2/27/2023 8:09 am

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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet S-10 Date/Time Prepared: 2/27/2023 8:09 am
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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)		0.221466	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		53,155,563	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		512,046,572	6.00	
7.00	Medicaid cost (line 1 times line 6)		113,400,906	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)		60,245,343	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)		60,245,343	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)	46,469,429	3,717,901	50,187,330	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,291,399	3,717,901	14,009,300	21.00
22.00	Payments received from patients for amounts previously written off as charity care	2,503	35,134	37,637	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,288,896	3,682,767	13,971,663	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			36,315,948	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,119,465	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,722,253	27.01
28.00	Non-Medicare bad debt expense (see instructions)			34,593,695	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			8,264,115	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			22,235,778	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			82,481,121	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet A Date/Time Prepared: 2/27/2023 8:09 am			
Cost Center Description				Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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			30,938,937	30,938,937	10,091,175	41,030,112	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT			0	0	111,341	111,341	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			9,010,084	9,010,084	24,368,798	33,378,882	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,300,540	66,085,054	69,385,594	4,307,043	73,692,637	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	51,163,302	147,873,692	199,036,994	-24,184,689	174,852,305	5.00	
7.00	00700	OPERATION OF PLANT	4,127,511	23,411,872	27,539,383	-9,409,355	18,130,028	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,147,752	1,059,248	2,207,000	-96,391	2,110,609	8.00	
9.00	00900	HOUSEKEEPING	6,105,685	2,579,003	8,684,688	38,234	8,722,922	9.00	
10.00	01000	DIETARY	5,384,934	7,088,377	12,473,311	-6,308,983	6,164,328	10.00	
11.00	01100	CAFETERIA	0	0	0	3,129,713	3,129,713	11.00	
13.00	01300	NURSING ADMINISTRATION	6,507,806	2,533,420	9,041,226	-1,330,743	7,710,483	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	2,562,007	2,088,312	4,650,319	-293,904	4,356,415	14.00	
15.00	01500	PHARMACY	10,259,480	86,207,460	96,466,940	-84,289,641	12,177,299	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,128,085	-430,098	697,987	1,231,238	1,929,225	16.00	
17.00	01700	SOCIAL SERVICE	7,521,115	1,948,959	9,470,074	-18,727	9,451,347	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,018,363	2,018,363	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	229,234	39,035	268,269	1,822,510	2,090,779	22.00	
23.00	02300	PARAMED ED PRGM-PHARMACY	273,975	59,854	333,829	0	333,829	23.00	
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01	
23.03	02303	PARAMED ED PRGM-NURSING	0	0	0	1,298,939	1,298,939	23.03	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	87,163,994	26,327,256	113,491,250	963,781	114,455,031	30.00	
31.00	03100	INTENSIVE CARE UNIT	22,662,358	7,752,262	30,414,620	52,565	30,467,185	31.00	
32.00	03200	CORONARY CARE UNIT	4,109,048	1,608,059	5,717,107	66,926	5,784,033	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	33,965,522	111,699,970	145,665,492	-18,234,804	127,430,688	50.00	
51.00	05100	RECOVERY ROOM	6,136,504	1,684,623	7,821,127	-115,878	7,705,249	51.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,381,419	8,377,685	15,759,104	-4,318,259	11,440,845	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	3,218,259	23,701,918	26,920,177	139,261	27,059,438	55.00	
56.00	05600	RADIOISOTOPE	711,882	833,043	1,544,925	1,176,085	2,721,010	56.00	
57.00	05700	CT SCAN	2,644,413	3,065,275	5,709,688	848,139	6,557,827	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,859,005	1,522,805	3,381,810	266,018	3,647,828	58.00	
59.00	05900	CARDIAC CATHETERIZATION	6,410,212	32,727,723	39,137,935	-18,337,464	20,800,471	59.00	
60.00	06000	LABORATORY	16,565,414	28,913,593	45,479,007	-404,164	45,074,843	60.00	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	893,736	3,292,688	4,186,424	13,447	4,199,871	63.00	
64.00	06400	INTRAVENOUS THERAPY	1,964,918	1,328,548	3,293,466	-257,255	3,036,211	64.00	
65.00	06500	RESPIRATORY THERAPY	6,096,395	3,462,240	9,558,635	-384,027	9,174,608	65.00	
66.00	06600	PHYSICAL THERAPY	0	19,250,286	19,250,286	-88,652	19,161,634	66.00	
69.00	06900	ELECTROCARDIOLOGY	2,856,318	3,427,000	6,283,318	-185,393	6,097,925	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,838,125	7,838,125	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,677,478	27,677,478	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	84,232,892	84,232,892	73.00	
74.00	07400	RENAL DIALYSIS	137,385	2,101,485	2,238,870	-1,426	2,237,444	74.00	
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00	
76.01	03160	PULMONARY REHAB	244,694	75,328	320,022	-12,474	307,548	76.01	
76.97	07697	CARDIAC REHABILITATION	488,111	227,499	715,610	-1,167	714,443	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	3,003,699	697,412	3,701,111	51,205	3,752,316	90.00	
90.01	09001	FAMILY PRACTICE	4,096,554	1,071,056	5,167,610	-3,736,993	1,430,617	90.01	
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	1,325,340	464,870	1,790,210	24,037	1,814,247	90.02	
90.03	09003	CHEMO	2,225,153	767,843	2,992,996	-34,295	2,958,701	90.03	
90.04	09004	PRIMARY CARE FOR SENIORS	1,539,454	481,845	2,021,299	29,377	2,050,676	90.04	
90.05	09005	PAIN MANAGEMENT	2,396,550	956,546	3,353,096	-140,705	3,212,391	90.05	
90.06	09006	WOUND CARE	1,402,155	1,104,088	2,506,243	-620,713	1,885,530	90.06	
90.07	09007	SLEEP CENTER	3,346,280	861,057	4,207,337	24,509	4,231,846	90.07	
90.08	09008	HEMATOLOGY	608,828	152,635	761,463	16,232	777,695	90.08	
90.09	09009	MULTI-SPECIALTY SERVICES	1,177,897	377,713	1,555,610	17,065	1,572,675	90.09	
90.10	09010	DIABETES CENTER	159,317	84,410	243,727	2,454	246,181	90.10	
91.00	09100	EMERGENCY	28,084,136	20,308,767	48,392,903	-142,324	48,250,579	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,836,072	1,964,693	8,800,765	-26,016	8,774,749	92.01	
OTHER REIMBURSABLE COST CENTERS									
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,809,943	8,918,255	11,728,198	-254,593	11,473,605	96.00	
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	364,232,391	700,083,685	1,064,316,076	-1,372,085	1,062,943,991	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,111,627	3,111,627	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,634,429	3,131,681	15,766,110	-250,311	15,515,799	192.00	
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01	
192.02	19202	HENDERSON ER PHYSICIANS	2,750,316	-2,748,020	2,296	4,885	7,181	192.02	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
192.03 19203 FAMILY PHARMACY	1,589,509	39,197,994	40,787,503	-1,979,750	38,807,753	192.03
194.00 07950 MISC NONREIMBURSABLE	1,356,095	1,069,713	2,425,808	113,869	2,539,677	194.00
194.01 07951 OCCUPATIONAL HEALTH	-103	14	-89	103	14	194.01
194.02 07952 OTHER FACILITIES	623,179	3,325,716	3,948,895	347,266	4,296,161	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	989,798	275,954	1,265,752	-16,678	1,249,074	194.04
194.05 07955 CHILD CARE CENTER	2,070,372	732,314	2,802,686	41,074	2,843,760	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 TOTAL (SUM OF LINES 118 through 199)	386,245,986	745,069,051	1,131,315,037	0	1,131,315,037	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A
Date/Time Prepared:
2/27/2023 8:09 am

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	-454,126	40,575,986	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	111,341	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	33,378,882	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-36,999,830	36,692,807	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-98,209,109	76,643,196	5.00
7.00	00700	OPERATION OF PLANT	-13,778,649	4,351,379	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-793,522	1,317,087	8.00
9.00	00900	HOUSEKEEPING	-2,559,058	6,163,864	9.00
10.00	01000	DIETARY	-1,160,887	5,003,441	10.00
11.00	01100	CAFETERIA	-1,438,326	1,691,387	11.00
13.00	01300	NURSING ADMINISTRATION	-1,424,095	6,286,388	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,011,864	3,344,551	14.00
15.00	01500	PHARMACY	-5,559,915	6,617,384	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-466,372	1,462,853	16.00
17.00	01700	SOCIAL SERVICE	-1,716,153	7,735,194	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,018,363	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,090,779	22.00
23.00	02300	PARAMED PRGM-PHARMACY	0	333,829	23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	0	0	23.01
23.03	02303	PARAMED PRGM-NURSING	0	1,298,939	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-28,226,212	86,228,819	30.00
31.00	03100	INTENSIVE CARE UNIT	-43,288	30,423,897	31.00
32.00	03200	CORONARY CARE UNIT	-74,898	5,709,135	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-44,763,104	82,667,584	50.00
51.00	05100	RECOVERY ROOM	0	7,705,249	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-299,203	11,141,642	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-10,423,906	16,635,532	55.00
56.00	05600	RADIOISOTOPE	0	2,721,010	56.00
57.00	05700	CT SCAN	0	6,557,827	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,647,828	58.00
59.00	05900	CARDIAC CATHETERIZATION	-818,921	19,981,550	59.00
60.00	06000	LABORATORY	-377,032	44,697,811	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	-2,087	4,197,784	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,036,211	64.00
65.00	06500	RESPIRATORY THERAPY	-35,128	9,139,480	65.00
66.00	06600	PHYSICAL THERAPY	-6,395,423	12,766,211	66.00
69.00	06900	ELECTROCARDIOLOGY	-693,261	5,404,664	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,838,125	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,677,478	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	84,232,892	73.00
74.00	07400	RENAL DIALYSIS	-2,416	2,235,028	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	76.00
76.01	03160	PULMONARY REHAB	-1,117	306,431	76.01
76.97	07697	CARDIAC REHABILITATION	0	714,443	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-421,185	3,331,131	90.00
90.01	09001	FAMILY PRACTICE	-75,570	1,355,047	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	1,814,247	90.02
90.03	09003	CHEMO	0	2,958,701	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	-1,123,247	927,429	90.04
90.05	09005	PAIN MANAGEMENT	-648,789	2,563,602	90.05
90.06	09006	WOUND CARE	-256,317	1,629,213	90.06
90.07	09007	SLEEP CENTER	-1,528,245	2,703,601	90.07
90.08	09008	HEMATOLOGY	-29,360	748,335	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	-457,526	1,115,149	90.09
90.10	09010	DIABETES CENTER	0	246,181	90.10
91.00	09100	EMERGENCY	-20,110,442	28,140,137	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	-392	8,774,357	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-10,607	11,462,998	96.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-282,389,582	780,554,409	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,111,627	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	15,515,799	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	7,181	192.02
192.03	19203	FAMILY PHARMACY	0	38,807,753	192.03
194.00	07950	MISC NONREIMBURSABLE	-1,497	2,538,180	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	OCCUPATIONAL HEALTH	0	14	194.01
194.02	07952	OTHER FACILITIES	-2,453,429	1,842,732	194.02
194.03	07953	THE HEART HOSPITAL	0	0	194.03
194.04	07954	PR	-647,255	601,819	194.04
194.05	07955	CHILD CARE CENTER	0	2,843,760	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0	194.07
194.08	07958	HEALTHSOUTH	0	0	194.08
194.09	07959	HOME OFFICE	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-285,491,763	845,823,274	200.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A-6

Date/Time Prepared:
2/27/2023 8:09 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,222,251	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	12,119	2.00
3.00		0.00	0	0	3.00
	0		0	9,234,370	
B - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	23,178,435	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
	0		0	23,178,435	
C - INTEREST EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	603,157	1.00
2.00	OTHER FACILITIES	194.02	0	112,938	2.00
3.00		0.00	0	0	3.00
	0		0	716,095	
D - CAFETERIA					
1.00	CAFETERIA	11.00	1,384,697	0	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,376,695	0	2.00
3.00		0.00	0	0	3.00
4.00	CAFETERIA	11.00	0	1,745,016	4.00
5.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,734,932	5.00
6.00		0.00	0	0	6.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
0			2,761,392	3,479,948	
E - INCENTIVE COMPENSATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	64,047	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	2,289,015	0	2.00
3.00	OPERATION OF PLANT	7.00	142,650	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	24,662	0	4.00
5.00	HOUSEKEEPING	9.00	93,359	0	5.00
6.00	DIETARY	10.00	99,184	0	6.00
7.00	NURSING ADMINISTRATION	13.00	89,302	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	50,064	0	8.00
9.00	PHARMACY	15.00	185,554	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	9,232	0	10.00
11.00	SOCIAL SERVICE	17.00	81,223	0	11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,493	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	450,094	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	158,018	0	14.00
15.00	CORONARY CARE UNIT	32.00	25,293	0	15.00
16.00	OPERATING ROOM	50.00	190,367	0	16.00
17.00	RECOVERY ROOM	51.00	80,236	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	127,190	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	63,693	0	19.00
20.00	RADIOISOTOPE	56.00	7,271	0	20.00
21.00	CT SCAN	57.00	30,784	0	21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	27,525	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	67,962	0	23.00
24.00	LABORATORY	60.00	298,166	0	24.00
25.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	11,088	0	25.00
26.00	INTRAVENOUS THERAPY	64.00	14,334	0	26.00
27.00	RESPIRATORY THERAPY	65.00	56,933	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	36,214	0	28.00
29.00	RENAL DIALYSIS	74.00	10,869	0	29.00
30.00	PULMONARY REHAB	76.01	3,272	0	30.00
31.00	CARDIAC REHABILITATION	76.97	12,929	0	31.00
32.00	CLINIC	90.00	36,074	0	32.00
33.00	FAMILY PRACTICE	90.01	27,834	0	33.00
34.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	19,437	0	34.00
35.00	CHEMO	90.03	20,825	0	35.00
36.00	PRIMARY CARE FOR SENIORS	90.04	26,073	0	36.00
37.00	PAIN MANAGEMENT	90.05	55,046	0	37.00
38.00	WOUND CARE	90.06	26,557	0	38.00
39.00	SLEEP CENTER	90.07	29,945	0	39.00
40.00	HEMATOLOGY	90.08	13,857	0	40.00
41.00	MULTI-SPECIALTY SERVICES	90.09	28,384	0	41.00
42.00	DIABETES CENTER	90.10	2,090	0	42.00
43.00	EMERGENCY	91.00	106,626	0	43.00
44.00	OBSERVATION BEDS (DISTINCT PART)	92.01	32,189	0	44.00
45.00	DURABLE MEDICAL EQUIP-RENTED	96.00	9,013	0	45.00
46.00	PHYSICIANS' PRIVATE OFFICES	192.00	60,810	0	46.00
47.00	FAMILY PHARMACY	192.03	30,904	0	47.00
48.00	MISC NONREIMBURSABLE	194.00	72,110	0	48.00
49.00	PR	194.04	35,733	0	49.00
50.00	CHILD CARE CENTER	194.05	41,898	0	50.00
51.00		0.00	0	0	51.00
0			5,477,428	0	
F - LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	523,364	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	477,068	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
0			0	1,000,432	
G - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	84,232,892	1.00
2.00		0.00	0	0	2.00
0			0	84,232,892	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
H - RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,018,363	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,407,011	0	2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	530,742	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	0		3,425,374	530,742	
J - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,266,007	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	7,709	2.00
3.00	MI SC NONREIMBURSABLE	194.00	0	106	3.00
4.00	OTHER FACILITIES	194.02	0	25,959	4.00
5.00	CHILD CARE CENTER	194.05	0	2,061	5.00
6.00		0.00	0	0	6.00
	0		0	1,301,842	
K - NURSING EDUCATION					
1.00	PARAMED ED PRGM-NURSING	23.03	1,298,939	0	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
	0		1,298,939	0	
L - MEDICAL SUPPLIES CHARGED					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,838,125	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	27,677,478	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
	0		0	35,515,603	
M - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,232,537	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	0		0	4,232,537	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

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Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
N - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	521,095	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	110,138	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,041	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	15,113	4.00
5.00	PRIMARY CARE FOR SENIORS	90.04	0	3,086	5.00
6.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	2,285	6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,165	7.00
8.00	OTHER FACILITIES	194.02	0	245,174	8.00
9.00	CHILD CARE CENTER	194.05	0	7,880	9.00
10.00		0.00	0	0	10.00
	0		0	906,977	
O - DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,633	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	107,511	2.00
3.00	OPERATION OF PLANT	7.00	0	19,386	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	10,204	4.00
5.00	HOUSEKEEPING	9.00	0	48,027	5.00
6.00	DIETARY	10.00	0	30,287	6.00
7.00	NURSING ADMINISTRATION	13.00	0	56,191	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,059	8.00
9.00	PHARMACY	15.00	0	148,230	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,610	10.00
11.00	SOCIAL SERVICE	17.00	0	51,416	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	454,710	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	128,161	13.00
14.00	CORONARY CARE UNIT	32.00	0	20,185	14.00
15.00	OPERATING ROOM	50.00	0	132,519	15.00
16.00	RECOVERY ROOM	51.00	0	86,310	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	82,191	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	15,091	18.00
19.00	CT SCAN	57.00	0	14,769	19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	20,765	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	25,461	21.00
22.00	LABORATORY	60.00	0	109,372	22.00
23.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	7,790	23.00
24.00	INTRAVENOUS THERAPY	64.00	0	19,074	24.00
25.00	RESPIRATORY THERAPY	65.00	0	27,169	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	25,092	26.00
27.00	PULMONARY REHAB	76.01	0	1,642	27.00
28.00	CARDIAC REHABILITATION	76.97	0	3,586	28.00
29.00	CLINIC	90.00	0	7,547	29.00
30.00	FAMILY PRACTICE	90.01	0	2,495	30.00
31.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	5,911	31.00
32.00	CHEMO	90.03	0	23,419	32.00
33.00	PRIMARY CARE FOR SENIORS	90.04	0	5,014	33.00
34.00	PAIN MANAGEMENT	90.05	0	15,583	34.00
35.00	WOUND CARE	90.06	0	11,392	35.00
36.00	SLEEP CENTER	90.07	0	6,907	36.00
37.00	HEMATOLOGY	90.08	0	3,278	37.00
38.00	MULTI-SPECIALTY SERVICES	90.09	0	9,231	38.00
39.00	DIABETES CENTER	90.10	0	4,276	39.00
40.00	EMERGENCY	91.00	0	73,467	40.00
41.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	50,725	41.00
42.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	3,233	42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	40,573	43.00
44.00	HENDERSONER PHYSICIANS	192.02	0	12,347	44.00
45.00	FAMILY PHARMACY	192.03	0	11,281	45.00
46.00	MISC NONREIMBURSABLE	194.00	0	11,154	46.00
47.00	PR	194.04	0	1,193	47.00
48.00	CHILD CARE CENTER	194.05	0	10,537	48.00
	0		0	1,999,004	
P - SALARY IN NON-SALARY ACCOUNTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,491	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	25,681	0	2.00
3.00	OPERATION OF PLANT	7.00	1,610	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	1,190	0	4.00
5.00	HOUSEKEEPING	9.00	1,542	0	5.00
6.00	DIETARY	10.00	2,525	0	6.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2021
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
7.00	NURSING ADMINISTRATION	13.00	465	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	1,405	0		8.00
9.00	PHARMACY	15.00	5,722	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	480	0		10.00
11.00	SOCIAL SERVICE	17.00	18,350	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	55,797	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	1,130	0		13.00
14.00	CORONARY CARE UNIT	32.00	330	0		14.00
15.00	OPERATING ROOM	50.00	15,244	0		15.00
16.00	RECOVERY ROOM	51.00	3,250	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	1,470	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	5,263	0		18.00
19.00	RADIOISOTOPE	56.00	50	0		19.00
20.00	CT SCAN	57.00	5,450	0		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	250	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	1,360	0		22.00
23.00	LABORATORY	60.00	16,643	0		23.00
24.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	260	0		24.00
25.00	INTRAVENOUS THERAPY	64.00	110	0		25.00
26.00	RESPIRATORY THERAPY	65.00	1,180	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	30	0		27.00
28.00	PULMONARY REHAB	76.01	200	0		28.00
29.00	CLINIC	90.00	2,715	0		29.00
30.00	FAMILY PRACTICE	90.01	5,570	0		30.00
31.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	140	0		31.00
32.00	CHEMO	90.03	1,050	0		32.00
33.00	PRIMARY CARE FOR SENIORS	90.04	2,700	0		33.00
34.00	PAIN MANAGEMENT	90.05	1,827	0		34.00
35.00	WOUND CARE	90.06	1,240	0		35.00
36.00	SLEEP CENTER	90.07	1,344	0		36.00
37.00	HEMATOLOGY	90.08	85	0		37.00
38.00	MULTI-SPECIALTY SERVICES	90.09	1,160	0		38.00
39.00	EMERGENCY	91.00	3,430	0		39.00
40.00	OBSERVATION BEDS (DISTINCT PART)	92.01	930	0		40.00
41.00	DURABLE MEDICAL EQUIP-RENTED	96.00	1,550	0		41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	42,191	0		42.00
43.00	FAMILY PHARMACY	192.03	110	0		43.00
44.00	MISC NONREIMBURSABLE	194.00	700	0		44.00
45.00	PR	194.04	830	0		45.00
46.00	CHILD CARE CENTER	194.05	1,750	0		46.00
			237,800	0		
O - PART A PHYSICIAN						
1.00	ADULTS & PEDIATRICS	30.00	632,636	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	234,057	0		2.00
3.00	CORONARY CARE UNIT	32.00	98,625	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
			965,318	0		
R - HSB DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	103,632		1.00
2.00		0.00	0	0		2.00
			0	103,632		
S - PTO ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	17,607	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	235,135	0		2.00
3.00	OPERATION OF PLANT	7.00	22,604	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	3,422	0		4.00
5.00	HOUSEKEEPING	9.00	18,374	0		5.00
6.00	DIETARY	10.00	18,955	0		6.00
7.00	NURSING ADMINISTRATION	13.00	18,932	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	9,612	0		8.00
9.00	PHARMACY	15.00	58,939	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	5,846	0		10.00
11.00	SOCIAL SERVICE	17.00	28,643	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	736	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	122,092	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	38,439	0		14.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2021
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
15.00	CORONARY CARE UNIT	32.00	7,650	0		15.00
16.00	OPERATING ROOM	50.00	59,962	0		16.00
17.00	RECOVERY ROOM	51.00	23,705	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	33,249	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	18,462	0		19.00
20.00	RADIOISOTOPE	56.00	4,713	0		20.00
21.00	CT SCAN	57.00	8,904	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	8,522	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	26,425	0		23.00
24.00	LABORATORY	60.00	64,857	0		24.00
25.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	4,309	0		25.00
26.00	INTRAVENOUS THERAPY	64.00	5,484	0		26.00
27.00	RESPIRATORY THERAPY	65.00	16,441	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	11,344	0		28.00
29.00	RENAL DIALYSIS	74.00	1,264	0		29.00
30.00	PULMONARY REHAB	76.01	1,115	0		30.00
31.00	CARDIAC REHABILITATION	76.97	2,909	0		31.00
32.00	CLINIC	90.00	17,946	0		32.00
33.00	FAMILY PRACTICE	90.01	11,201	0		33.00
34.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	6,970	0		34.00
35.00	CHEMO	90.03	7,903	0		35.00
36.00	PRIMARY CARE FOR SENIORS	90.04	7,782	0		36.00
37.00	PAIN MANAGEMENT	90.05	14,917	0		37.00
38.00	WOUND CARE	90.06	6,359	0		38.00
39.00	SLEEP CENTER	90.07	13,898	0		39.00
40.00	HEMATOLOGY	90.08	2,538	0		40.00
41.00	MULTI-SPECIALTY SERVICES	90.09	7,149	0		41.00
42.00	DIABETES CENTER	90.10	793	0		42.00
43.00	EMERGENCY	91.00	94,899	0		43.00
44.00	OBSERVATION BEDS (DISTINCT PART)	92.01	9,421	0		44.00
45.00	DURABLE MEDICAL EQUIP-RENTED	96.00	13,408	0		45.00
46.00	PHYSICIANS' PRIVATE OFFICES	192.00	25,222	0		46.00
47.00	HENDERSONER PHYSICIANS	192.02	4,885	0		47.00
48.00	FAMILY PHARMACY	192.03	9,551	0		48.00
49.00	MISC NONREIMBURSABLE	194.00	9,055	0		49.00
50.00	OTHER FACILITIES	194.02	2,864	0		50.00
51.00	PR	194.04	5,279	0		51.00
52.00	CHILD CARE CENTER	194.05	8,990	0		52.00
53.00		0.00	0	0		53.00
0			1,179,681	0		
T - A&G						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	340,933		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
0			0	340,933		
U - RADIOLOGY						
1.00	RADIOISOTOPE	56.00	50,347	0		1.00
2.00	CT SCAN	57.00	572,251	0		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	164,368	0		3.00
4.00		0.00	0	0		4.00
5.00	RADIOISOTOPE	56.00	0	1,116,577		5.00
6.00	CT SCAN	57.00	0	292,007		6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	388,431		7.00
8.00		0.00	0	0		8.00
0			786,966	1,797,015		

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
V - ORTHO URO						
1.00	ADULTS & PEDIATRICS	30.00	471,475	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	12,151	0	2.00	
3.00	EMERGENCY	91.00	2,430	0	3.00	
4.00	OBSERVATION BEDS (DISTINCT PART)	92.01	2,430	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	239,356	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	6,169	6.00	
7.00	EMERGENCY	91.00	0	1,234	7.00	
8.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,234	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
	TOTALS		488,486	247,993		
W - MEDICAL RECORDS						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,216,273	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	1,216,273		
X - DIRECTOR SALARIES						
1.00	NURSING ADMINISTRATION	13.00	350,022	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	132,072	0	2.00	
3.00	OPERATING ROOM	50.00	508,891	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	37,842	0	4.00	
5.00	RADIOLOGY-THERAPEUTIC	55.00	122,155	0	5.00	
6.00	CARDIAC CATHETERIZATION	59.00	67,690	0	6.00	
7.00	EMERGENCY	91.00	169,146	0	7.00	
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	72,307	0	8.00	
9.00	MISC NONREIMBURSABLE	194.00	54,168	0	9.00	
10.00		0.00	0	0	10.00	
	TOTALS		1,514,293	0		
Y - WORK COMP SALARIES						
1.00	OCCUPATIONAL HEALTH	194.01	103	0	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		103	0		
500.00	Grand Total: Increases		18,135,780	170,034,723	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BUILDING DEPRECIATION						
1.00	0.00	0	0	9		1.00
2.00	0.00	0	0	0		2.00
3.00	OPERATION OF PLANT	7.00	9,234,370	0		3.00
	0		9,234,370			
B - EQUIPMENT DEPRECIATION						
1.00	0.00	0	0	9		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	621,815	9		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,079	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	12,381,820	0		4.00
5.00	OPERATION OF PLANT	7.00	222,611	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	123,100	0		6.00
7.00	HOUSEKEEPING	9.00	73,499	0		7.00
8.00	DIETARY	10.00	185,782	0		8.00
9.00	NURSING ADMINISTRATION	13.00	965,078	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	248,186	0		10.00
11.00	PHARMACY	15.00	101,377	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	113	0		12.00
13.00	SOCIAL SERVICE	17.00	46,854	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	277,574	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	204,390	0		15.00
16.00	CORONARY CARE UNIT	32.00	13,942	0		16.00
17.00	OPERATING ROOM	50.00	3,121,890	0		17.00
18.00	RECOVERY ROOM	51.00	200,370	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	864,945	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	17,708	0		20.00
21.00	RADIOISOTOPE	56.00	2,823	0		21.00
22.00	CT SCAN	57.00	55,807	0		22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	337,941	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	865,290	0		24.00
25.00	LABORATORY	60.00	727,876	0		25.00
26.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	1,950	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	15,355	0		27.00
28.00	RESPIRATORY THERAPY	65.00	345,759	0		28.00
29.00	PHYSICAL THERAPY	66.00	88,652	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	231,227	0		30.00
31.00	RENAL DIALYSIS	74.00	13,559	0		31.00
32.00	PULMONARY REHAB	76.01	16,861	0		32.00
33.00	CARDIAC REHABILITATION	76.97	17,005	0		33.00
34.00	CLINIC	90.00	2,732	0		34.00
35.00	FAMILY PRACTICE	90.01	26,078	0		35.00
36.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	2,370	0		36.00
37.00	CHEMO	90.03	53,863	0		37.00
38.00	PRIMARY CARE FOR SENIORS	90.04	7,564	0		38.00
39.00	PAIN MANAGEMENT	90.05	29,494	0		39.00
40.00	WOUND CARE	90.06	4,715	0		40.00
41.00	SLEEP CENTER	90.07	19,334	0		41.00
42.00	HEMATOLOGY	90.08	163	0		42.00
43.00	MULTI-SPECIALTY SERVICES	90.09	8,715	0		43.00
44.00	DIABETES CENTER	90.10	429	0		44.00
45.00	EMERGENCY	91.00	256,288	0		45.00
46.00	OBSERVATION BEDS (DISTINCT PART)	92.01	1,378	0		46.00
47.00	DURABLE MEDICAL EQUIP-RENTED	96.00	214,684	0		47.00
48.00	PHYSICIANS' PRIVATE OFFICES	192.00	69,751	0		48.00
49.00	FAMILY PHARMACY	192.03	17,336	0		49.00
50.00	MISC NONREIMBURSABLE	194.00	3,366	0		50.00
51.00	OTHER FACILITIES	194.02	37,557	0		51.00
52.00	PR	194.04	4,625	0		52.00
53.00	CHILD CARE CENTER	194.05	19,755	0		53.00
	0		23,178,435			
C - INTEREST EXPENSE						
1.00	0.00	0	0	11		1.00
2.00	0.00	0	0	0		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	716,095	11		3.00
	0		716,095			
D - CAFETERIA						
1.00	0.00	0	0	0		1.00
2.00	0.00	0	0	0		2.00
3.00	DIETARY	10.00	2,761,392	0		3.00
4.00	0.00	0	0	0		4.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

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		
5.00		0.00	0	0	0		5.00
6.00	DIETARY	10.00	0	3,479,948	0		6.00
			2,761,392	3,479,948			
E - INCENTIVE COMPENSATION							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00	ADMINISTRATIVE & GENERAL	5.00	5,477,428	0	0		51.00
			5,477,428	0			
F - LEASES							
1.00		0.00	0	0	10		1.00
2.00		0.00	0	0	10		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	89,244	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	741,336	0		4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	64,252	0		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	105,600	0		6.00
			0	1,000,432			
G - DRUGS							
1.00		0.00	0	0	0		1.00
2.00	PHARMACY	15.00	0	84,232,892	0		2.00
			0	84,232,892			
H - RESIDENTS							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	117,472	0	0		4.00

RECLASSIFICATIONS

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To 09/30/2022

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
5.00	FAMILY PRACTICE	90.01	3,219,073	0	0	5.00	
6.00	FAMILY PRACTICE	90.01	0	530,742	0	6.00	
7.00	ADMINISTRATIVE & GENERAL	5.00	0	88,829	0	7.00	
	O		3,336,545	619,571			
J - INSURANCE							
1.00		0.00	0	0	12	1.00	
2.00		0.00	0	0	12	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00	ADMINISTRATIVE & GENERAL	5.00	0	1,301,842	0	6.00	
	O		0	1,301,842			
K - NURSING EDUCATION							
1.00		0.00	0	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	36,890	0	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	77,089	0	0	3.00	
4.00	SOCIAL SERVICE	17.00	1,511	0	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	721,732	0	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	173,501	0	0	6.00	
7.00	CORONARY CARE UNIT	32.00	45,893	0	0	7.00	
8.00	OPERATING ROOM	50.00	18,021	0	0	8.00	
9.00	RECOVERY ROOM	51.00	19,449	0	0	9.00	
10.00	RADIOLOGY-THERAPEUTIC	55.00	13,544	0	0	10.00	
11.00	CARDIAC CATHETERIZATION	59.00	13,472	0	0	11.00	
12.00	INTRAVENOUS THERAPY	64.00	10,774	0	0	12.00	
13.00	ELECTROCARDIOLOGY	69.00	1,724	0	0	13.00	
14.00	CLINIC	90.00	83	0	0	14.00	
15.00	CHEMO	90.03	9,160	0	0	15.00	
16.00	PAIN MANAGEMENT	90.05	4,109	0	0	16.00	
17.00	WOUND CARE	90.06	2,029	0	0	17.00	
18.00	MULTI-SPECIALTY SERVICES	90.09	9,753	0	0	18.00	
19.00	EMERGENCY	91.00	76,135	0	0	19.00	
20.00	OBSERVATION BEDS (DISTINCT PART)	92.01	64,070	0	0	20.00	
	O		1,298,939	0			
L - MEDICAL SUPPLIES CHARGED							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	37	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	105,394	0	4.00	
5.00	PHARMACY	15.00	0	123,164	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	84,638	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	18,378	0	7.00	
8.00	CORONARY CARE UNIT	32.00	0	4,807	0	8.00	
9.00	OPERATING ROOM	50.00	0	15,854,113	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	327,319	0	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	360	0	11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	17,620,779	0	12.00	
13.00	INTRAVENOUS THERAPY	64.00	0	250,944	0	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	111,642	0	14.00	
15.00	PAIN MANAGEMENT	90.05	0	177,065	0	15.00	
16.00	WOUND CARE	90.06	0	646,885	0	16.00	
17.00	EMERGENCY	91.00	0	184,236	0	17.00	
18.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	5,842	0	18.00	
	O		0	35,515,603			
M - BENEFITS							
1.00		0.00	0	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,212,506	0	2.00	
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	20,027	0	3.00	
4.00	FAMILY PRACTICE	90.01	0	135	0	4.00	
5.00	FAMILY PHARMACY	192.03	0	1,999,869	0	5.00	
	O		0	4,232,537			
N - PROPERTY TAXES							
1.00		0.00	0	0	13	1.00	
2.00		0.00	0	0	13	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00	ADMINISTRATIVE & GENERAL	5.00	0	906,977	0	10.00	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

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Decreases					
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
6.00	7.00	8.00	9.00	10.00	
0		0	906,977		
0 - DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	14,633	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	107,511	0	2.00
3.00	OPERATION OF PLANT	7.00	19,386	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	10,204	0	4.00
5.00	HOUSEKEEPING	9.00	48,027	0	5.00
6.00	DIETARY	10.00	30,287	0	6.00
7.00	NURSING ADMINISTRATION	13.00	56,191	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	19,059	0	8.00
9.00	PHARMACY	15.00	148,230	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	10,610	0	10.00
11.00	SOCIAL SERVICE	17.00	51,416	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	454,710	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	128,161	0	13.00
14.00	CORONARY CARE UNIT	32.00	20,185	0	14.00
15.00	OPERATING ROOM	50.00	132,519	0	15.00
16.00	RECOVERY ROOM	51.00	86,310	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	82,191	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	15,091	0	18.00
19.00	CT SCAN	57.00	14,769	0	19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	20,765	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	25,461	0	21.00
22.00	LABORATORY	60.00	109,372	0	22.00
23.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	7,790	0	23.00
24.00	INTRAVENOUS THERAPY	64.00	19,074	0	24.00
25.00	RESPIRATORY THERAPY	65.00	27,169	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	25,092	0	26.00
27.00	PULMONARY REHAB	76.01	1,642	0	27.00
28.00	CARDIAC REHABILITATION	76.97	3,586	0	28.00
29.00	CLINIC	90.00	7,547	0	29.00
30.00	FAMILY PRACTICE	90.01	2,495	0	30.00
31.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	5,911	0	31.00
32.00	CHEMO	90.03	23,419	0	32.00
33.00	PRIMARY CARE FOR SENIORS	90.04	5,014	0	33.00
34.00	PAIN MANAGEMENT	90.05	15,583	0	34.00
35.00	WOUND CARE	90.06	11,392	0	35.00
36.00	SLEEP CENTER	90.07	6,907	0	36.00
37.00	HEMATOLOGY	90.08	3,278	0	37.00
38.00	MULTI-SPECIALTY SERVICES	90.09	9,231	0	38.00
39.00	DIABETES CENTER	90.10	4,276	0	39.00
40.00	EMERGENCY	91.00	73,467	0	40.00
41.00	OBSERVATION BEDS (DISTINCT PART)	92.01	50,725	0	41.00
42.00	DURABLE MEDICAL EQUIP-RENTED	96.00	3,233	0	42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	40,573	0	43.00
44.00	HENDERSON ER PHYSICIANS	192.02	12,347	0	44.00
45.00	FAMILY PHARMACY	192.03	11,281	0	45.00
46.00	MISC NONREIMBURSABLE	194.00	11,154	0	46.00
47.00	PR	194.04	1,193	0	47.00
48.00	CHILD CARE CENTER	194.05	10,537	0	48.00
0			1,999,004	0	
P - SALARY IN NON-SALARY ACCOUNTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,491	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	25,681	2.00
3.00	OPERATION OF PLANT	7.00	0	1,610	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	1,190	4.00
5.00	HOUSEKEEPING	9.00	0	1,542	5.00
6.00	DIETARY	10.00	0	2,525	6.00
7.00	NURSING ADMINISTRATION	13.00	0	465	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,405	8.00
9.00	PHARMACY	15.00	0	5,722	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	480	10.00
11.00	SOCIAL SERVICE	17.00	0	18,350	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	55,797	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	1,130	13.00
14.00	CORONARY CARE UNIT	32.00	0	330	14.00
15.00	OPERATING ROOM	50.00	0	15,244	15.00
16.00	RECOVERY ROOM	51.00	0	3,250	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,470	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,263	18.00

RECLASSIFICATIONS

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
19.00	RADIOISOTOPE	56.00	0	50	0	19.00	
20.00	CT SCAN	57.00	0	5,450	0	20.00	
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	250	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	1,360	0	22.00	
23.00	LABORATORY	60.00	0	16,643	0	23.00	
24.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	260	0	24.00	
25.00	INTRAVENOUS THERAPY	64.00	0	110	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	0	1,180	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	30	0	27.00	
28.00	PULMONARY REHAB	76.01	0	200	0	28.00	
29.00	CLINIC	90.00	0	2,715	0	29.00	
30.00	FAMILY PRACTICE	90.01	0	5,570	0	30.00	
31.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	140	0	31.00	
32.00	CHEMO	90.03	0	1,050	0	32.00	
33.00	PRIMARY CARE FOR SENIORS	90.04	0	2,700	0	33.00	
34.00	PAIN MANAGEMENT	90.05	0	1,827	0	34.00	
35.00	WOUND CARE	90.06	0	1,240	0	35.00	
36.00	SLEEP CENTER	90.07	0	1,344	0	36.00	
37.00	HEMATOLOGY	90.08	0	85	0	37.00	
38.00	MULTI-SPECIALTY SERVICES	90.09	0	1,160	0	38.00	
39.00	EMERGENCY	91.00	0	3,430	0	39.00	
40.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	930	0	40.00	
41.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	1,550	0	41.00	
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	42,191	0	42.00	
43.00	FAMILY PHARMACY	192.03	0	110	0	43.00	
44.00	MISC NONREIMBURSABLE	194.00	0	700	0	44.00	
45.00	PR	194.04	0	830	0	45.00	
46.00	CHILD CARE CENTER	194.05	0	1,750	0	46.00	
	O		0	237,800			
Q - PART A PHYSICIAN							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00	ADMINISTRATIVE & GENERAL	5.00	656,108	0	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	1,745	0	0	5.00	
6.00	SOCIAL SERVICE	17.00	73,408	0	0	6.00	
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	234,057	0	0	7.00	
	O		965,318	0			
R - HSB DEPRECIATION							
1.00		0.00	0	0	9	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	103,632	9	2.00	
	O		0	103,632			
S - PTO ACCRUAL							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A-6
Date/Time Prepared:
2/27/2023 8:09 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
34.00	0.00	0	0	0	0	34.00	
35.00	0.00	0	0	0	0	35.00	
36.00	0.00	0	0	0	0	36.00	
37.00	0.00	0	0	0	0	37.00	
38.00	0.00	0	0	0	0	38.00	
39.00	0.00	0	0	0	0	39.00	
40.00	0.00	0	0	0	0	40.00	
41.00	0.00	0	0	0	0	41.00	
42.00	0.00	0	0	0	0	42.00	
43.00	0.00	0	0	0	0	43.00	
44.00	0.00	0	0	0	0	44.00	
45.00	0.00	0	0	0	0	45.00	
46.00	0.00	0	0	0	0	46.00	
47.00	0.00	0	0	0	0	47.00	
48.00	0.00	0	0	0	0	48.00	
49.00	0.00	0	0	0	0	49.00	
50.00	0.00	0	0	0	0	50.00	
51.00	0.00	0	0	0	0	51.00	
52.00	0.00	0	0	0	0	52.00	
53.00	ADMINISTRATIVE & GENERAL	5.00	1,179,681	0	0	53.00	
	O		1,179,681	0			
T - A&G							
1.00		0.00	0	0	0	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	69	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	117,628	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	1,375	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	8,571	0	5.00	
6.00	PHARMACY	15.00	0	76,701	0	6.00	
7.00	SOCIAL SERVICE	17.00	0	6,820	0	7.00	
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,410	0	8.00	
9.00	LABORATORY	60.00	0	39,311	0	9.00	
10.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	363	0	10.00	
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	304	0	11.00	
12.00	FAMILY PHARMACY	192.03	0	3,000	0	12.00	
13.00	MISC NONREIMBURSABLE	194.00	0	18,204	0	13.00	
14.00	OTHER FACILITIES	194.02	0	2,112	0	14.00	
15.00	PR	194.04	0	53,065	0	15.00	
	O		0	340,933			
U - RADIOLOGY							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	786,966	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,797,015	0	8.00	
	O		786,966	1,797,015			
V - ORTHO URO							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	488,486	0	0	9.00	
10.00	NURSING ADMINISTRATION	13.00	0	247,993	0	10.00	
	TOTALS		488,486	247,993			
W - MEDICAL RECORDS							
1.00		0.00	0	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,216,273	0	2.00	
	TOTALS		0	1,216,273			
X - DIRECTOR SALARIES							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A-6
Date/Time Prepared:
2/27/2023 8:09 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
4.00	0.00	0	0	0	0		4.00
5.00	0.00	0	0	0	0		5.00
6.00	0.00	0	0	0	0		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	ADMINISTRATIVE & GENERAL	1,514,293					10.00
	TOTALS	1,514,293					
Y - WORK COMP SALARIES							
1.00		0	0	0	0		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	103					2.00
	TOTALS	103					
500.00	Grand Total: Decreases	19,808,155	168,362,348				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A-7
Part I
Date/Time Prepared:
2/27/2023 8:09 am

		Acquisitions				Disposals and Retirements	
		Beginning Balances	Purchases	Donation	Total		
		1.00	2.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	25,880,698	1,114,278	0	1,114,278	1,880	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	741,118,341	79,184,912	0	79,184,912	751,028	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	296,088,442	21,675,609	0	21,675,609	2,260,331	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,063,087,481	101,974,799	0	101,974,799	3,013,239	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,063,087,481	101,974,799	0	101,974,799	3,013,239	10.00
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	26,993,096	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	819,552,225	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	315,503,720	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,162,049,041	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	1,162,049,041	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A-7
Part II
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	21,647,827	0	9,291,110	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,010,084	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,647,827	9,010,084	9,291,110	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	30,938,937				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,010,084				2.00
3.00	Total (sum of lines 1-2)	0	39,949,021				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A-7
Part III
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	846,545,322	0	846,545,322	0.728494	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	315,503,720	0	315,503,720	0.271506	0	2.00
3.00	Total (sum of lines 1-2)	1,162,049,042	0	1,162,049,042	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	30,125,616	523,364	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	103,632	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	23,178,435	9,487,152	2.00
3.00	Total (sum of lines 1-2)	0	0	0	53,407,683	10,010,516	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 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	8,139,904	1,266,007	521,095	0	40,575,986	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	7,709	0	0	111,341	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	603,157	0	110,138	0	33,378,882	2.00
3.00	Total (sum of lines 1-2)	8,743,061	1,273,716	631,233	0	74,066,209	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A-8

Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-435,111	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			CAP REL COSTS-BLDG & FIXT		1.01		1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP		2.00		2.00
3.00 Investment income - other (chapter 2)		0			0.00		3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-49,295	ADMINISTRATIVE & GENERAL		5.00		4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00		5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00		7.00
8.00 Television and radio service (chapter 21)		0			0.00		8.00
9.00 Parking lot (chapter 21)	B	-21,240	CAP REL COSTS-BLDG & FIXT		1.00		9.00
10.00 Provider-based physician adjustment	A-8-2	-76,114,826					10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00		11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-159,843,208					12.00
13.00 Laundry and linen service		0			0.00		13.00
14.00 Cafeteria-employees and guests	B	-1,438,326	CAFETERIA		11.00		14.00
15.00 Rental of quarters to employee and others		0			0.00		15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00		16.00
17.00 Sale of drugs to other than patients		0			0.00		17.00
18.00 Sale of medical records and abstracts		0			0.00		18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00		19.00
19.01 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00		19.01
20.00 Vending machines		0			0.00		20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-6,075	ADMINISTRATIVE & GENERAL		5.00		21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.00		26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.01		26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP		2.00		27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant					0.00		29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***		67.00		30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A-8

Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
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	***	Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	0	32.00
33.00 CALL CENTER	B	0	0	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01 MISC OPERATING INCOME	B	-40,938	0	PRIMARY CARE FOR SENIORS	90.04	0	33.01
33.02 MWISE NORTH - NON OP REVENUE	B	0	0	PRIMARY CARE FOR SENIORS	90.04	0	33.02
33.03 MWISE EAST NON OP REVENUE	B	-30	0	PRIMARY CARE FOR SENIORS	90.04	0	33.03
33.04 GW CONFERENCE CENTER REVENUE	B	0	0	CAP REL COSTS-BLDG & FIXT	1.00	9	33.04
33.05 WEIGHT LOSS PROGRAM	B	-17,774	0	CLINIC	90.00	0	33.05
33.06 AMENITY SUITE CHARGES	B	0	0	CAP REL COSTS-BLDG & FIXT	1.00	9	33.06
33.07 CHILD CARE TUITION	B	0	0	FAMILY PRACTICE	90.01	0	33.07
33.08 PROPERTY TAX - RENTAL PROPERTY	A	-246,338	0	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09 FAMILY PRACTICE GRANT	A	170,822	0	FAMILY PRACTICE	90.01	0	33.09
33.10 PHYSICIAN RECRUITMENT	A	0	0	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11 AMORTIZATION PHASE II	A	2,225	0	CAP REL COSTS-BLDG & FIXT	1.00	9	33.11
33.12 FEDERAL INCOME TAX	A	50,448	0	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13 STATE INCOME TAX	A	0	0	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14 AHA/IHA DUES	A	0	0	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15 FINANCE CHARGES	A	0	0	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16 HAF	A	-43,741,740	0	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17 PROFESSIONAL BILLING	A	-544,879	0	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18 PENSION	A	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.18
33.19 HOSPICE	B	-24,429	0	ADULTS & PEDIATRICS	30.00	0	33.19
33.20 DEACONESS CLINIC AT WORK	B	-76,251	0	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21 HME MISC OPERATING REVENUE	B	-10,607	0	DURABLE MEDICAL EQUIP-RENTED	96.00	0	33.21
33.22 OTHER FACILITIES RENT	A	-1,497	0	MISC NONREIMBURSABLE	194.00	9	33.22
33.23 OTHER FACILITIES RENT	A	-2,453,429	0	OTHER FACILITIES	194.02	9	33.23
43.01 ADVERTISEMENT	A	-90	0	ADMINISTRATIVE & GENERAL	5.00	0	43.01
43.02 ADVERTISEMENT	A	-1,914	0	OPERATING ROOM	50.00	0	43.02
43.03 ADVERTISEMENT	A	-6	0	PAIN MANAGEMENT	90.05	0	43.03
43.04 ADVERTISEMENT	A	-647,255	0	PR	194.04	0	43.04
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-285,491,763					50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A-8-1

Date/Time Prepared:
2/27/2023 8:09 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	FACILITY RENT	2,413	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	124,053	57,533	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	FACILITY RENT	37,835	4,674	3.00
4.00	50.00	OPERATING ROOM	FACILITY RENT	1,393	0	4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	181,067	140,063	4.01
4.02	55.00	RADIOLOGY-THERAPEUTIC	FACILITY RENT	7,537	0	4.02
4.03	60.00	LABORATORY	FACILITY RENT	59,501	61,034	4.03
4.04	66.00	PHYSICAL THERAPY	FACILITY RENT	123,626	109,194	4.04
4.05	90.04	PRIMARY CARE FOR SENIORS	FACILITY RENT	41,813	71,310	4.05
4.06	90.05	PAIN MANAGEMENT	FACILITY RENT	92,259	142,986	4.06
4.07	50.00	OPERATING ROOM	CONTRACT SERVICES	11,031,192	28,809,668	4.07
4.08	66.00	PHYSICAL THERAPY	CONTRACT THERAPY	11,760,348	18,170,203	4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	1,323	1,323	4.09
4.10	7.00	OPERATION OF PLANT	FACILITY RENT	-613,181	-613,181	4.10
4.11	50.00	OPERATING ROOM	FACILITY RENT	141,991	141,991	4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	40,958	40,958	4.12
4.13	60.00	LABORATORY	FACILITY RENT	47,398	47,398	4.13
4.14	66.00	PHYSICAL THERAPY	FACILITY RENT	135,893	135,893	4.14
4.15	55.00	RADIOLOGY-THERAPEUTIC	CONTRACT SERVICES	8,803,269	19,210,066	4.15
4.16	50.00	OPERATING ROOM	CONTRACT SERVICES	7,599,003	9,827,286	4.16
4.17	50.00	OPERATING ROOM	CONTRACT SERVICES	3,323,928	4,139,991	4.17
4.18	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	3,147,963	3,920,824	4.18
4.19	50.00	OPERATING ROOM	CONTRACT SERVICES	12,578,183	14,782,172	4.19
4.20	5.00	ADMINISTRATIVE & GENERAL	CONTRACT SERVICES	21,132,658	21,885,567	4.20
4.21	4.00	EMPLOYEE BENEFITS DEPARTMENT	CONTRACT SERVICES	56,308	0	4.21
4.22	13.00	NURSING ADMINISTRATION	MANAGEMENT SERVICES	313,388	350,022	4.22
4.23	50.00	OPERATING ROOM	MANAGEMENT SERVICES	453,686	508,891	4.23
4.24	54.00	RADIOLOGY-DIAGNOSTIC	MANAGEMENT SERVICES	32,002	37,842	4.24
4.25	55.00	RADIOLOGY-THERAPEUTIC	MANAGEMENT SERVICES	101,582	122,155	4.25
4.26	59.00	CARDIAC CATHETERIZATION	MANAGEMENT SERVICES	21,630	67,690	4.26
4.27	91.00	EMERGENCY	MANAGEMENT SERVICES	137,952	169,146	4.27
4.28	192.00	PHYSICIANS' PRIVATE OFFICES	MANAGEMENT SERVICES	72,307	72,307	4.28
4.29	194.00	MISC NONREIMBURSABLE	MANAGEMENT SERVICES	54,168	54,168	4.29
4.30	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	39,497,805	76,556,356	4.30
4.31	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	63,941,911	116,842,203	4.31
4.32	7.00	OPERATION OF PLANT	HOME OFFICE	20,008,425	33,787,074	4.32
4.33	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE	2,121,868	2,915,390	4.33
4.34	9.00	HOUSEKEEPING	HOME OFFICE	5,593,279	8,152,337	4.34
4.35	10.00	DIETARY	HOME OFFICE	1,920,434	3,081,321	4.35
4.36	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,756,869	3,137,925	4.36
4.37	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	3,361,022	4,372,886	4.37
4.38	15.00	PHARMACY	HOME OFFICE	8,416,531	13,976,446	4.38
4.39	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	1,081,720	1,581,253	4.39
4.40	17.00	SOCIAL SERVICE	HOME OFFICE	7,632,499	9,348,652	4.40
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			236,377,809	396,221,017	5.00

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

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

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

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

6.00	B		100.00	DEACONESS HEALT	0.00	6.00
7.00	B		100.00	DEACONESS HEALT	0.00	7.00
8.00	B		100.00	DEACONESS HEALT	0.00	8.00

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

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A-8-1

Date/Time Prepared:
2/27/2023 8:09 am

	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	
9.00	B		100.00	DEACONESS HEALT	0.00	9.00
10.00	B		100.00	DEACONESS HEALT	0.00	10.00
10.01	B		100.00	DEACONESS HEALT	0.00	10.01
10.03	B		100.00	DEACONESS HEALT	0.00	10.03
10.04	B		100.00	DEACONESS HEALT	0.00	10.04
10.05	C		0.00	EVANSVILLE SURG	50.00	10.05
10.06	C		0.00	PROGRESSIVE HEA	51.00	10.06
10.07	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.07
10.08	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.08
10.09	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.09
10.10	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.10
10.11	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.11
10.12	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.12
10.13	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.13
10.14	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.14
10.15	C		0.00	TROC	51.00	10.15
10.16	C		0.00	MAINSPIRING MANA	51.00	10.16
10.17	C		0.00	VASC MED, LLC	51.00	10.17
10.18	C		0.00	VASC MED, LLC	51.00	10.18
10.19	C		0.00	ORTHOALIGN	51.00	10.19
10.20	B		100.00	DEACONESS HEALT	0.00	10.20
10.21	B		100.00	DEACONESS HEALT	0.00	10.21
10.22	B		100.00	DEACONESS HEALT	0.00	10.22
10.23	B		100.00	DEACONESS HEALT	0.00	10.23
10.24	B		100.00	DEACONESS HEALT	0.00	10.24
10.25	B		100.00	DEACONESS HEALT	0.00	10.25
10.26	B		100.00	DEACONESS HEALT	0.00	10.26
10.27	B		100.00	DEACONESS HEALT	0.00	10.27
10.28	B		100.00	DEACONESS HEALT	0.00	10.28
10.29	B		100.00	DEACONESS HEALT	0.00	10.29
10.30	B		100.00	DEACONESS HEALT	0.00	10.30
10.31	B		100.00	DEACONESS HEALT	0.00	10.31
10.32	C		0.00	HRS	95.00	10.32
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: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A-8-1

Date/Time Prepared:
2/27/2023 8:09 am

	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	2,413	0		1.00
2.00	66,520	0		2.00
3.00	33,161	0		3.00
4.00	1,393	0		4.00
4.01	41,004	0		4.01
4.02	7,537	0		4.02
4.03	-1,533	0		4.03
4.04	14,432	0		4.04
4.05	-29,497	0		4.05
4.06	-50,727	0		4.06
4.07	-17,778,476	0		4.07
4.08	-6,409,855	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	-10,406,797	0		4.15
4.16	-2,228,283	0		4.16
4.17	-816,063	0		4.17
4.18	-772,861	0		4.18
4.19	-2,203,989	0		4.19
4.20	-752,909	0		4.20
4.21	56,308	0		4.21
4.22	-36,634	0		4.22
4.23	-55,205	0		4.23
4.24	-5,840	0		4.24
4.25	-20,573	0		4.25
4.26	-46,060	0		4.26
4.27	-31,194	0		4.27
4.28	0	0		4.28
4.29	0	0		4.29
4.30	-37,058,551	0		4.30
4.31	-52,900,292	0		4.31
4.32	-13,778,649	0		4.32
4.33	-793,522	0		4.33
4.34	-2,559,058	0		4.34
4.35	-1,160,887	0		4.35
4.36	-1,381,056	0		4.36
4.37	-1,011,864	0		4.37
4.38	-5,559,915	0		4.38
4.39	-499,533	0		4.39
4.40	-1,716,153	0		4.40
5.00	-159,843,208	0		5.00

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

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

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

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

6.00	HEALTH SYSTEM		6.00
7.00	HEALTH SYSTEM		7.00
8.00	HEALTH SYSTEM		8.00
9.00	HEALTH SYSTEM		9.00
10.00	HEALTH SYSTEM		10.00
10.01	HEALTH SYSTEM		10.01

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

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A-8-1

Date/Time Prepared:
2/27/2023 8:09 am

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
10.03	HEALTH SYSTEM		10.03
10.04	HEALTH SYSTEM		10.04
10.05	SURGERY		10.05
10.06	THERAPY SERVICE		10.06
10.07	CLINIC		10.07
10.08	CLINIC		10.08
10.09	CLINIC		10.09
10.10	CLINIC		10.10
10.11	CLINIC		10.11
10.12	CLINIC		10.12
10.13	CLINIC		10.13
10.14	CLINIC		10.14
10.15	RADIATION THERA		10.15
10.16	SURGERY		10.16
10.17	SURGERY		10.17
10.18	SURGERY		10.18
10.19	SURGERY		10.19
10.20	HEALTH SYSTEM		10.20
10.21	HEALTH SYSTEM		10.21
10.22	HEALTH SYSTEM		10.22
10.23	HEALTH SYSTEM		10.23
10.24	HEALTH SYSTEM		10.24
10.25	HEALTH SYSTEM		10.25
10.26	HEALTH SYSTEM		10.26
10.27	HEALTH SYSTEM		10.27
10.28	HEALTH SYSTEM		10.28
10.29	HEALTH SYSTEM		10.29
10.30	HEALTH SYSTEM		10.30
10.31	HEALTH SYSTEM		10.31
10.32	REV CYCLE BILLI		10.32
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A-8-2

Date/Time Prepared:
2/27/2023 8:09 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	8,208	8,208	0	179,000	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	6,405	6,405	0	179,000	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	31,119,161	27,297,905	3,821,256	211,500	28,691	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	343,760	7,443	336,317	211,500	2,955	4.00
5.00	32.00	AGGREGATE-CORONARY CARE UNIT	118,622	17,666	100,956	211,500	430	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	21,987,146	21,238,831	748,315	246,400	2,588	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	608,097	84,722	523,375	271,900	2,094	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	8,125	0	8,125	271,900	31	8.00
9.00	60.00	AGGREGATE-LABORATORY	695,618	127,868	567,750	260,300	2,558	9.00
10.00	63.00	AGGREGATE-BLOOD STORING, PROCESSING,	2,087	2,087	0	260,300	0	10.00
11.00	65.00	AGGREGATE-RESPIRATORY THERAPY	35,636	35,096	540	211,500	5	11.00
12.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	693,261	693,261	0	211,500	0	12.00
13.00	74.00	AGGREGATE-RENAL DIALYSIS	7,500	0	7,500	211,500	50	13.00
14.00	76.01	AGGREGATE-PULMONARY REHAB	7,320	0	7,320	211,500	61	14.00
15.00	90.00	AGGREGATE-CLINIC	446,219	360,104	86,115	211,500	421	15.00
16.00	90.01	AGGREGATE-FAMILY PRACTICE	246,392	246,392	0	179,000	0	16.00
17.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	1,132,167	1,052,782	79,385	211,500	945	17.00
18.00	90.05	AGGREGATE-PAIN MANAGEMENT	625,307	594,558	30,749	211,500	268	18.00
19.00	90.06	AGGREGATE-WOUND CARE	257,245	256,317	928	211,500	15	19.00
20.00	90.07	AGGREGATE-SLEEP CENTER	1,553,971	1,521,061	32,910	211,500	253	20.00
21.00	90.08	AGGREGATE-HEMATOLOGY	29,360	29,360	0	211,500	0	21.00
22.00	90.09	AGGREGATE-MULTI-SPECIALTY SERVICES	463,729	457,074	6,655	211,500	61	22.00
23.00	91.00	AGGREGATE-EMERGENCY	27,316,615	17,467,332	9,849,283	211,500	71,176	23.00
24.00	92.01	AGGREGATE-OBSERVATION BEDS (DISTINCT)	392	392	0	0	0	24.00
200.00			87,712,343	71,504,864	16,207,479		112,602	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A-8-2

Date/Time Prepared:
2/27/2023 8:09 am

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,917,378	145,869	0	0	0	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	300,472	15,024	0	0	0	4.00
5.00	32.00	AGGREGATE-CORONARY CARE UNIT	43,724	2,186	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	306,579	15,329	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	273,730	13,687	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	4,052	203	0	0	0	8.00
9.00	60.00	AGGREGATE-LABORATORY	320,119	16,006	0	0	0	9.00
10.00	63.00	AGGREGATE-BLOOD STORING, PROCESSING,	0	0	0	0	0	10.00
11.00	65.00	AGGREGATE-RESPIRATORY THERAPY	508	25	0	0	0	11.00
12.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	12.00
13.00	74.00	AGGREGATE-RENAL DIALYSIS	5,084	254	0	0	0	13.00
14.00	76.01	AGGREGATE-PULMONARY REHAB	6,203	310	0	0	0	14.00
15.00	90.00	AGGREGATE-CLINIC	42,808	2,140	0	0	0	15.00
16.00	90.01	AGGREGATE-FAMILY PRACTICE	0	0	0	0	0	16.00
17.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	96,090	4,805	0	0	0	17.00
18.00	90.05	AGGREGATE-PAIN MANAGEMENT	27,251	1,363	0	0	0	18.00
19.00	90.06	AGGREGATE-WOUND CARE	1,525	76	0	0	0	19.00
20.00	90.07	AGGREGATE-SLEEP CENTER	25,726	1,286	0	0	0	20.00
21.00	90.08	AGGREGATE-HEMATOLOGY	0	0	0	0	0	21.00
22.00	90.09	AGGREGATE-MULTI-SPECIALTY SERVICES	6,203	310	0	0	0	22.00
23.00	91.00	AGGREGATE-EMERGENCY	7,237,367	361,868	0	0	0	23.00
24.00	92.01	AGGREGATE-OBSERVATION BEDS (DISTINCT)	0	0	0	0	0	24.00
200.00			11,614,819	580,741	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet A-8-2

Date/Time Prepared:
2/27/2023 8:09 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	8,208		1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	0	0	0	6,405		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	2,917,378	903,878	28,201,783		3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	300,472	35,845	43,288		4.00
5.00	32.00	AGGREGATE-CORONARY CARE UNIT	0	43,724	57,232	74,898		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	306,579	441,736	21,680,567		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	273,730	249,645	334,367		7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	4,052	4,073	4,073		8.00
9.00	60.00	AGGREGATE-LABORATORY	0	320,119	247,631	375,499		9.00
10.00	63.00	AGGREGATE-BLOOD STORING, PROCESSING,	0	0	0	2,087		10.00
11.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	508	32	35,128		11.00
12.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	693,261		12.00
13.00	74.00	AGGREGATE-RENAL DIALYSIS	0	5,084	2,416	2,416		13.00
14.00	76.01	AGGREGATE-PULMONARY REHAB	0	6,203	1,117	1,117		14.00
15.00	90.00	AGGREGATE-CLINIC	0	42,808	43,307	403,411		15.00
16.00	90.01	AGGREGATE-FAMILY PRACTICE	0	0	0	246,392		16.00
17.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	0	96,090	0	1,052,782		17.00
18.00	90.05	AGGREGATE-PAIN MANAGEMENT	0	27,251	3,498	598,056		18.00
19.00	90.06	AGGREGATE-WOUND CARE	0	1,525	0	256,317		19.00
20.00	90.07	AGGREGATE-SLEEP CENTER	0	25,726	7,184	1,528,245		20.00
21.00	90.08	AGGREGATE-HEMATOLOGY	0	0	0	29,360		21.00
22.00	90.09	AGGREGATE-MULTI-SPECIALTY SERVICES	0	6,203	452	457,526		22.00
23.00	91.00	AGGREGATE-EMERGENCY	0	7,237,367	2,611,916	20,079,248		23.00
24.00	92.01	AGGREGATE-OBSERVATION BEDS (DISTINCT)	0	0	0	392		24.00
200.00			0	11,614,819	4,609,962	76,114,826		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B
Part I
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	40,575,986	40,575,986			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	111,341	0	111,341		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	33,378,882			33,378,882	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	36,692,807	108,206	7,970	7,215	36,816,198
5.00 00500	ADMINISTRATIVE & GENERAL	76,643,196	773,114	40,498	12,984,798	4,321,062
7.00 00700	OPERATION OF PLANT	4,351,379	0	0	213,599	412,874
8.00 00800	LAUNDRY & LINEN SERVICE	1,317,087	0	0	125,461	112,691
9.00 00900	HOUSEKEEPING	6,163,864	0	0	74,908	595,983
10.00 01000	DIETARY	5,003,441	81,786	0	141,560	262,108
11.00 01100	CAFETERIA	1,691,387	531,581	0	47,920	133,733
13.00 01300	NURSING ADMINISTRATION	6,286,388	0	0	983,584	612,602
14.00 01400	CENTRAL SERVICES & SUPPLY	3,344,551	11,498	0	701,003	251,495
15.00 01500	PHARMACY	6,617,384	0	0	843,799	1,000,700
16.00 01600	MEDICAL RECORDS & LIBRARY	1,462,853	12,798	0	115	109,427
17.00 01700	SOCIAL SERVICE	7,735,194	0	0	47,752	726,563
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,018,363	108,481	0	0	194,931
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,090,779	34,994	0	0	146,897
23.00 02300	PARAMED ED PRGM-PHARMACY	333,829	10,123	0	24,611	26,460
23.01 02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0
23.03 02303	PARAMED ED PRGM-NURSING	1,298,939	71,912	0	7,866	125,450
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	86,228,819	8,313,407	0	914,503	8,484,474
31.00 03100	INTENSIVE CARE UNIT	30,423,897	1,882,268	0	207,383	2,202,435
32.00 03200	CORONARY CARE UNIT	5,709,135	215,187	0	14,053	403,205
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	82,667,584	3,007,144	0	6,786,597	3,340,614
51.00 05100	RECOVERY ROOM	7,705,249	1,206,737	0	204,212	592,796
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,141,642	1,181,116	0	1,167,106	648,240
55.00 05500	RADIOLOGY-THERAPEUTIC	16,635,532	417,051	0	135,457	328,291
56.00 05600	RADIOISOTOPE	2,721,010	97,533	0	13,305	74,778
57.00 05700	CT SCAN	6,557,827	74,712	0	1,336,909	313,595
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,647,828	169,320	0	1,692,995	196,915
59.00 05900	CARDIAC CATHETERIZATION	19,981,550	959,206	0	1,561,159	631,116
60.00 06000	LABORATORY	44,697,811	963,630	0	1,266,934	1,625,976
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	4,197,784	40,118	0	1,987	87,076
64.00 06400	INTRAVENOUS THERAPY	3,036,211	31,869	0	15,649	188,812
65.00 06500	RESPIRATORY THERAPY	9,139,480	190,691	0	427,330	593,360
66.00 06600	PHYSICAL THERAPY	12,766,211	193,416	0	112,306	0
69.00 06900	ELECTROCARDIOLOGY	5,404,664	522,958	0	235,661	277,866
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,838,125	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	27,677,478	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	84,232,892	0	0	0	0
74.00 07400	RENAL DIALYSIS	2,235,028	14,697	0	13,819	14,440
76.00 03030	ANGIOCARDIOGRAPHY	0	0	0	0	0
76.01 03160	PULMONARY REHAB	306,431	0	0	17,184	23,917
76.97 07697	CARDIAC REHABILITATION	714,443	125,778	0	17,331	48,325
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,331,131	450,720	0	2,784	294,837
90.01 09001	FAMILY PRACTICE	1,355,047	92,984	0	26,578	88,813
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	1,814,247	0	0	2,415	129,993
90.03 09003	CHEMO	2,958,701	225,185	0	54,896	214,633
90.04 09004	PRIARY CARE FOR SENIORS	927,429	0	0	7,709	151,725
90.05 09005	PAIN MANAGEMENT	2,563,602	224,035	0	30,060	236,488
90.06 09006	WOUND CARE	1,629,213	89,834	0	4,805	137,421
90.07 09007	SLEEP CENTER	2,703,601	85,410	0	19,705	326,877
90.08 09008	HEMATOLOGY	748,335	208,288	0	166	60,075
90.09 09009	MULTI-SPECIALTY SERVICES	1,115,149	179,393	0	8,882	115,470
90.10 09010	DIABETES CENTER	246,181	0	0	437	15,252
91.00 09100	EMERGENCY	28,140,137	1,190,940	0	261,203	2,734,254
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	8,774,357	993,300	0	1,404	653,477
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	11,462,998	123,653	0	221,125	273,384
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	780,554,409	25,215,073	48,468	32,988,240	34,541,906
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,111,627	366,735	0	0	132,960

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	15,515,799	1,757,515	0	305,678	1,213,054	192.00
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02 19202 HENDERSON ER PHYSICIANS	7,181	0	0	0	264,902	192.02
192.03 19203 FAMILY PHARMACY	38,807,753	91,059	0	17,668	156,341	192.03
194.00 07950 MISC NONREIMBURSABLE	2,538,180	643,036	41,832	4,171	143,031	194.00
194.01 07951 OCCUPATIONAL HEALTH	14	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	1,842,732	1,157,121	0	38,277	60,463	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	601,819	71,962	0	4,714	99,520	194.04
194.05 07955 CHILD CARE CENTER	2,843,760	0	0	20,134	204,021	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	8,748	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	328,567	0	0	0	194.08
194.09 07959 HOME OFFICE	0	10,936,170	21,041	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	845,823,274	40,575,986	111,341	33,378,882	36,816,198	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

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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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	94,762,668				5.00
7.00	00700	OPERATION OF PLANT	1,354,062	6,331,914			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	278,379	126,654	1,960,272		8.00
9.00	00900	HOUSEKEEPING	918,061	81,934	0	7,834,750	9.00
10.00	01000	DIETARY	744,718	93,340	23,715	119,427	6,470,095
11.00	01100	CAFETERIA	304,524	104,868	0	134,178	0
13.00	01300	NURSING ADMINISTRATION	1,009,350	35,410	0	45,307	0
14.00	01400	CENTRAL SERVICES & SUPPLY	617,189	112,388	19,891	143,800	0
15.00	01500	PHARMACY	1,117,585	70,119	0	89,717	0
16.00	01600	MEDICAL RECORDS & LIBRARY	226,075	42,052	0	53,805	0
17.00	01700	SOCIAL SERVICE	1,094,262	26,144	0	33,451	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	293,967	21,401	0	27,382	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	287,750	6,903	0	8,833	0
23.00	02300	PARAMED PRGM-PHARMACY	50,050	1,997	0	2,555	0
23.01	02301	PARAMED PRGM-CHAPLAIN	0	0	0	0	0
23.03	02303	PARAMED PRGM-NURSING	190,458	14,187	0	18,152	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,161,349	1,640,040	1,111,319	2,098,415	4,551,274
31.00	03100	INTENSIVE CARE UNIT	4,395,789	371,326	82,767	475,109	887,296
32.00	03200	CORONARY CARE UNIT	802,946	42,451	38,652	54,316	165,446
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,092,006	593,238	196,236	759,043	0
51.00	05100	RECOVERY ROOM	1,229,575	238,060	65,361	304,596	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,791,725	233,006	63,690	298,130	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,217,988	82,274	2,485	105,269	0
56.00	05600	RADIOISOTOPE	368,036	19,241	24,850	24,619	0
57.00	05700	CT SCAN	1,050,639	14,739	10,298	18,858	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	724,992	33,403	57,654	42,739	0
59.00	05900	CARDIAC CATHETERIZATION	2,931,159	189,228	509	242,116	0
60.00	06000	LABORATORY	6,149,411	190,101	492	243,233	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	547,853	7,914	0	10,126	0
64.00	06400	INTRAVENOUS THERAPY	414,369	6,287	0	8,044	0
65.00	06500	RESPIRATORY THERAPY	1,311,160	37,619	0	48,133	0
66.00	06600	PHYSICAL THERAPY	1,655,236	38,156	19,302	48,821	0
69.00	06900	ELECTROCARDIOLOGY	815,868	103,167	2,325	132,001	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	992,409	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,504,329	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	10,664,979	0	0	0	0
74.00	07400	RENAL DIALYSIS	288,442	2,899	0	3,710	0
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0
76.01	03160	PULMONARY REHAB	44,027	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	114,720	24,813	0	31,748	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	516,518	88,916	150	113,768	0
90.01	09001	FAMILY PRACTICE	197,987	18,343	821	23,470	0
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	246,475	0	0	0	0
90.03	09003	CHEMO	437,325	44,424	245	56,840	0
90.04	09004	PRIMARY CARE FOR SENIORS	137,622	0	268	0	0
90.05	09005	PAIN MANAGEMENT	386,742	44,197	3,088	56,550	0
90.06	09006	WOUND CARE	235,668	17,722	4,536	22,675	0
90.07	09007	SLEEP CENTER	397,035	16,849	0	21,559	0
90.08	09008	HEMATOLOGY	128,748	41,090	0	52,575	0
90.09	09009	MULTI-SPECIALTY SERVICES	179,663	35,390	0	45,281	0
90.10	09010	DIABETES CENTER	33,157	0	0	0	0
91.00	09100	EMERGENCY	4,093,330	234,944	219,690	300,609	92,846
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,319,631	195,954	2,402	250,722	553,977
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,529,946	24,394	0	31,212	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,595,284	5,367,582	1,950,746	6,600,894	6,250,839
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	457,240	72,348	0	92,569	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,379,751	346,716	9	443,620	0
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02	19202	HENDERSON ER PHYSICIANS	34,449	0	0	0	0
192.03	19203	FAMILY PHARMACY	4,947,152	17,964	0	22,984	0
194.00	07950	MISC NONREIMBURSABLE	426,723	218,292	1,786	279,303	219,256

COST ALLOCATION - GENERAL SERVICE COSTS

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To 09/30/2022

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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	
194.01	07951	OCCUPATIONAL HEALTH	2	0	0	0	0	194.01
194.02	07952	OTHER FACILITIES	392,377	228,272	0	292,073	0	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PR	98,514	14,196	0	18,164	0	194.04
194.05	07955	CHILD CARE CENTER	388,467	0	7,731	0	0	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	1,108	1,726	0	2,208	0	194.07
194.08	07958	HEALTHSOUTH	41,601	64,818	0	82,935	0	194.08
194.09	07959	HOME OFFICE	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)	94,762,668	6,331,914	1,960,272	7,834,750	6,470,095	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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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	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
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	2,948,191					11.00
13.00	01300	83,944	9,056,585				13.00
14.00	01400	48,030	0	5,249,845			14.00
15.00	01500	109,635	0	41,777	9,890,716		15.00
16.00	01600	23,113	0	83	0	1,930,321	16.00
17.00	01700	79,734	0	134	0	0	17.00
21.00	02100	18,559	0	0	0	0	21.00
22.00	02200	10,396	0	0	0	0	22.00
23.00	02300	2,578	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.03	02303	15,552	83,164	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	711,418	3,804,400	179,610	129	133,543	30.00
31.00	03100	189,369	1,012,669	118,761	83	55,528	31.00
32.00	03200	37,977	203,085	28,538	56	12,065	32.00
40.00	04000	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	211,966	1,133,509	910,607	3,501	299,438	50.00
51.00	05100	60,488	323,466	28,579	17	15,508	51.00
54.00	05400	83,858	0	92,990	630	71,399	54.00
55.00	05500	39,266	0	105,593	24,939	69,729	55.00
56.00	05600	7,561	0	29,922	14	24,192	56.00
57.00	05700	39,953	0	58,305	0	115,467	57.00
58.00	05800	25,347	0	15,311	0	39,007	58.00
59.00	05900	58,856	0	369,663	1,769	91,297	59.00
60.00	06000	289,294	0	765,554	124	183,270	60.00
63.00	06300	10,912	0	154,169	0	13,442	63.00
64.00	06400	17,098	91,434	39,850	18	5,594	64.00
65.00	06500	57,223	0	57,480	2	53,329	65.00
66.00	06600	0	0	17,854	94	54,118	66.00
69.00	06900	31,705	169,544	52,544	538	47,544	69.00
71.00	07100	0	0	385,988	0	26,996	71.00
72.00	07200	0	0	1,362,992	0	66,527	72.00
73.00	07300	0	0	0	5,339,297	268,015	73.00
74.00	07400	1,117	0	1,482	0	8,374	74.00
76.00	03030	0	0	0	0	0	76.00
76.01	03160	4,038	0	73	29	373	76.01
76.97	07697	8,162	0	172	1	2,515	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	32,736	175,058	4,026	56	2,620	90.00
90.01	09001	13,232	70,758	2,143	14,112	1,889	90.01
90.02	09002	22,511	120,381	41	0	5,147	90.02
90.03	09003	22,941	122,678	18,365	0	19,970	90.03
90.04	09004	13,146	70,299	702	594	491	90.04
90.05	09005	26,464	141,516	4,527	1,358	12,131	90.05
90.06	09006	17,871	95,569	9,120	408	9,127	90.06
90.07	09007	31,791	170,003	5,476	0	5,748	90.07
90.08	09008	10,310	55,136	232	0	1,431	90.08
90.09	09009	14,435	77,191	630	318	2,826	90.09
90.10	09010	2,664	14,244	96	0	276	90.10
91.00	09100	144,175	770,988	68,850	3,241	172,679	91.00
92.00	09200						92.00
92.01	09201	65,729	351,493	19,194	0	13,671	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	50,264	0	290,876	0	23,272	96.00
SPECIAL PURPOSE COST CENTERS							
118.00		2,745,418	9,056,585	5,242,309	5,391,328	1,928,548	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	30,588	0	0	0	0	190.00
192.00	19200	61,777	0	1,787	12,274	1,773	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	5,843	0	0	0	0	192.02
192.03	19203	17,786	0	5,519	4,487,114	0	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B
Part I
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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	
194.00 07950 MISC NONREIMBURSABLE	22,597	0	230	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	1,718	0	0	0	0	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	12,544	0	0	0	0	194.04
194.05 07955 CHILD CARE CENTER	49,920	0	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	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)	2,948,191	9,056,585	5,249,845	9,890,716	1,930,321	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	PARAMED PRGM-CHAPLAIN	
		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
1.01 00101 CAP REL COSTS-BLDG & FIXT						1.01
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	9,743,234					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	2,683,084				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		2,586,552			22.00
23.00 02300 PARAMED PRGM-PHARMACY	0			452,203		23.00
23.01 02301 PARAMED PRGM-CHAPLAIN	0				0	23.01
23.03 02303 PARAMED PRGM-NURSING	0					23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	7,891,005	1,416,104	1,365,155	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	1,558,256	44,280	42,687	0	0	31.00
32.00 03200 CORONARY CARE UNIT	293,973	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	53,612	51,683	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	45,518	43,880	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	452,203	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03030 ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01 03160 PULMONARY REHAB	0	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICE	0	979,446	944,207	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03 09003 CHEMO	0	0	0	0	0	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	34,948	33,691	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06 09006 WOUND CARE	0	0	0	0	0	90.06
90.07 09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08 09008 HEMATOLOGY	0	0	0	0	0	90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	0	0	0	0	90.09
90.10 09010 DIABETES CENTER	0	0	0	0	0	90.10
91.00 09100 EMERGENCY	0	109,176	105,249	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	9,743,234	2,683,084	2,586,552	452,203	0
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02 19202 HENDERSON ER PHYSICIANS	0	0	0	0	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-CHAPLAIN	
		SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
	17.00	21.00	22.00	23.00	23.01	
192.03 19203 FAMILY PHARMACY	0	0	0	0	0	0 192.03
194.00 07950 MISC NONREIMBURSABLE	0	0	0	0	0	0 194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	0 194.01
194.02 07952 OTHER FACILITIES	0	0	0	0	0	0 194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	0 194.03
194.04 07954 PR	0	0	0	0	0	0 194.04
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	0 194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	0 194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	0 194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	0 194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	0 194.09
200.00 Cross Foot Adjustments	0	0	0	0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	9,743,234	2,683,084	2,586,552	452,203		0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

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Cost Center Description		PARAMED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT				1.01
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
23.00	02300	PARAMED PRGM-PHARMACY				23.00
23.01	02301	PARAMED PRGM-CHAPLAIN				23.01
23.03	02303	PARAMED PRGM-NURSING	1,825,680			23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,137,862	143,142,826	-2,781,259	140,361,567
31.00	03100	INTENSIVE CARE UNIT	266,444	44,216,347	-86,967	44,129,380
32.00	03200	CORONARY CARE UNIT	75,757	8,096,842	0	8,096,842
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,785	112,128,563	-105,295	112,023,268
51.00	05100	RECOVERY ROOM	24,942	11,999,586	0	11,999,586
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,773,532	0	16,773,532
55.00	05500	RADIOLOGY-THERAPEUTIC	17,025	20,180,899	0	20,180,899
56.00	05600	RADIOISOTOPE	0	3,405,061	0	3,405,061
57.00	05700	CT SCAN	0	9,591,302	0	9,591,302
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,645,511	0	6,645,511
59.00	05900	CARDIAC CATHETERIZATION	23,545	27,130,571	-89,398	27,041,173
60.00	06000	LABORATORY	0	56,375,830	0	56,375,830
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	0	5,071,381	0	5,071,381
64.00	06400	INTRAVENOUS THERAPY	15,007	3,870,242	0	3,870,242
65.00	06500	RESPIRATORY THERAPY	0	11,915,807	0	11,915,807
66.00	06600	PHYSICAL THERAPY	0	14,905,514	0	14,905,514
69.00	06900	ELECTROCARDIOLOGY	2,587	7,798,972	0	7,798,972
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,243,518	0	9,243,518
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,611,326	0	32,611,326
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100,957,386	0	100,957,386
74.00	07400	RENAL DIALYSIS	0	2,584,008	0	2,584,008
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0
76.01	03160	PULMONARY REHAB	0	396,072	0	396,072
76.97	07697	CARDIAC REHABILITATION	0	1,088,008	0	1,088,008
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	103	5,013,423	0	5,013,423
90.01	09001	FAMILY PRACTICE	0	3,829,830	-1,923,653	1,906,177
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	2,341,210	0	2,341,210
90.03	09003	CHEMO	13,092	4,189,295	0	4,189,295
90.04	09004	PRIMARY CARE FOR SENIORS	0	1,378,624	-68,639	1,309,985
90.05	09005	PAIN MANAGEMENT	5,123	3,735,881	0	3,735,881
90.06	09006	WOUND CARE	3,726	2,277,695	0	2,277,695
90.07	09007	SLEEP CENTER	0	3,784,054	0	3,784,054
90.08	09008	HEMATOLOGY	0	1,306,386	0	1,306,386
90.09	09009	MULTI-SPECIALTY SERVICES	9,056	1,783,684	0	1,783,684
90.10	09010	DIABETES CENTER	0	312,307	0	312,307
91.00	09100	EMERGENCY	109,703	38,752,014	-214,425	38,537,589
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	99,923	13,295,234	0	13,295,234
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	14,031,124	0	14,031,124
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,825,680	746,159,865	-5,269,636	740,890,229
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,264,067	0	4,264,067
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	22,039,753	0	22,039,753
192.01	19201	DEACONESS URGENT CARE	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
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Cost Center Description		PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.03	24.00	25.00	26.00		
192.02	19202 HENDERSON ER PHYSICIANS	0	312,375	0	312,375		192.02
192.03	19203 FAMILY PHARMACY	0	48,571,340	0	48,571,340		192.03
194.00	07950 MI SC NONREIMBURSABLE	0	4,538,437	0	4,538,437		194.00
194.01	07951 OCCUPATIONAL HEALTH	0	16	0	16		194.01
194.02	07952 OTHER FACILITIES	0	4,013,033	0	4,013,033		194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0		194.03
194.04	07954 PR	0	921,433	0	921,433		194.04
194.05	07955 CHILD CARE CENTER	0	3,514,033	0	3,514,033		194.05
194.06	07956 CENTER OF LIFE BALANCE	0	0	0	0		194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	13,790	0	13,790		194.07
194.08	07958 HEALTHSOUTH	0	517,921	0	517,921		194.08
194.09	07959 HOME OFFICE	0	10,957,211	0	10,957,211		194.09
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	1,825,680	845,823,274	-5,269,636	840,553,638		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

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Part II
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal		
			BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP			
		0	1.00	1.01	2.00	2A		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	108,206	7,970	7,215	123,391	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	773,114	40,498	12,984,798	13,798,410	5.00
7.00	00700	OPERATION OF PLANT	0	0	0	213,599	213,599	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	125,461	125,461	8.00
9.00	00900	HOUSEKEEPING	0	0	0	74,908	74,908	9.00
10.00	01000	DIETARY	0	81,786	0	141,560	223,346	10.00
11.00	01100	CAFETERIA	0	531,581	0	47,920	579,501	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	983,584	983,584	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,498	0	701,003	712,501	14.00
15.00	01500	PHARMACY	0	0	0	843,799	843,799	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,798	0	115	12,913	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	47,752	47,752	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	108,481	0	0	108,481	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	34,994	0	0	34,994	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	10,123	0	24,611	34,734	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	71,912	0	7,866	79,778	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	8,313,407	0	914,503	9,227,910	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,882,268	0	207,383	2,089,651	31.00
32.00	03200	CORONARY CARE UNIT	0	215,187	0	14,053	229,240	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,007,144	0	6,786,597	9,793,741	50.00
51.00	05100	RECOVERY ROOM	0	1,206,737	0	204,212	1,410,949	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,181,116	0	1,167,106	2,348,222	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	417,051	0	135,457	552,508	55.00
56.00	05600	RADIOISOTOPE	0	97,533	0	13,305	110,838	56.00
57.00	05700	CT SCAN	0	74,712	0	1,336,909	1,411,621	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	169,320	0	1,692,995	1,862,315	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	959,206	0	1,561,159	2,520,365	59.00
60.00	06000	LABORATORY	0	963,630	0	1,266,934	2,230,564	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	40,118	0	1,987	42,105	63.00
64.00	06400	INTRAVENOUS THERAPY	0	31,869	0	15,649	47,518	64.00
65.00	06500	RESPIRATORY THERAPY	0	190,691	0	427,330	618,021	65.00
66.00	06600	PHYSICAL THERAPY	0	193,416	0	112,306	305,722	66.00
69.00	06900	ELECTROCARDIOLOGY	0	522,958	0	235,661	758,619	69.00
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
74.00	07400	RENAL DIALYSIS	0	14,697	0	13,819	28,516	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	0	0	17,184	17,184	76.01
76.97	07697	CARDIAC REHABILITATION	0	125,778	0	17,331	143,109	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	450,720	0	2,784	453,504	90.00
90.01	09001	FAMILY PRACTICE	0	92,984	0	26,578	119,562	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	2,415	2,415	90.02
90.03	09003	CHEMO	0	225,185	0	54,896	280,081	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	7,709	7,709	90.04
90.05	09005	PAIN MANAGEMENT	0	224,035	0	30,060	254,095	90.05
90.06	09006	WOUND CARE	0	89,834	0	4,805	94,639	90.06
90.07	09007	SLEEP CENTER	0	85,410	0	19,705	105,115	90.07
90.08	09008	HEMATOLOGY	0	208,288	0	166	208,454	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	179,393	0	8,882	188,275	90.09
90.10	09010	DIABETES CENTER	0	0	0	437	437	90.10
91.00	09100	EMERGENCY	0	1,190,940	0	261,203	1,452,143	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	993,300	0	1,404	994,704	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	123,653	0	221,125	344,778	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	25,215,073	48,468	32,988,240	58,251,781	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	366,735	0	0	366,735	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,757,515	0	305,678	2,063,193	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B
Part II
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
	0				2A	
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02 19202 HENDERSON ER PHYSICIANS	0	0	0	0	0	192.02
192.03 19203 FAMILY PHARMACY	0	91,059	0	17,668	108,727	192.03
194.00 07950 MISC NONREIMBURSABLE	0	643,036	41,832	4,171	689,039	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	0	1,157,121	0	38,277	1,195,398	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	0	71,962	0	4,714	76,676	194.04
194.05 07955 CHILD CARE CENTER	0	0	0	20,134	20,134	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	8,748	0	0	8,748	194.07
194.08 07958 HEALTHSOUTH	0	328,567	0	0	328,567	194.08
194.09 07959 HOME OFFICE	0	10,936,170	21,041	0	10,957,211	194.09
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	40,575,986	111,341	33,378,882	74,066,209	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B
Part II
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	123,391					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,496	13,812,906				5.00
7.00	00700	OPERATION OF PLANT	1,385	197,367	412,351			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	378	40,576	8,248	174,663		8.00
9.00	00900	HOUSEKEEPING	1,999	133,816	5,336	0	216,059	9.00
10.00	01000	DIETARY	879	108,549	6,079	2,113	3,293	10.00
11.00	01100	CAFETERIA	449	44,387	6,829	0	3,700	11.00
13.00	01300	NURSING ADMINISTRATION	2,055	147,122	2,306	0	1,249	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	844	89,961	7,319	1,772	3,966	14.00
15.00	01500	PHARMACY	3,357	162,898	4,566	0	2,474	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	367	32,952	2,739	0	1,484	16.00
17.00	01700	SOCIAL SERVICE	2,437	159,499	1,703	0	922	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	654	42,848	1,394	0	755	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	493	41,942	450	0	244	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	89	7,295	130	0	70	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	421	27,761	924	0	501	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,345	1,918,771	106,800	99,020	57,869	30.00
31.00	03100	INTENSIVE CARE UNIT	7,389	640,726	24,182	7,375	13,102	31.00
32.00	03200	CORONARY CARE UNIT	1,353	117,037	2,765	3,444	1,498	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,207	1,762,520	38,633	17,485	20,932	50.00
51.00	05100	RECOVERY ROOM	1,989	179,222	15,503	5,824	8,400	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,175	261,160	15,174	5,675	8,222	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,101	323,292	5,358	221	2,903	55.00
56.00	05600	RADIOISOTOPE	251	53,645	1,253	2,214	679	56.00
57.00	05700	CT SCAN	1,052	153,140	960	918	520	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	661	105,674	2,175	5,137	1,179	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,117	427,243	12,323	45	6,677	59.00
60.00	06000	LABORATORY	5,455	896,333	12,380	44	6,708	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	292	79,855	515	0	279	63.00
64.00	06400	INTRAVENOUS THERAPY	633	60,398	409	0	222	64.00
65.00	06500	RESPIRATORY THERAPY	1,991	191,114	2,450	0	1,327	65.00
66.00	06600	PHYSICAL THERAPY	0	241,266	2,485	1,720	1,346	66.00
69.00	06900	ELECTROCARDIOLOGY	932	118,920	6,719	207	3,640	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	144,653	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	510,788	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,554,518	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	48	42,043	189	0	102	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	80	6,417	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	162	16,722	1,616	0	876	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	989	75,287	5,790	13	3,137	90.00
90.01	09001	FAMILY PRACTICE	298	28,858	1,195	73	647	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	436	35,926	0	0	0	90.02
90.03	09003	CHEMO	720	63,744	2,893	22	1,567	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	509	20,060	0	24	0	90.04
90.05	09005	PAIN MANAGEMENT	793	56,371	2,878	275	1,559	90.05
90.06	09006	WOUND CARE	461	34,351	1,154	404	625	90.06
90.07	09007	SLEEP CENTER	1,097	57,871	1,097	0	595	90.07
90.08	09008	HEMATOLOGY	202	18,766	2,676	0	1,450	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	387	26,188	2,305	0	1,249	90.09
90.10	09010	DIABETES CENTER	51	4,833	0	0	0	90.10
91.00	09100	EMERGENCY	9,173	596,640	15,300	19,575	8,290	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,192	192,348	12,761	214	6,914	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	917	223,004	1,589	0	861	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	115,761	12,476,677	349,550	173,814	182,033	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	446	66,647	4,712	0	2,553	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,070	346,870	22,579	1	12,234	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	889	5,021	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	524	721,093	1,170	0	634	192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B
Part II
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Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	4.00	5.00	7.00	8.00	9.00	
194.00 07950 MI SC NONREIMBURSABLE	480	62,199	14,216	159	7,702	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	203	57,192	14,866	0	8,054	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	334	14,359	925	0	501	194.04
194.05 07955 CHILD CARE CENTER	684	56,623	0	689	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	161	112	0	61	194.07
194.08 07958 HEALTHSOUTH	0	6,064	4,221	0	2,287	194.08
194.09 07959 HOME OFFICE	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)	123,391	13,812,906	412,351	174,663	216,059	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0082		Period: From 10/01/2021 To 09/30/2022		Worksheet B Part II Date/Time Prepared: 2/27/2023 8:09 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
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	344,259					10.00
11.00	01100	CAFETERIA	0	634,866				11.00
13.00	01300	NURSING ADMINISTRATION	0	18,077	1,154,393			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,343	0	826,706		14.00
15.00	01500	PHARMACY	0	23,609	0	6,579	1,047,282	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,977	0	13	0	16.00
17.00	01700	SOCIAL SERVICE	0	17,170	0	21	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,996	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,239	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	555	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	3,349	10,600	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	242,163	153,196	484,926	28,285	14	30.00
31.00	03100	INTENSIVE CARE UNIT	47,211	40,779	129,079	18,702	9	31.00
32.00	03200	CORONARY CARE UNIT	8,803	8,178	25,886	4,494	6	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	45,645	144,482	143,401	371	50.00
51.00	05100	RECOVERY ROOM	0	13,026	41,230	4,501	2	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,058	0	14,644	67	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,456	0	16,629	2,641	55.00
56.00	05600	RADIOISOTOPE	0	1,628	0	4,712	1	56.00
57.00	05700	CT SCAN	0	8,604	0	9,182	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,458	0	2,411	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,674	0	58,214	187	59.00
60.00	06000	LABORATORY	0	62,297	0	120,558	13	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	2,350	0	24,278	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,682	11,655	6,275	2	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,322	0	9,052	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,812	10	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,827	21,611	8,275	57	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	60,785	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	214,614	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	565,342	73.00
74.00	07400	RENAL DIALYSIS	0	241	0	233	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	870	0	11	3	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,758	0	27	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	7,049	22,314	634	6	90.00
90.01	09001	FAMILY PRACTICE	0	2,849	9,019	337	1,494	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	4,848	15,344	6	0	90.02
90.03	09003	CHEMO	0	4,940	15,637	2,892	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	2,831	8,961	110	63	90.04
90.05	09005	PAIN MANAGEMENT	0	5,699	18,038	713	144	90.05
90.06	09006	WOUND CARE	0	3,848	12,182	1,436	43	90.06
90.07	09007	SLEEP CENTER	0	6,846	21,669	862	0	90.07
90.08	09008	HEMATOLOGY	0	2,220	7,028	36	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	3,108	9,839	99	34	90.09
90.10	09010	DIABETES CENTER	0	574	1,816	15	0	90.10
91.00	09100	EMERGENCY	4,940	31,047	98,274	10,842	343	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	29,476	14,154	44,803	3,023	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	10,824	0	45,807	0	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	332,593	591,201	1,154,393	825,520	570,852	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,587	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,303	0	281	1,300	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	1,258	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	3,830	0	869	475,130	192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B
Part II
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.00 07950 MI SC NONREIMBURSABLE	11,666	4,866	0	36	0	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	0	370	0	0	0	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	0	2,701	0	0	0	194.04
194.05 07955 CHILD CARE CENTER	0	10,750	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	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)	344,259	634,866	1,154,393	826,706	1,047,282	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B
Part II
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		21.00
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
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	55,445				16.00
17.00 01700	SOCIAL SERVICE	0	229,504			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	158,128		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	80,362	22.00
23.00 02300	PARAMED PRGM-PHARMACY	0	0	0	0	23.00
23.01 02301	PARAMED PRGM-CHAPLAIN	0	0	0	42,873	23.01
23.03 02303	PARAMED PRGM-NURSING	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	3,941	185,874			30.00
31.00 03100	INTENSIVE CARE UNIT	1,639	36,705			31.00
32.00 03200	CORONARY CARE UNIT	356	6,925			32.00
40.00 04000	SUBPROVIDER - I/P	0	0			40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	7,314	0			50.00
51.00 05100	RECOVERY ROOM	458	0			51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,107	0			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,058	0			55.00
56.00 05600	RADIOISOTOPE	714	0			56.00
57.00 05700	CT SCAN	3,408	0			57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,151	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	2,695	0			59.00
60.00 06000	LABORATORY	5,409	0			60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	397	0			63.00
64.00 06400	INTRAVENOUS THERAPY	165	0			64.00
65.00 06500	RESPIRATORY THERAPY	1,574	0			65.00
66.00 06600	PHYSICAL THERAPY	1,597	0			66.00
69.00 06900	ELECTROCARDIOLOGY	1,403	0			69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	797	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,963	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	7,910	0			73.00
74.00 07400	RENAL DIALYSIS	247	0			74.00
76.00 03030	ANGIOCARDIOGRAPHY	0	0			76.00
76.01 03160	PULMONARY REHAB	11	0			76.01
76.97 07697	CARDIAC REHABILITATION	74	0			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	77	0			90.00
90.01 09001	FAMILY PRACTICE	56	0			90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	152	0			90.02
90.03 09003	CHEMO	589	0			90.03
90.04 09004	PRIMARY CARE FOR SENIORS	15	0			90.04
90.05 09005	PAIN MANAGEMENT	358	0			90.05
90.06 09006	WOUND CARE	269	0			90.06
90.07 09007	SLEEP CENTER	170	0			90.07
90.08 09008	HEMATOLOGY	42	0			90.08
90.09 09009	MULTI-SPECIALTY SERVICES	83	0			90.09
90.10 09010	DIABETES CENTER	8	0			90.10
91.00 09100	EMERGENCY	5,096	0			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	403	0			92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	687	0			96.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	55,393	229,504	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	52	0			192.00
192.01 19201	DEACONESS URGENT CARE	0	0			192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B
Part II
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
192.02 19202 HENDERSON ER PHYSICIANS	0	0	0	0	0	192.02
192.03 19203 FAMILY PHARMACY	0	0	0	0	0	192.03
194.00 07950 MI SC NONREIMBURSABLE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	0	0	0	0	0	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	0	0	0	0	0	194.04
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments	0	0	158,128	80,362	42,873	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	55,445	229,504	158,128	80,362	42,873	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B
Part II
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description			PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
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
23.00	02300	PARAMED ED PRGM-PHARMACY						23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0					23.01
23.03	02303	PARAMED ED PRGM-NURSING		123,334				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			12,537,114	0	12,537,114	30.00
31.00	03100	INTENSIVE CARE UNIT			3,056,549	0	3,056,549	31.00
32.00	03200	CORONARY CARE UNIT			409,985	0	409,985	32.00
40.00	04000	SUBPROVIDER - IPF			0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			11,985,731	0	11,985,731	50.00
51.00	05100	RECOVERY ROOM			1,681,104	0	1,681,104	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,675,504	0	2,675,504	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			915,167	0	915,167	55.00
56.00	05600	RADIOISOTOPE			175,935	0	175,935	56.00
57.00	05700	CT SCAN			1,589,405	0	1,589,405	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			1,986,161	0	1,986,161	58.00
59.00	05900	CARDIAC CATHETERIZATION			3,042,540	0	3,042,540	59.00
60.00	06000	LABORATORY			3,339,761	0	3,339,761	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.			150,071	0	150,071	63.00
64.00	06400	INTRAVENOUS THERAPY			130,959	0	130,959	64.00
65.00	06500	RESPIRATORY THERAPY			837,851	0	837,851	65.00
66.00	06600	PHYSICAL THERAPY			556,958	0	556,958	66.00
69.00	06900	ELECTROCARDIOLOGY			927,210	0	927,210	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			206,235	0	206,235	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			727,365	0	727,365	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			2,127,770	0	2,127,770	73.00
74.00	07400	RENAL DIALYSIS			71,619	0	71,619	74.00
76.00	03030	ANGIOCARDIOGRAPHY			0	0	0	76.00
76.01	03160	PULMONARY REHAB			24,576	0	24,576	76.01
76.97	07697	CARDIAC REHABILITATION			164,344	0	164,344	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			568,800	0	568,800	90.00
90.01	09001	FAMILY PRACTICE			164,388	0	164,388	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES			59,127	0	59,127	90.02
90.03	09003	CHEMO			373,085	0	373,085	90.03
90.04	09004	PRIMARY CARE FOR SENIORS			40,282	0	40,282	90.04
90.05	09005	PAIN MANAGEMENT			340,923	0	340,923	90.05
90.06	09006	WOUND CARE			149,412	0	149,412	90.06
90.07	09007	SLEEP CENTER			195,322	0	195,322	90.07
90.08	09008	HEMATOLOGY			240,874	0	240,874	90.08
90.09	09009	MULTI-SPECIALTY SERVICES			231,567	0	231,567	90.09
90.10	09010	DIABETES CENTER			7,734	0	7,734	90.10
91.00	09100	EMERGENCY			2,251,663	0	2,251,663	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)			1,300,992	0	1,300,992	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			628,467	0	628,467	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	55,872,550	0	55,872,550	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			447,680	0	447,680	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			2,463,883	0	2,463,883	192.00
192.01	19201	DEACONESS URGENT CARE			0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B
Part II
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description		PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.03	24.00	25.00	26.00	
192.02	19202 HENDERSON ER PHYSICIANS			7,168	0	7,168	192.02
192.03	19203 FAMILY PHARMACY			1,311,977	0	1,311,977	192.03
194.00	07950 MI SC NONREIMBURSABLE			790,363	0	790,363	194.00
194.01	07951 OCCUPATIONAL HEALTH			0	0	0	194.01
194.02	07952 OTHER FACILITIES			1,276,083	0	1,276,083	194.02
194.03	07953 THE HEART HOSPITAL			0	0	0	194.03
194.04	07954 PR			95,496	0	95,496	194.04
194.05	07955 CHILD CARE CENTER			88,880	0	88,880	194.05
194.06	07956 CENTER OF LIFE BALANCE			0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA			9,082	0	9,082	194.07
194.08	07958 HEALTHSOUTH			341,139	0	341,139	194.08
194.09	07959 HOME OFFICE			10,957,211	0	10,957,211	194.09
200.00	Cross Foot Adjustments	0	123,334	404,697	0	404,697	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	123,334	74,066,209	0	74,066,209	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B-1
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,623,326				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	0	49,355			1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP			32,750,852		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,329	3,533	7,079	381,204,559	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	30,930	17,952	12,740,483	44,741,222	748,445,546
7.00 00700	OPERATION OF PLANT	0	0	209,580	4,274,989	10,694,491
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	123,100	1,166,822	2,198,658
9.00 00900	HOUSEKEEPING	0	0	73,499	6,170,933	7,250,923
10.00 01000	DIETARY	3,272	0	138,897	2,713,919	5,881,844
11.00 01100	CAFETERIA	21,267	0	47,018	1,384,697	2,405,158
13.00 01300	NURSING ADMINISTRATION	0	0	965,078	6,343,016	7,971,931
14.00 01400	CENTRAL SERVICES & SUPPLY	460	0	687,813	2,604,029	4,874,611
15.00 01500	PHARMACY	0	0	827,923	10,361,465	8,826,777
16.00 01600	MEDICAL RECORDS & LIBRARY	512	0	113	1,133,033	1,785,559
17.00 01700	SOCIAL SERVICE	0	0	46,854	7,522,996	8,642,572
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,340	0	0	2,018,363	2,321,775
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,400	0	0	1,521,002	2,272,670
23.00 02300	PARAMED PRGM-PHARMACY	405	0	24,148	273,975	395,299
23.01 02301	PARAMED PRGM-CHAPLAIN	0	0	0	0	0
23.03 02303	PARAMED PRGM-NURSING	2,877	0	7,718	1,298,939	1,504,255
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	332,595	0	897,296	87,851,718	103,951,541
31.00 03100	INTENSIVE CARE UNIT	75,304	0	203,481	22,804,491	34,718,309
32.00 03200	CORONARY CARE UNIT	8,609	0	13,789	4,174,868	6,341,738
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	120,307	0	6,658,906	34,589,446	95,503,669
51.00 05100	RECOVERY ROOM	48,278	0	200,370	6,137,936	9,711,285
54.00 05400	RADIOLOGY-DIAGNOSTIC	47,253	0	1,145,147	6,712,013	14,151,195
55.00 05500	RADIOLOGY-THERAPEUTIC	16,685	0	132,908	3,399,197	17,517,850
56.00 05600	RADIOISOTOPE	3,902	0	13,055	774,263	2,906,776
57.00 05700	CT SCAN	2,989	0	1,311,755	3,247,033	8,298,038
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	6,774	0	1,661,141	2,038,905	5,726,047
59.00 05900	CARDIAC CATHETERIZATION	38,375	0	1,531,785	6,534,716	23,150,540
60.00 06000	LABORATORY	38,552	0	1,243,096	16,835,708	48,568,560
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	1,605	0	1,950	901,603	4,326,988
64.00 06400	INTRAVENOUS THERAPY	1,275	0	15,355	1,954,998	3,272,717
65.00 06500	RESPIRATORY THERAPY	7,629	0	419,290	6,143,780	10,355,654
66.00 06600	PHYSICAL THERAPY	7,738	0	110,193	0	13,073,193
69.00 06900	ELECTROCARDIOLOGY	20,922	0	231,227	2,877,090	6,443,792
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	7,838,125
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	27,677,478
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	84,232,892
74.00 07400	RENAL DIALYSIS	588	0	13,559	149,518	2,278,139
76.00 03030	ANGIOCARDIOGRAPHY	0	0	0	0	0
76.01 03160	PULMONARY REHAB	0	0	16,861	247,639	347,725
76.97 07697	CARDIAC REHABILITATION	5,032	0	17,005	500,363	906,071
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	18,032	0	2,732	3,052,804	4,079,504
90.01 09001	FAMILY PRACTICE	3,720	0	26,078	919,591	1,563,720
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	2,370	1,345,976	1,946,683
90.03 09003	CHEMO	9,009	0	53,863	2,222,352	3,454,031
90.04 09004	PRI-MARY CARE FOR SENIORS	0	0	7,564	1,570,995	1,086,950
90.05 09005	PAIN MANAGEMENT	8,963	0	29,494	2,448,648	3,054,522
90.06 09006	WOUND CARE	3,594	0	4,715	1,422,890	1,861,327
90.07 09007	SLEEP CENTER	3,417	0	19,334	3,384,560	3,135,814
90.08 09008	HEMATOLOGY	8,333	0	163	622,030	1,016,866
90.09 09009	MULTI-SPECIALTY SERVICES	7,177	0	8,715	1,195,606	1,418,994
90.10 09010	DIABETES CENTER	0	0	429	157,924	261,875
91.00 09100	EMERGENCY	47,646	0	256,288	28,311,065	32,329,463
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	39,739	0	1,378	6,766,247	10,422,554
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	4,947	0	216,964	2,830,681	12,083,640
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,008,781	21,485	32,367,559	357,656,054	676,040,788
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,672	0	0	1,376,695	3,611,322

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B-1

Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
192.00 19200 PHYSICIANS' PRIVATE OFFICES	70,313	0	299,927	12,560,226	18,795,475	192.00
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02 19202 HENDERSON ER PHYSICIANS	0	0	0	2,742,854	272,083	192.02
192.03 19203 FAMILY PHARMACY	3,643	0	17,336	1,618,793	39,073,020	192.03
194.00 07950 MISC NONREIMBURSABLE	25,726	18,543	4,093	1,480,974	3,370,297	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	14	194.01
194.02 07952 OTHER FACILITIES	46,293	0	37,557	626,043	3,099,023	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	2,879	0	4,625	1,030,447	778,068	194.04
194.05 07955 CHILD CARE CENTER	0	0	19,755	2,112,473	3,068,141	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	350	0	0	0	8,748	194.07
194.08 07958 HEALTHSOUTH	13,145	0	0	0	328,567	194.08
194.09 07959 HOME OFFICE	437,524	9,327	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)	40,575,986	111,341	33,378,882	36,816,198	94,762,668	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	24.995587	2.255921	1.019176	0.096579	0.126613	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				123,391	13,812,906	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000324	0.018455	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: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B-1

Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
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	1,284,095				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,685	4,371,764			8.00
9.00	00900	HOUSEKEEPING	16,616	0	1,241,794		9.00
10.00	01000	DIETARY	18,929	52,888	18,929	479,998	10.00
11.00	01100	CAFETERIA	21,267	0	21,267	0	34,313
13.00	01300	NURSING ADMINISTRATION	7,181	0	7,181	0	977
14.00	01400	CENTRAL SERVICES & SUPPLY	22,792	44,361	22,792	0	559
15.00	01500	PHARMACY	14,220	0	14,220	0	1,276
16.00	01600	MEDICAL RECORDS & LIBRARY	8,528	0	8,528	0	269
17.00	01700	SOCIAL SERVICE	5,302	0	5,302	0	928
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,340	0	4,340	0	216
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,400	0	1,400	0	121
23.00	02300	PARAMED ED PRGM-PHARMACY	405	0	405	0	30
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0
23.03	02303	PARAMED ED PRGM-NURSING	2,877	0	2,877	0	181
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	332,595	2,478,442	332,595	337,646	8,280
31.00	03100	INTENSIVE CARE UNIT	75,304	184,586	75,304	65,826	2,204
32.00	03200	CORONARY CARE UNIT	8,609	86,202	8,609	12,274	442
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	120,307	437,641	120,307	0	2,467
51.00	05100	RECOVERY ROOM	48,278	145,768	48,278	0	704
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,253	142,040	47,253	0	976
55.00	05500	RADIOLOGY-THERAPEUTIC	16,685	5,542	16,685	0	457
56.00	05600	RADIOISOTOPE	3,902	55,420	3,902	0	88
57.00	05700	CT SCAN	2,989	22,967	2,989	0	465
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,774	128,578	6,774	0	295
59.00	05900	CARDIAC CATHETERIZATION	38,375	1,136	38,375	0	685
60.00	06000	LABORATORY	38,552	1,098	38,552	0	3,367
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,605	0	1,605	0	127
64.00	06400	INTRAVENOUS THERAPY	1,275	0	1,275	0	199
65.00	06500	RESPIRATORY THERAPY	7,629	0	7,629	0	666
66.00	06600	PHYSICAL THERAPY	7,738	43,048	7,738	0	0
69.00	06900	ELECTROCARDIOLOGY	20,922	5,185	20,922	0	369
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	588	0	588	0	13
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0
76.01	03160	PULMONARY REHAB	0	0	0	0	47
76.97	07697	CARDIAC REHABILITATION	5,032	0	5,032	0	95
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	18,032	334	18,032	0	381
90.01	09001	FAMILY PRACTICE	3,720	1,830	3,720	0	154
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	262
90.03	09003	CHEMO	9,009	546	9,009	0	267
90.04	09004	PRIMARY CARE FOR SENIORS	0	598	0	0	153
90.05	09005	PAIN MANAGEMENT	8,963	6,886	8,963	0	308
90.06	09006	WOUND CARE	3,594	10,116	3,594	0	208
90.07	09007	SLEEP CENTER	3,417	0	3,417	0	370
90.08	09008	HEMATOLOGY	8,333	0	8,333	0	120
90.09	09009	MULTI-SPECIALTY SERVICES	7,177	0	7,177	0	168
90.10	09010	DIABETES CENTER	0	0	0	0	31
91.00	09100	EMERGENCY	47,646	489,949	47,646	6,888	1,678
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	39,739	5,357	39,739	41,098	765
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,947	0	4,947	0	585
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,088,531	4,350,518	1,046,230	463,732	31,953
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,672	0	14,672	0	356
192.00	19200	PHYSICIANS' PRIVATE OFFICES	70,313	20	70,313	0	719
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02	19202	HENDERSON ER PHYSICIANS	0	0	0	0	68

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B-1

Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
192.03	19203 FAMILY PHARMACY	3,643	0	3,643	0	207	192.03
194.00	07950 MISC NONREIMBURSABLE	44,269	3,984	44,269	16,266	263	194.00
194.01	07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952 OTHER FACILITIES	46,293	0	46,293	0	20	194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954 PR	2,879	0	2,879	0	146	194.04
194.05	07955 CHILD CARE CENTER	0	17,242	0	0	581	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	350	0	350	0	0	194.07
194.08	07958 HEALTHSOUTH	13,145	0	13,145	0	0	194.08
194.09	07959 HOME OFFICE	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)	6,331,914	1,960,272	7,834,750	6,470,095	2,948,191	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.931032	0.448394	6.309219	13.479421	85.920526	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	412,351	174,663	216,059	344,259	634,866	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.321122	0.039953	0.173989	0.717209	18.502200	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: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B-1

Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description			NURSING ADMINISTRATION (FTE'S NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
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	19,711					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	106,606,304				14.00
15.00	01500	PHARMACY	0	848,343	156,035,522			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,681	0	3,348,463,850		16.00
17.00	01700	SOCIAL SERVICE	0	2,717	0	0	157,298	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	181	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,280	3,647,270	2,040	231,845,650	127,395	30.00
31.00	03100	INTENSIVE CARE UNIT	2,204	2,411,634	1,308	96,403,495	25,157	31.00
32.00	03200	CORONARY CARE UNIT	442	579,513	889	20,946,242	4,746	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,467	18,491,363	55,239	517,067,149	0	50.00
51.00	05100	RECOVERY ROOM	704	580,342	269	26,923,489	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,888,304	9,941	123,956,382	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,144,236	393,440	121,056,629	0	55.00
56.00	05600	RADIOISOTOPE	0	607,616	218	41,999,470	0	56.00
57.00	05700	CT SCAN	0	1,183,975	0	200,463,705	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	310,916	0	67,719,809	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,506,607	27,906	158,501,968	0	59.00
60.00	06000	LABORATORY	0	15,545,814	1,961	318,176,987	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	3,130,645	0	23,336,785	0	63.00
64.00	06400	INTRAVENOUS THERAPY	199	809,210	277	9,710,987	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,167,231	39	92,585,273	0	65.00
66.00	06600	PHYSICAL THERAPY	0	362,550	1,479	93,954,110	0	66.00
69.00	06900	ELECTROCARDIOLOGY	369	1,066,997	8,483	82,541,902	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,838,125	0	46,868,847	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,677,478	0	115,498,653	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	84,232,968	465,304,398	0	73.00
74.00	07400	RENAL DIALYSIS	0	30,087	0	14,537,812	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	1,477	454	647,224	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	3,494	19	4,366,899	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	381	81,749	880	4,549,383	0	90.00
90.01	09001	FAMILY PRACTICE	154	43,508	222,633	3,279,487	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	262	832	0	8,935,630	0	90.02
90.03	09003	CHEMO	267	372,930	0	34,670,303	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	153	14,246	9,363	853,290	0	90.04
90.05	09005	PAIN MANAGEMENT	308	91,938	21,416	21,061,609	0	90.05
90.06	09006	WOUND CARE	208	185,193	6,435	15,845,204	0	90.06
90.07	09007	SLEEP CENTER	370	111,207	0	9,978,915	0	90.07
90.08	09008	HEMATOLOGY	120	4,705	0	2,484,200	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	168	12,800	5,016	4,906,550	0	90.09
90.10	09010	DIABETES CENTER	31	1,949	0	478,954	0	90.10
91.00	09100	EMERGENCY	1,678	1,398,110	51,137	299,790,192	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	765	389,763	0	23,734,947	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	5,906,721	0	40,403,326	0	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,711	106,453,276	85,053,810	3,345,385,855	157,298	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	36,294	193,639	3,077,995	0	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B-1

Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description		NURSING ADMINISTRATION (FTE'S NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
192.02	19202 HENDERSON ER PHYSICIANS	0	0	0	0	0	192.02
192.03	19203 FAMILY PHARMACY	0	112,068	70,788,073	0	0	192.03
194.00	07950 MI SC NONREIMBURSABLE	0	4,666	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952 OTHER FACILITIES	0	0	0	0	0	194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954 PR	0	0	0	0	0	194.04
194.05	07955 CHILD CARE CENTER	0	0	0	0	0	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08	07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09	07959 HOME OFFICE	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)	9,056,585	5,249,845	9,890,716	1,930,321	9,743,234	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	459.468571	0.049245	0.063388	0.000576	61.941245	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,154,393	826,706	1,047,282	55,445	229,504	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	58.565928	0.007755	0.006712	0.000017	1.459040	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: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B-1
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-CHAPLAIN (ASSIGNED TIME)	PARAMED PRGM-NURSING (ASSIGNED TIME)		
	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	
1.01 00101 CAP REL COSTS-BLDG & FIXT						1.01	
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	56,352					21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		56,352				22.00	
23.00 02300 PARAMED PRGM-PHARMACY			100			23.00	
23.01 02301 PARAMED PRGM-CHAPLAIN				0		23.01	
23.03 02303 PARAMED PRGM-NURSING					35,281	23.03	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	29,742	29,742	0	0	21,989	30.00	
31.00 03100 INTENSIVE CARE UNIT	930	930	0	0	5,149	31.00	
32.00 03200 CORONARY CARE UNIT	0	0	0	0	1,464	32.00	
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	1,126	1,126	0	0	421	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	482	51.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	329	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	956	956	0	0	455	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	290	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	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	50	69.00	
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	100	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00 03030 ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00	
76.01 03160 PULMONARY REHAB	0	0	0	0	0	76.01	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	2	90.00	
90.01 09001 FAMILY PRACTICE	20,571	20,571	0	0	0	90.01	
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02	
90.03 09003 CHEMO	0	0	0	0	253	90.03	
90.04 09004 PRIMARY CARE FOR SENIORS	734	734	0	0	0	90.04	
90.05 09005 PAIN MANAGEMENT	0	0	0	0	99	90.05	
90.06 09006 WOUND CARE	0	0	0	0	72	90.06	
90.07 09007 SLEEP CENTER	0	0	0	0	0	90.07	
90.08 09008 HEMATOLOGY	0	0	0	0	0	90.08	
90.09 09009 MULTI-SPECIALTY SERVICES	0	0	0	0	175	90.09	
90.10 09010 DIABETES CENTER	0	0	0	0	0	90.10	
91.00 09100 EMERGENCY	2,293	2,293	0	0	2,120	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	1,931	92.01	
OTHER REIMBURSABLE COST CENTERS							
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	56,352	56,352	100	0	35,281	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet B-1

Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-CHAPLAIN (ASSIGNED TIME)	PARAMED PRGM-NURSING (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.03	
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02 19202 HENDERSON ER PHYSICIANS	0	0	0	0	0	192.02
192.03 19203 FAMILY PHARMACY	0	0	0	0	0	192.03
194.00 07950 MISC NONREIMBURSABLE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	0	0	0	0	0	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	0	0	0	0	0	194.04
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	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)	2,683,084	2,586,552	452,203	0	1,825,680	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	47.612933	45.899915	4,522.030000	0.000000	51.746833	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	158,128	80,362	42,873	0	123,334	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.806076	1.426072	428.730000	0.000000	3.495763	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet C
Part I
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		PPS
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	140,361,567		140,361,567	903,878	141,265,445	30.00
31.00	03100	INTENSIVE CARE UNIT	44,129,380		44,129,380	35,845	44,165,225	31.00
32.00	03200	CORONARY CARE UNIT	8,096,842		8,096,842	57,232	8,154,074	32.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	112,023,268		112,023,268	441,736	112,465,004	50.00
51.00	05100	RECOVERY ROOM	11,999,586		11,999,586	0	11,999,586	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,773,532		16,773,532	249,645	17,023,177	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,180,899		20,180,899	4,073	20,184,972	55.00
56.00	05600	RADIOISOTOPE	3,405,061		3,405,061	0	3,405,061	56.00
57.00	05700	CT SCAN	9,591,302		9,591,302	0	9,591,302	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,645,511		6,645,511	0	6,645,511	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,041,173		27,041,173	0	27,041,173	59.00
60.00	06000	LABORATORY	56,375,830		56,375,830	247,631	56,623,461	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,071,381		5,071,381	0	5,071,381	63.00
64.00	06400	INTRAVENOUS THERAPY	3,870,242		3,870,242	0	3,870,242	64.00
65.00	06500	RESPIRATORY THERAPY	11,915,807	0	11,915,807	32	11,915,839	65.00
66.00	06600	PHYSICAL THERAPY	14,905,514	0	14,905,514	0	14,905,514	66.00
69.00	06900	ELECTROCARDIOLOGY	7,798,972		7,798,972	0	7,798,972	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,243,518		9,243,518	0	9,243,518	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,611,326		32,611,326	0	32,611,326	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100,957,386		100,957,386	0	100,957,386	73.00
74.00	07400	RENAL DIALYSIS	2,584,008		2,584,008	2,416	2,586,424	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0		0	0	0	76.00
76.01	03160	PULMONARY REHAB	396,072		396,072	1,117	397,189	76.01
76.97	07697	CARDIAC REHABILITATION	1,088,008		1,088,008	0	1,088,008	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,013,423		5,013,423	43,307	5,056,730	90.00
90.01	09001	FAMILY PRACTICE	1,906,177		1,906,177	0	1,906,177	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	2,341,210		2,341,210	0	2,341,210	90.02
90.03	09003	CHEMO	4,189,295		4,189,295	0	4,189,295	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,309,985		1,309,985	0	1,309,985	90.04
90.05	09005	PAIN MANAGEMENT	3,735,881		3,735,881	3,498	3,739,379	90.05
90.06	09006	WOUND CARE	2,277,695		2,277,695	0	2,277,695	90.06
90.07	09007	SLEEP CENTER	3,784,054		3,784,054	7,184	3,791,238	90.07
90.08	09008	HEMATOLOGY	1,306,386		1,306,386	0	1,306,386	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	1,783,684		1,783,684	452	1,784,136	90.09
90.10	09010	DIABETES CENTER	312,307		312,307	0	312,307	90.10
91.00	09100	EMERGENCY	38,537,589		38,537,589	2,611,916	41,149,505	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	15,493,071		15,493,071	0	15,493,071	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	13,295,234		13,295,234	0	13,295,234	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	14,031,124		14,031,124	0	14,031,124	96.00
200.00		Subtotal (see instructions)	756,383,300	0	756,383,300	4,609,962	760,993,262	200.00
201.00		Less Observation Beds	15,493,071		15,493,071		15,493,071	201.00
202.00		Total (see instructions)	740,890,229	0	740,890,229	4,609,962	745,500,191	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet C
Part I
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	207,254,856		207,254,856		30.00
31.00	03100	INTENSIVE CARE UNIT	93,663,346		93,663,346		31.00
32.00	03200	CORONARY CARE UNIT	20,536,541		20,536,541		32.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	196,368,918	320,698,231	517,067,149	0.216651	50.00
51.00	05100	RECOVERY ROOM	12,273,403	14,650,086	26,923,489	0.445692	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,389,383	92,566,999	123,956,382	0.135318	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,442,731	105,613,898	121,056,629	0.166706	55.00
56.00	05600	RADIOISOTOPE	5,109,799	36,889,671	41,999,470	0.081074	56.00
57.00	05700	CT SCAN	63,617,245	136,846,460	200,463,705	0.047846	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,384,647	53,335,163	67,719,810	0.098132	58.00
59.00	05900	CARDIAC CATHETERIZATION	88,263,519	70,238,449	158,501,968	0.170605	59.00
60.00	06000	LABORATORY	87,813,495	230,363,492	318,176,987	0.177184	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	18,114,666	5,222,119	23,336,785	0.217313	63.00
64.00	06400	INTRAVENOUS THERAPY	9,247,602	463,385	9,710,987	0.398543	64.00
65.00	06500	RESPIRATORY THERAPY	83,894,657	8,690,616	92,585,273	0.128701	65.00
66.00	06600	PHYSICAL THERAPY	55,135,330	38,818,780	93,954,110	0.158647	66.00
69.00	06900	ELECTROCARDIOLOGY	34,211,697	48,330,205	82,541,902	0.094485	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,876,526	19,992,321	46,868,847	0.197221	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,652,600	48,846,052	115,498,652	0.282352	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	186,643,571	278,660,827	465,304,398	0.216971	73.00
74.00	07400	RENAL DIALYSIS	13,341,107	1,196,705	14,537,812	0.177744	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0.000000	76.00
76.01	03160	PULMONARY REHAB	0	647,224	647,224	0.611955	76.01
76.97	07697	CARDIAC REHABILITATION	870	4,366,029	4,366,899	0.249149	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,491	4,539,892	4,549,383	1.102001	90.00
90.01	09001	FAMILY PRACTICE	6,003	3,273,484	3,279,487	0.581242	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	2,864	8,932,766	8,935,630	0.262008	90.02
90.03	09003	CHEMO	155,263	34,515,040	34,670,303	0.120832	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	4,247	849,043	853,290	1.535217	90.04
90.05	09005	PAIN MANAGEMENT	2,155	21,059,454	21,061,609	0.177379	90.05
90.06	09006	WOUND CARE	286,742	15,558,462	15,845,204	0.143747	90.06
90.07	09007	SLEEP CENTER	4,153	9,974,762	9,978,915	0.379205	90.07
90.08	09008	HEMATOLOGY	13,663	2,470,537	2,484,200	0.525878	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	1,936,617	2,969,933	4,906,550	0.363531	90.09
90.10	09010	DIABETES CENTER	134	478,820	478,954	0.652061	90.10
91.00	09100	EMERGENCY	108,895,981	190,894,211	299,790,192	0.128549	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,943,307	19,797,337	27,740,644	0.558497	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	14,315,510	9,419,437	23,734,947	0.560154	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	40,403,326	40,403,326	0.347276	96.00
200.00		Subtotal (see instructions)	1,463,812,639	1,881,573,216	3,345,385,855		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,463,812,639	1,881,573,216	3,345,385,855		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet C Part I Date/Time Prepared: 2/27/2023 8:09 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
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
40.00	04000	SUBPROVIDER - I/PF			40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.217506		50.00
51.00	05100	RECOVERY ROOM	0.445692		51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137332		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.166740		55.00
56.00	05600	RADIOISOTOPE	0.081074		56.00
57.00	05700	CT SCAN	0.047846		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.098132		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.170605		59.00
60.00	06000	LABORATORY	0.177962		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.217313		63.00
64.00	06400	INTRAVENOUS THERAPY	0.398543		64.00
65.00	06500	RESPIRATORY THERAPY	0.128701		65.00
66.00	06600	PHYSICAL THERAPY	0.158647		66.00
69.00	06900	ELECTROCARDIOLOGY	0.094485		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.197221		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.282352		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.216971		73.00
74.00	07400	RENAL DIALYSIS	0.177910		74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000		76.00
76.01	03160	PULMONARY REHAB	0.613681		76.01
76.97	07697	CARDIAC REHABILITATION	0.249149		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.111520		90.00
90.01	09001	FAMILY PRACTICE	0.581242		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.262008		90.02
90.03	09003	CHEMO	0.120832		90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.535217		90.04
90.05	09005	PAIN MANAGEMENT	0.177545		90.05
90.06	09006	WOUND CARE	0.143747		90.06
90.07	09007	SLEEP CENTER	0.379925		90.07
90.08	09008	HEMATOLOGY	0.525878		90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.363623		90.09
90.10	09010	DIABETES CENTER	0.652061		90.10
91.00	09100	EMERGENCY	0.137261		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.558497		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.560154		92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.347276		96.00
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: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet C
Part I
Date/Time Prepared:
2/27/2023 8:09 am

		Title XIX		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	140,361,567	140,361,567	903,878	141,265,445	30.00
31.00	03100 INTENSIVE CARE UNIT	44,129,380	44,129,380	35,845	44,165,225	31.00
32.00	03200 CORONARY CARE UNIT	8,096,842	8,096,842	57,232	8,154,074	32.00
40.00	04000 SUBPROVIDER - I/PF	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	112,023,268	112,023,268	441,736	112,465,004	50.00
51.00	05100 RECOVERY ROOM	11,999,586	11,999,586	0	11,999,586	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,773,532	16,773,532	249,645	17,023,177	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	20,180,899	20,180,899	4,073	20,184,972	55.00
56.00	05600 RADIOISOTOPE	3,405,061	3,405,061	0	3,405,061	56.00
57.00	05700 CT SCAN	9,591,302	9,591,302	0	9,591,302	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	6,645,511	6,645,511	0	6,645,511	58.00
59.00	05900 CARDIAC CATHETERIZATION	27,041,173	27,041,173	0	27,041,173	59.00
60.00	06000 LABORATORY	56,375,830	56,375,830	247,631	56,623,461	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	5,071,381	5,071,381	0	5,071,381	63.00
64.00	06400 INTRAVENOUS THERAPY	3,870,242	3,870,242	0	3,870,242	64.00
65.00	06500 RESPIRATORY THERAPY	11,915,807	11,915,807	32	11,915,839	65.00
66.00	06600 PHYSICAL THERAPY	14,905,514	14,905,514	0	14,905,514	66.00
69.00	06900 ELECTROCARDIOLOGY	7,798,972	7,798,972	0	7,798,972	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,243,518	9,243,518	0	9,243,518	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	32,611,326	32,611,326	0	32,611,326	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	100,957,386	100,957,386	0	100,957,386	73.00
74.00	07400 RENAL DIALYSIS	2,584,008	2,584,008	2,416	2,586,424	74.00
76.00	03030 ANGIOCARDIOGRAPHY	0	0	0	0	76.00
76.01	03160 PULMONARY REHAB	396,072	396,072	1,117	397,189	76.01
76.97	07697 CARDIAC REHABILITATION	1,088,008	1,088,008	0	1,088,008	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	5,013,423	5,013,423	43,307	5,056,730	90.00
90.01	09001 FAMILY PRACTICE	1,906,177	1,906,177	0	1,906,177	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	2,341,210	2,341,210	0	2,341,210	90.02
90.03	09003 CHEMO	4,189,295	4,189,295	0	4,189,295	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,309,985	1,309,985	0	1,309,985	90.04
90.05	09005 PAIN MANAGEMENT	3,735,881	3,735,881	3,498	3,739,379	90.05
90.06	09006 WOUND CARE	2,277,695	2,277,695	0	2,277,695	90.06
90.07	09007 SLEEP CENTER	3,784,054	3,784,054	7,184	3,791,238	90.07
90.08	09008 HEMATOLOGY	1,306,386	1,306,386	0	1,306,386	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	1,783,684	1,783,684	452	1,784,136	90.09
90.10	09010 DIABETES CENTER	312,307	312,307	0	312,307	90.10
91.00	09100 EMERGENCY	38,537,589	38,537,589	2,611,916	41,149,505	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	15,493,071	15,493,071	0	15,493,071	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	13,295,234	13,295,234	0	13,295,234	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	14,031,124	14,031,124	0	14,031,124	96.00
200.00	Subtotal (see instructions)	756,383,300	756,383,300	4,609,962	760,993,262	200.00
201.00	Less Observation Beds	15,493,071	15,493,071	0	15,493,071	201.00
202.00	Total (see instructions)	740,890,229	740,890,229	4,609,962	745,500,191	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet C
Part I
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description		Title XIX			Hospital	PPS		
		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	207,254,856		207,254,856			30.00
31.00	03100	INTENSIVE CARE UNIT	93,663,346		93,663,346			31.00
32.00	03200	CORONARY CARE UNIT	20,536,541		20,536,541			32.00
40.00	04000	SUBPROVIDER - I/PF	0		0			40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	196,368,918	320,698,231	517,067,149	0.216651	0.000000	50.00
51.00	05100	RECOVERY ROOM	12,273,403	14,650,086	26,923,489	0.445692	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,389,383	92,566,999	123,956,382	0.135318	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,442,731	105,613,898	121,056,629	0.166706	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,109,799	36,889,671	41,999,470	0.081074	0.000000	56.00
57.00	05700	CT SCAN	63,617,245	136,846,460	200,463,705	0.047846	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,384,647	53,335,163	67,719,810	0.098132	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	88,263,519	70,238,449	158,501,968	0.170605	0.000000	59.00
60.00	06000	LABORATORY	87,813,495	230,363,492	318,176,987	0.177184	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	18,114,666	5,222,119	23,336,785	0.217313	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	9,247,602	463,385	9,710,987	0.398543	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	83,894,657	8,690,616	92,585,273	0.128701	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	55,135,330	38,818,780	93,954,110	0.158647	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	34,211,697	48,330,205	82,541,902	0.094485	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,876,526	19,992,321	46,868,847	0.197221	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,652,600	48,846,052	115,498,652	0.282352	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	186,643,571	278,660,827	465,304,398	0.216971	0.000000	73.00
74.00	07400	RENAL DIALYSIS	13,341,107	1,196,705	14,537,812	0.177744	0.000000	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0.000000	0.000000	76.00
76.01	03160	PULMONARY REHAB	0	647,224	647,224	0.611955	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	870	4,366,029	4,366,899	0.249149	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,491	4,539,892	4,549,383	1.102001	0.000000	90.00
90.01	09001	FAMILY PRACTICE	6,003	3,273,484	3,279,487	0.581242	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	2,864	8,932,766	8,935,630	0.262008	0.000000	90.02
90.03	09003	CHEMO	155,263	34,515,040	34,670,303	0.120832	0.000000	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	4,247	849,043	853,290	1.535217	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	2,155	21,059,454	21,061,609	0.177379	0.000000	90.05
90.06	09006	WOUND CARE	286,742	15,558,462	15,845,204	0.143747	0.000000	90.06
90.07	09007	SLEEP CENTER	4,153	9,974,762	9,978,915	0.379205	0.000000	90.07
90.08	09008	HEMATOLOGY	13,663	2,470,537	2,484,200	0.525878	0.000000	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	1,936,617	2,969,933	4,906,550	0.363531	0.000000	90.09
90.10	09010	DIABETES CENTER	134	478,820	478,954	0.652061	0.000000	90.10
91.00	09100	EMERGENCY	108,895,981	190,894,211	299,790,192	0.128549	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,943,307	19,797,337	27,740,644	0.558497	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	14,315,510	9,419,437	23,734,947	0.560154	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	40,403,326	40,403,326	0.347276	0.000000	96.00
200.00		Subtotal (see instructions)	1,463,812,639	1,881,573,216	3,345,385,855			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,463,812,639	1,881,573,216	3,345,385,855			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet C Part I Date/Time Prepared: 2/27/2023 8:09 am
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
40.00	04000	SUBPROVIDER - IPF			40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.217506		50.00
51.00	05100	RECOVERY ROOM	0.445692		51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137332		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.166740		55.00
56.00	05600	RADIOISOTOPE	0.081074		56.00
57.00	05700	CT SCAN	0.047846		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.098132		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.170605		59.00
60.00	06000	LABORATORY	0.177962		60.00
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	0.217313		63.00
64.00	06400	INTRAVENOUS THERAPY	0.398543		64.00
65.00	06500	RESPIRATORY THERAPY	0.128701		65.00
66.00	06600	PHYSICAL THERAPY	0.158647		66.00
69.00	06900	ELECTROCARDIOLOGY	0.094485		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.197221		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.282352		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.216971		73.00
74.00	07400	RENAL DIALYSIS	0.177910		74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000		76.00
76.01	03160	PULMONARY REHAB	0.613681		76.01
76.97	07697	CARDIAC REHABILITATION	0.249149		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.111520		90.00
90.01	09001	FAMILY PRACTICE	0.581242		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.262008		90.02
90.03	09003	CHEMO	0.120832		90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.535217		90.04
90.05	09005	PAIN MANAGEMENT	0.177545		90.05
90.06	09006	WOUND CARE	0.143747		90.06
90.07	09007	SLEEP CENTER	0.379925		90.07
90.08	09008	HEMATOLOGY	0.525878		90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.363623		90.09
90.10	09010	DIABETES CENTER	0.652061		90.10
91.00	09100	EMERGENCY	0.137261		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.558497		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.560154		92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.347276		96.00
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: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet C
Part II
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	112,023,268	11,985,731	100,037,537	0	0	50.00
51.00	05100	RECOVERY ROOM	11,999,586	1,681,104	10,318,482	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,773,532	2,675,504	14,098,028	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,180,899	915,167	19,265,732	0	0	55.00
56.00	05600	RADIOISOTOPE	3,405,061	175,935	3,229,126	0	0	56.00
57.00	05700	CT SCAN	9,591,302	1,589,405	8,001,897	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,645,511	1,986,161	4,659,350	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,041,173	3,042,540	23,998,633	0	0	59.00
60.00	06000	LABORATORY	56,375,830	3,339,761	53,036,069	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,071,381	150,071	4,921,310	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,870,242	130,959	3,739,283	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,915,807	837,851	11,077,956	0	0	65.00
66.00	06600	PHYSICAL THERAPY	14,905,514	556,958	14,348,556	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	7,798,972	927,210	6,871,762	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,243,518	206,235	9,037,283	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,611,326	727,365	31,883,961	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100,957,386	2,127,770	98,829,616	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,584,008	71,619	2,512,389	0	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	396,072	24,576	371,496	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,088,008	164,344	923,664	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,013,423	568,800	4,444,623	0	0	90.00
90.01	09001	FAMILY PRACTICE	1,906,177	164,388	1,741,789	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	2,341,210	59,127	2,282,083	0	0	90.02
90.03	09003	CHEMO	4,189,295	373,085	3,816,210	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,309,985	40,282	1,269,703	0	0	90.04
90.05	09005	PAIN MANAGEMENT	3,735,881	340,923	3,394,958	0	0	90.05
90.06	09006	WOUND CARE	2,277,695	149,412	2,128,283	0	0	90.06
90.07	09007	SLEEP CENTER	3,784,054	195,322	3,588,732	0	0	90.07
90.08	09008	HEMATOLOGY	1,306,386	240,874	1,065,512	0	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	1,783,684	231,567	1,552,117	0	0	90.09
90.10	09010	DIABETES CENTER	312,307	7,734	304,573	0	0	90.10
91.00	09100	EMERGENCY	38,537,589	2,251,663	36,285,926	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	15,493,071	1,374,995	14,118,076	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	13,295,234	1,300,992	11,994,242	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	14,031,124	628,467	13,402,657	0	0	96.00
200.00		Subtotal (sum of lines 50 thru 199)	563,795,511	41,243,897	522,551,614	0	0	200.00
201.00		Less Observation Beds	15,493,071	1,374,995	14,118,076	0	0	201.00
202.00		Total (line 200 minus line 201)	548,302,440	39,868,902	508,433,538	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet C Part II Date/Time Prepared: 2/27/2023 8:09 am
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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)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	112,023,268	517,067,149	0.216651		50.00
51.00	05100 RECOVERY ROOM	11,999,586	26,923,489	0.445692		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,773,532	123,956,382	0.135318		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	20,180,899	121,056,629	0.166706		55.00
56.00	05600 RADIOISOTOPE	3,405,061	41,999,470	0.081074		56.00
57.00	05700 CT SCAN	9,591,302	200,463,705	0.047846		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	6,645,511	67,719,810	0.098132		58.00
59.00	05900 CARDIAC CATHETERIZATION	27,041,173	158,501,968	0.170605		59.00
60.00	06000 LABORATORY	56,375,830	318,176,987	0.177184		60.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	5,071,381	23,336,785	0.217313		63.00
64.00	06400 INTRAVENOUS THERAPY	3,870,242	9,710,987	0.398543		64.00
65.00	06500 RESPIRATORY THERAPY	11,915,807	92,585,273	0.128701		65.00
66.00	06600 PHYSICAL THERAPY	14,905,514	93,954,110	0.158647		66.00
69.00	06900 ELECTROCARDIOLOGY	7,798,972	82,541,902	0.094485		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,243,518	46,868,847	0.197221		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	32,611,326	115,498,652	0.282352		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	100,957,386	465,304,398	0.216971		73.00
74.00	07400 RENAL DIALYSIS	2,584,008	14,537,812	0.177744		74.00
76.00	03030 ANGIOCARDIOGRAPHY	0	0	0.000000		76.00
76.01	03160 PULMONARY REHAB	396,072	647,224	0.611955		76.01
76.97	07697 CARDIAC REHABILITATION	1,088,008	4,366,899	0.249149		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	5,013,423	4,549,383	1.102001		90.00
90.01	09001 FAMILY PRACTICE	1,906,177	3,279,487	0.581242		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	2,341,210	8,935,630	0.262008		90.02
90.03	09003 CHEMO	4,189,295	34,670,303	0.120832		90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,309,985	853,290	1.535217		90.04
90.05	09005 PAIN MANAGEMENT	3,735,881	21,061,609	0.177379		90.05
90.06	09006 WOUND CARE	2,277,695	15,845,204	0.143747		90.06
90.07	09007 SLEEP CENTER	3,784,054	9,978,915	0.379205		90.07
90.08	09008 HEMATOLOGY	1,306,386	2,484,200	0.525878		90.08
90.09	09009 MULTI-SPECIALTY SERVICES	1,783,684	4,906,550	0.363531		90.09
90.10	09010 DIABETES CENTER	312,307	478,954	0.652061		90.10
91.00	09100 EMERGENCY	38,537,589	299,790,192	0.128549		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	15,493,071	27,740,644	0.558497		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	13,295,234	23,734,947	0.560154		92.01
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	14,031,124	40,403,326	0.347276		96.00
200.00	Subtotal (sum of lines 50 thru 199)	563,795,511	3,023,931,112			200.00
201.00	Less Observation Beds	15,493,071	0			201.00
202.00	Total (line 200 minus line 201)	548,302,440	3,023,931,112			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part I Date/Time Prepared: 2/27/2023 8:09 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,537,114	0	12,537,114	143,088	87.62	30.00
31.00	INTENSIVE CARE UNIT	3,056,549		3,056,549	25,157	121.50	31.00
32.00	CORONARY CARE UNIT	409,985		409,985	4,746	86.39	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
200.00	Total (lines 30 through 199)	16,003,648		16,003,648	172,991		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	44,152	3,868,598				
31.00	INTENSIVE CARE UNIT	8,244	1,001,646				
32.00	CORONARY CARE UNIT	1,537	132,781				
40.00	SUBPROVIDER - IPF	0	0				
200.00	Total (lines 30 through 199)	53,933	5,003,025				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0082		Period: From 10/01/2021 To 09/30/2022		Worksheet D Part II Date/Time Prepared: 2/27/2023 8:09 am	
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	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,985,731	517,067,149	0.023180	67,374,561	1,561,742	50.00
51.00	05100	RECOVERY ROOM	1,681,104	26,923,489	0.062440	4,162,579	259,911	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,675,504	123,956,382	0.021584	11,715,539	252,868	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	915,167	121,056,629	0.007560	6,592,237	49,837	55.00
56.00	05600	RADIOISOTOPE	175,935	41,999,470	0.004189	2,358,900	9,881	56.00
57.00	05700	CT SCAN	1,589,405	200,463,705	0.007929	21,729,159	172,291	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,986,161	67,719,810	0.029329	4,649,305	136,359	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,042,540	158,501,968	0.019196	37,785,749	725,335	59.00
60.00	06000	LABORATORY	3,339,761	318,176,987	0.010497	31,352,300	329,105	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	150,071	23,336,785	0.006431	6,589,144	42,375	63.00
64.00	06400	INTRAVENOUS THERAPY	130,959	9,710,987	0.013486	3,240,168	43,697	64.00
65.00	06500	RESPIRATORY THERAPY	837,851	92,585,273	0.009050	29,156,206	263,864	65.00
66.00	06600	PHYSICAL THERAPY	556,958	93,954,110	0.005928	22,336,158	132,409	66.00
69.00	06900	ELECTROCARDIOLOGY	927,210	82,541,902	0.011233	12,288,868	138,041	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	206,235	46,868,847	0.004400	9,172,038	40,357	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	727,365	115,498,652	0.006298	30,782,153	193,866	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,127,770	465,304,398	0.004573	66,901,349	305,940	73.00
74.00	07400	RENAL DIALYSIS	71,619	14,537,812	0.004926	5,145,711	25,348	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0.000000	0	0	76.00
76.01	03160	PULMONARY REHAB	24,576	647,224	0.037971	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	164,344	4,366,899	0.037634	797	30	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	568,800	4,549,383	0.125028	4,784	598	90.00
90.01	09001	FAMILY PRACTICE	164,388	3,279,487	0.050126	797	40	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	59,127	8,935,630	0.006617	0	0	90.02
90.03	09003	CHEMO	373,085	34,670,303	0.010761	64,716	696	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	40,282	853,290	0.047208	1,470	69	90.04
90.05	09005	PAIN MANAGEMENT	340,923	21,061,609	0.016187	266	4	90.05
90.06	09006	WOUND CARE	149,412	15,845,204	0.009429	63,553	599	90.06
90.07	09007	SLEEP CENTER	195,322	9,978,915	0.019573	0	0	90.07
90.08	09008	HEMATOLOGY	240,874	2,484,200	0.096962	5,504	534	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	231,567	4,906,550	0.047195	633,893	29,917	90.09
90.10	09010	DIABETES CENTER	7,734	478,954	0.016148	0	0	90.10
91.00	09100	EMERGENCY	2,251,663	299,790,192	0.007511	37,758,822	283,607	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,374,995	27,740,644	0.049566	3,244,986	160,841	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,300,992	23,734,947	0.054813	5,784,391	317,060	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	628,467	40,403,326	0.015555	0	0	96.00
200.00		Total (lines 50 through 199)	41,243,897	3,023,931,112		420,896,103	5,477,221	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part III Date/Time Prepared: 2/27/2023 8:09 am
Title XVIII			Hospital	PPS

Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	1,137,862	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	266,444	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	75,757	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
200.00		Total (lines 30 through 199)	0	0	1,480,063	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	1,137,862	143,088	7.95	30.00
31.00	03100	INTENSIVE CARE UNIT		266,444	25,157	10.59	31.00
32.00	03200	CORONARY CARE UNIT		75,757	4,746	15.96	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	40.00
200.00		Total (lines 30 through 199)		1,480,063	172,991		200.00

Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		9.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
200.00		Total (lines 30 through 199)	200.00

30.00	03000	ADULTS & PEDIATRICS	351,008	30.00
31.00	03100	INTENSIVE CARE UNIT	87,304	31.00
32.00	03200	CORONARY CARE UNIT	24,531	32.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
200.00		Total (lines 30 through 199)	462,843	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part IV Date/Time Prepared: 2/27/2023 8:09 am
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Cost Center Description		Title XVIII					Hospital	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	21,785	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	24,942	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	17,025	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	23,545	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	15,007	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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	2,587	69.00
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	452,203	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	103	90.00
90.01	09001	FAMILY PRACTICE	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	CHEMO	0	0	0	0	13,092	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	5,123	90.05
90.06	09006	WOUND CARE	0	0	0	0	3,726	90.06
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008	HEMATOLOGY	0	0	0	0	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	0	0	0	9,056	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	0	90.10
91.00	09100	EMERGENCY	0	0	0	0	109,703	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	124,797	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	99,923	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50 through 199)	0	0	0	0	922,617	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part IV Date/Time Prepared: 2/27/2023 8:09 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XVIII	
						Hospital	PPS
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	21,785	21,785	517,067,149	0.000042		50.00
51.00 05100 RECOVERY ROOM	0	24,942	24,942	26,923,489	0.000926		51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	123,956,382	0.000000		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	17,025	17,025	121,056,629	0.000141		55.00
56.00 05600 RADIOISOTOPE	0	0	0	41,999,470	0.000000		56.00
57.00 05700 CT SCAN	0	0	0	200,463,705	0.000000		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	67,719,810	0.000000		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	23,545	23,545	158,501,968	0.000149		59.00
60.00 06000 LABORATORY	0	0	0	318,176,987	0.000000		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	23,336,785	0.000000		63.00
64.00 06400 INTRAVENOUS THERAPY	0	15,007	15,007	9,710,987	0.001545		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	92,585,273	0.000000		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	93,954,110	0.000000		66.00
69.00 06900 ELECTROCARDIOLOGY	0	2,587	2,587	82,541,902	0.000031		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	46,868,847	0.000000		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	115,498,652	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	452,203	452,203	465,304,398	0.000972		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	14,537,812	0.000000		74.00
76.00 03030 ANGIOCARDIOGRAPHY	0	0	0	0	0.000000		76.00
76.01 03160 PULMONARY REHAB	0	0	0	647,224	0.000000		76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,366,899	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	103	103	4,549,383	0.000023		90.00
90.01 09001 FAMILY PRACTICE	0	0	0	3,279,487	0.000000		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	8,935,630	0.000000		90.02
90.03 09003 CHEMO	0	13,092	13,092	34,670,303	0.000378		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	853,290	0.000000		90.04
90.05 09005 PAIN MANAGEMENT	0	5,123	5,123	21,061,609	0.000243		90.05
90.06 09006 WOUND CARE	0	3,726	3,726	15,845,204	0.000235		90.06
90.07 09007 SLEEP CENTER	0	0	0	9,978,915	0.000000		90.07
90.08 09008 HEMATOLOGY	0	0	0	2,484,200	0.000000		90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	9,056	9,056	4,906,550	0.001846		90.09
90.10 09010 DIABETES CENTER	0	0	0	478,954	0.000000		90.10
91.00 09100 EMERGENCY	0	109,703	109,703	299,790,192	0.000366		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	124,797	124,797	27,740,644	0.004499		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	99,923	99,923	23,734,947	0.004210		92.01
OTHER REIMBURSABLE COST CENTERS							
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	40,403,326	0.000000		96.00
200.00 Total (lines 50 through 199)	0	922,617	922,617	3,023,931,112			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part IV Date/Time Prepared: 2/27/2023 8:09 am
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000042	67,374,561	2,830	58,077,254	2,439	50.00	
51.00	05100 RECOVERY ROOM	0.000926	4,162,579	3,855	3,207,796	2,970	51.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	11,715,539	0	24,048,823	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000141	6,592,237	930	39,060,745	5,508	55.00	
56.00	05600 RADIOISOTOPE	0.000000	2,358,900	0	5,170,593	0	56.00	
57.00	05700 CT SCAN	0.000000	21,729,159	0	33,018,752	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,649,305	0	11,425,684	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000149	37,785,749	5,630	7,682,147	1,145	59.00	
60.00	06000 LABORATORY	0.000000	31,352,300	0	14,150,653	0	60.00	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	6,589,144	0	571,428	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.001545	3,240,168	5,006	63,914	99	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	29,156,206	0	1,744,423	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	22,336,158	0	402,496	0	66.00	
69.00	06900 ELECTROCARDIOLOGY	0.000031	12,288,868	381	15,711,131	487	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	9,172,038	0	5,306,284	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	30,782,153	0	15,208,943	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000972	66,901,349	65,028	92,994,941	90,391	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	5,145,711	0	245,833	0	74.00	
76.00	03030 ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.00	
76.01	03160 PULMONARY REHAB	0.000000	0	0	285,845	0	76.01	
76.97	07697 CARDIAC REHABILITATION	0.000000	797	0	1,743,385	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000023	4,784	0	1,476,005	34	90.00	
90.01	09001 FAMILY PRACTICE	0.000000	797	0	154,471	0	90.01	
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	96,478	0	90.02	
90.03	09003 CHEMO	0.000378	64,716	24	11,157,815	4,218	90.03	
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	1,470	0	411,145	0	90.04	
90.05	09005 PAIN MANAGEMENT	0.000243	266	0	6,928,391	1,684	90.05	
90.06	09006 WOUND CARE	0.000235	63,553	15	5,713,517	1,343	90.06	
90.07	09007 SLEEP CENTER	0.000000	0	0	2,412,060	0	90.07	
90.08	09008 HEMATOLOGY	0.000000	5,504	0	846,840	0	90.08	
90.09	09009 MULTI-SPECIALTY SERVICES	0.001846	633,893	1,170	377,461	697	90.09	
90.10	09010 DIABETES CENTER	0.000000	0	0	21,455	0	90.10	
91.00	09100 EMERGENCY	0.000366	37,758,822	13,820	29,267,917	10,712	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.004499	3,244,986	14,599	19,216,672	86,456	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.004210	5,784,391	24,352	4,210,268	17,725	92.01	
OTHER REIMBURSABLE COST CENTERS								
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
200.00	Total (lines 50 through 199)		420,896,103	137,640	412,411,565	225,908	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part V Date/Time Prepared: 2/27/2023 8:09 am
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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	0.216651	58,077,254	1	0	12,582,495	50.00
51.00	05100	RECOVERY ROOM	0.445692	3,207,796	2	1	1,429,689	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135318	24,048,823	1	2,843	3,254,239	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.166706	39,060,745	0	258	6,511,661	55.00
56.00	05600	RADIOISOTOPE	0.081074	5,170,593	0	0	419,201	56.00
57.00	05700	CT SCAN	0.047846	33,018,752	0	3,877	1,579,815	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.098132	11,425,684	0	1,292	1,121,225	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.170605	7,682,147	1	518	1,310,613	59.00
60.00	06000	LABORATORY	0.177184	14,150,653	355	0	2,507,269	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.217313	571,428	64	0	124,179	63.00
64.00	06400	INTRAVENOUS THERAPY	0.398543	63,914	0	0	25,472	64.00
65.00	06500	RESPIRATORY THERAPY	0.128701	1,744,423	2	0	224,509	65.00
66.00	06600	PHYSICAL THERAPY	0.158647	402,496	0	0	63,855	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094485	15,711,131	0	2,068	1,484,466	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.197221	5,306,284	0	0	1,046,511	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.282352	15,208,943	0	0	4,294,275	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.216971	92,994,941	0	245,291	20,177,205	73.00
74.00	07400	RENAL DIALYSIS	0.177744	245,833	0	0	43,695	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0.611955	285,845	0	0	174,924	76.01
76.97	07697	CARDIAC REHABILITATION	0.249149	1,743,385	0	0	434,363	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.102001	1,476,005	22	0	1,626,559	90.00
90.01	09001	FAMILY PRACTICE	0.581242	154,471	0	7	89,785	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.262008	96,478	0	0	25,278	90.02
90.03	09003	CHEMO	0.120832	11,157,815	1	657	1,348,221	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.535217	411,145	1	11	631,197	90.04
90.05	09005	PAIN MANAGEMENT	0.177379	6,928,391	0	0	1,228,951	90.05
90.06	09006	WOUND CARE	0.143747	5,713,517	0	2,326	821,301	90.06
90.07	09007	SLEEP CENTER	0.379205	2,412,060	0	0	914,665	90.07
90.08	09008	HEMATOLOGY	0.525878	846,840	0	1	445,335	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.363531	377,461	0	0	137,219	90.09
90.10	09010	DIABETES CENTER	0.652061	21,455	0	0	13,990	90.10
91.00	09100	EMERGENCY	0.128549	29,267,917	16	30	3,762,361	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.558497	19,216,672	4	2	10,732,454	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.560154	4,210,268	2	1	2,358,398	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.347276	0	0	0	0	96.00
200.00		Subtotal (see instructions)		412,411,565	472	259,183	82,945,375	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		412,411,565	472	259,183	82,945,375	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part V Date/Time Prepared: 2/27/2023 8:09 am
		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	0	50.00
51.00	05100 RECOVERY ROOM	1	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	385	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	43	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	185	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	127	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	88	59.00
60.00	06000 LABORATORY	63	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	14	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	195	69.00
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	53,221	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03030 ANGIOCARDIOGRAPHY	0	0	76.00
76.01	03160 PULMONARY REHAB	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	24	0	90.00
90.01	09001 FAMILY PRACTICE	0	4	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	90.02
90.03	09003 CHEMO	0	79	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	2	17	90.04
90.05	09005 PAIN MANAGEMENT	0	0	90.05
90.06	09006 WOUND CARE	0	334	90.06
90.07	09007 SLEEP CENTER	0	0	90.07
90.08	09008 HEMATOLOGY	0	1	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0	0	90.09
90.10	09010 DIABETES CENTER	0	0	90.10
91.00	09100 EMERGENCY	2	4	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2	1	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1	1	92.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Subtotal (see instructions)	109	54,685	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	109	54,685	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part I Date/Time Prepared: 2/27/2023 8:09 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XIX Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,537,114	0	12,537,114	143,088	87.62	30.00
31.00	INTENSIVE CARE UNIT	3,056,549		3,056,549	25,157	121.50	31.00
32.00	CORONARY CARE UNIT	409,985		409,985	4,746	86.39	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
200.00	Total (lines 30 through 199)	16,003,648		16,003,648	172,991		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	5,684	498,032				
31.00	INTENSIVE CARE UNIT	366	44,469				
32.00	CORONARY CARE UNIT	57	4,924				
40.00	SUBPROVIDER - IPF	0	0				
200.00	Total (lines 30 through 199)	6,107	547,425				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part II Date/Time Prepared: 2/27/2023 8:09 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	11,985,731	517,067,149	0.023180	2,638,445	61,159	50.00
51.00	05100 RECOVERY ROOM	1,681,104	26,923,489	0.062440	200,215	12,501	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,675,504	123,956,382	0.021584	753,188	16,257	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	915,167	121,056,629	0.007560	380,362	2,876	55.00
56.00	05600 RADIOISOTOPE	175,935	41,999,470	0.004189	85,386	358	56.00
57.00	05700 CT SCAN	1,589,405	200,463,705	0.007929	1,149,314	9,113	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,986,161	67,719,810	0.029329	258,567	7,584	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,042,540	158,501,968	0.019196	894,424	17,169	59.00
60.00	06000 LABORATORY	3,339,761	318,176,987	0.010497	2,019,166	21,195	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	150,071	23,336,785	0.006431	321,467	2,067	63.00
64.00	06400 INTRAVENOUS THERAPY	130,959	9,710,987	0.013486	269,020	3,628	64.00
65.00	06500 RESPIRATORY THERAPY	837,851	92,585,273	0.009050	2,347,910	21,249	65.00
66.00	06600 PHYSICAL THERAPY	556,958	93,954,110	0.005928	1,053,349	6,244	66.00
69.00	06900 ELECTROCARDIOLOGY	927,210	82,541,902	0.011233	507,934	5,706	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	206,235	46,868,847	0.004400	302,912	1,333	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	727,365	115,498,652	0.006298	614,290	3,869	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,127,770	465,304,398	0.004573	4,215,370	19,277	73.00
74.00	07400 RENAL DIALYSIS	71,619	14,537,812	0.004926	352,492	1,736	74.00
76.00	03030 ANGIOCARDIOGRAPHY	0	0	0.000000	0	0	76.00
76.01	03160 PULMONARY REHAB	24,576	647,224	0.037971	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	164,344	4,366,899	0.037634	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	568,800	4,549,383	0.125028	0	0	90.00
90.01	09001 FAMILY PRACTICE	164,388	3,279,487	0.050126	101	5	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	59,127	8,935,630	0.006617	0	0	90.02
90.03	09003 CHEMO	373,085	34,670,303	0.010761	1,446	16	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	40,282	853,290	0.047208	0	0	90.04
90.05	09005 PAIN MANAGEMENT	340,923	21,061,609	0.016187	0	0	90.05
90.06	09006 WOUND CARE	149,412	15,845,204	0.009429	5,315	50	90.06
90.07	09007 SLEEP CENTER	195,322	9,978,915	0.019573	0	0	90.07
90.08	09008 HEMATOLOGY	240,874	2,484,200	0.096962	0	0	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	231,567	4,906,550	0.047195	34,886	1,646	90.09
90.10	09010 DIABETES CENTER	7,734	478,954	0.016148	0	0	90.10
91.00	09100 EMERGENCY	2,251,663	299,790,192	0.007511	2,481,151	18,636	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,374,995	27,740,644	0.049566	134,918	6,687	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,300,992	23,734,947	0.054813	151,932	8,328	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	628,467	40,403,326	0.015555	0	0	96.00
200.00	Total (lines 50 through 199)	41,243,897	3,023,931,112		21,173,560	248,689	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part III Date/Time Prepared: 2/27/2023 8:09 am
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,137,862	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	266,444	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	75,757	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
200.00		Total (lines 30 through 199)	0	0	1,480,063	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	1,137,862	143,088	7.95	30.00	
31.00	03100	INTENSIVE CARE UNIT		266,444	25,157	10.59	31.00	
32.00	03200	CORONARY CARE UNIT		75,757	4,746	15.96	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	40.00	
200.00		Total (lines 30 through 199)		1,480,063	172,991	6,107	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	45,188					30.00
31.00	03100	INTENSIVE CARE UNIT	3,876					31.00
32.00	03200	CORONARY CARE UNIT	910					32.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
200.00		Total (lines 30 through 199)	49,974					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part IV Date/Time Prepared: 2/27/2023 8:09 am
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Cost Center Description	Title XIX			Hospital		PPS		
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	21,785	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	24,942	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	17,025	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	23,545	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	15,007	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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	2,587	69.00
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	452,203	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	103	90.00
90.01	09001	FAMILY PRACTICE	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	CHEMO	0	0	0	0	13,092	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	5,123	90.05
90.06	09006	WOUND CARE	0	0	0	0	3,726	90.06
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008	HEMATOLOGY	0	0	0	0	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	0	0	0	9,056	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	0	90.10
91.00	09100	EMERGENCY	0	0	0	0	109,703	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	124,797	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	99,923	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50 through 199)	0	0	0	0	922,617	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part IV Date/Time Prepared: 2/27/2023 8:09 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XIX	
						Hospital	PPS
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	21,785	21,785	517,067,149	0.000042		50.00
51.00 05100 RECOVERY ROOM	0	24,942	24,942	26,923,489	0.000926		51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	123,956,382	0.000000		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	17,025	17,025	121,056,629	0.000141		55.00
56.00 05600 RADIOISOTOPE	0	0	0	41,999,470	0.000000		56.00
57.00 05700 CT SCAN	0	0	0	200,463,705	0.000000		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	67,719,810	0.000000		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	23,545	23,545	158,501,968	0.000149		59.00
60.00 06000 LABORATORY	0	0	0	318,176,987	0.000000		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	23,336,785	0.000000		63.00
64.00 06400 INTRAVENOUS THERAPY	0	15,007	15,007	9,710,987	0.001545		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	92,585,273	0.000000		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	93,954,110	0.000000		66.00
69.00 06900 ELECTROCARDIOLOGY	0	2,587	2,587	82,541,902	0.000031		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	46,868,847	0.000000		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	115,498,652	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	452,203	452,203	465,304,398	0.000972		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	14,537,812	0.000000		74.00
76.00 03030 ANGIOCARDIOGRAPHY	0	0	0	0	0.000000		76.00
76.01 03160 PULMONARY REHAB	0	0	0	647,224	0.000000		76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,366,899	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	103	103	4,549,383	0.000023		90.00
90.01 09001 FAMILY PRACTICE	0	0	0	3,279,487	0.000000		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	8,935,630	0.000000		90.02
90.03 09003 CHEMO	0	13,092	13,092	34,670,303	0.000378		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	853,290	0.000000		90.04
90.05 09005 PAIN MANAGEMENT	0	5,123	5,123	21,061,609	0.000243		90.05
90.06 09006 WOUND CARE	0	3,726	3,726	15,845,204	0.000235		90.06
90.07 09007 SLEEP CENTER	0	0	0	9,978,915	0.000000		90.07
90.08 09008 HEMATOLOGY	0	0	0	2,484,200	0.000000		90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	9,056	9,056	4,906,550	0.001846		90.09
90.10 09010 DIABETES CENTER	0	0	0	478,954	0.000000		90.10
91.00 09100 EMERGENCY	0	109,703	109,703	299,790,192	0.000366		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	124,797	124,797	27,740,644	0.004499		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	99,923	99,923	23,734,947	0.004210		92.01
OTHER REIMBURSABLE COST CENTERS							
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	40,403,326	0.000000		96.00
200.00 Total (lines 50 through 199)	0	922,617	922,617	3,023,931,112			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part IV Date/Time Prepared: 2/27/2023 8:09 am
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000042	2,638,445	111	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000926	200,215	185	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	753,188	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000141	380,362	54	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	85,386	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	1,149,314	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	258,567	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000149	894,424	133	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,019,166	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	321,467	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.001545	269,020	416	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,347,910	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,053,349	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000031	507,934	16	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	302,912	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	614,290	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000972	4,215,370	4,097	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	352,492	0	0	0	74.00
76.00	03030 ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.00
76.01	03160 PULMONARY REHAB	0.000000	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000023	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE	0.000000	101	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	0	0	90.02
90.03	09003 CHEMO	0.000378	1,446	1	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000243	0	0	0	0	90.05
90.06	09006 WOUND CARE	0.000235	5,315	1	0	0	90.06
90.07	09007 SLEEP CENTER	0.000000	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0.000000	0	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0.001846	34,886	64	0	0	90.09
90.10	09010 DIABETES CENTER	0.000000	0	0	0	0	90.10
91.00	09100 EMERGENCY	0.000366	2,481,151	908	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.004499	134,918	607	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.004210	151,932	640	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		21,173,560	7,233	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part V Date/Time Prepared: 2/27/2023 8:09 am
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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	0.216651	0	0	1,920,204	0	50.00
51.00	05100	RECOVERY ROOM	0.445692	0	0	153,760	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135318	0	0	1,244,550	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.166706	0	0	1,506,995	0	55.00
56.00	05600	RADIOISOTOPE	0.081074	0	0	136,591	0	56.00
57.00	05700	CT SCAN	0.047846	0	0	1,719,601	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.098132	0	0	311,225	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.170605	0	0	397,441	0	59.00
60.00	06000	LABORATORY	0.177184	0	0	2,650,160	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.217313	0	0	91,531	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.398543	0	0	14,417	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.128701	0	0	163,942	0	65.00
66.00	06600	PHYSICAL THERAPY	0.158647	0	0	138,225	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094485	0	0	235,371	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.197221	0	0	173,609	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.282352	0	0	346,034	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.216971	0	0	3,221,151	0	73.00
74.00	07400	RENAL DIALYSIS	0.177744	0	0	74,269	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0.611955	0	0	3,086	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.249149	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.102001	0	0	15,680	0	90.00
90.01	09001	FAMILY PRACTICE	0.581242	0	0	115,852	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.262008	0	0	13,272	0	90.02
90.03	09003	CHEMO	0.120832	0	0	313,241	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.535217	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0.177379	0	0	97,170	0	90.05
90.06	09006	WOUND CARE	0.143747	0	0	215,593	0	90.06
90.07	09007	SLEEP CENTER	0.379205	0	0	57,035	0	90.07
90.08	09008	HEMATOLOGY	0.525878	0	0	21,541	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.363531	0	0	42,223	0	90.09
90.10	09010	DIABETES CENTER	0.652061	0	0	1,588	0	90.10
91.00	09100	EMERGENCY	0.128549	0	0	4,693,485	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.558497	0	0	563,545	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.560154	0	0	209,586	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.347276	0	0	0	0	96.00
200.00		Subtotal (see instructions)		0	0	20,861,973	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	0	20,861,973	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part V Date/Time Prepared: 2/27/2023 8:09 am
		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	416,014	50.00
51.00 05100	RECOVERY ROOM	0	68,530	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	168,410	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	251,225	55.00
56.00 05600	RADIOISOTOPE	0	11,074	56.00
57.00 05700	CT SCAN	0	82,276	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	30,541	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	67,805	59.00
60.00 06000	LABORATORY	0	469,566	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	19,891	63.00
64.00 06400	INTRAVENOUS THERAPY	0	5,746	64.00
65.00 06500	RESPIRATORY THERAPY	0	21,099	65.00
66.00 06600	PHYSICAL THERAPY	0	21,929	66.00
69.00 06900	ELECTROCARDIOLOGY	0	22,239	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,239	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	97,703	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	698,896	73.00
74.00 07400	RENAL DIALYSIS	0	13,201	74.00
76.00 03030	ANGIOCARDIOGRAPHY	0	0	76.00
76.01 03160	PULMONARY REHAB	0	1,888	76.01
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	0	17,279	90.00
90.01 09001	FAMILY PRACTICE	0	67,338	90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	3,477	90.02
90.03 09003	CHEMO	0	37,850	90.03
90.04 09004	PRIMARY CARE FOR SENIORS	0	0	90.04
90.05 09005	PAIN MANAGEMENT	0	17,236	90.05
90.06 09006	WOUND CARE	0	30,991	90.06
90.07 09007	SLEEP CENTER	0	21,628	90.07
90.08 09008	HEMATOLOGY	0	11,328	90.08
90.09 09009	MULTI-SPECIALTY SERVICES	0	15,349	90.09
90.10 09010	DIABETES CENTER	0	1,035	90.10
91.00 09100	EMERGENCY	0	603,343	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	314,738	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	117,400	92.01
OTHER REIMBURSABLE COST CENTERS				
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Subtotal (see instructions)	0	3,761,264	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	3,761,264	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D-1 Date/Time Prepared: 2/27/2023 8:09 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		143,088	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		143,088	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)		127,395	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)		44,152	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)		141,265,445	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)		141,265,445	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)		141,265,445	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)		987.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		43,589,504	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)		43,589,504	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D-1 Date/Time Prepared: 2/27/2023 8:09 am	
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)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	44,165,225	25,157	1,755.58	8,244	14,473,002	43.00
44.00	8,154,074	4,746	1,718.09	1,537	2,640,704	44.00
45.00						45.00
46.00						46.00
47.00						47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				80,536,529	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				141,239,739	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				5,465,868	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				5,614,861	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				11,080,729	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				130,159,010	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				15,693	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				987.26	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				15,493,071	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2021 To 09/30/2022		Worksheet D-1 Date/Time Prepared: 2/27/2023 8:09 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,537,114	141,265,445	0.088749	15,493,071	1,374,995	90.00
91.00	Nursing Program cost	0	141,265,445	0.000000	15,493,071	0	91.00
92.00	Allied health cost	1,137,862	141,265,445	0.008055	15,493,071	124,797	92.00
93.00	All other Medical Education	0	141,265,445	0.000000	15,493,071	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D-1 Date/Time Prepared: 2/27/2023 8:09 am
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)		143,088	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		143,088	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)		127,395	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)		5,684	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)		141,265,445	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)		141,265,445	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)		141,265,445	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)		987.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,611,586	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,611,586	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D-1 Date/Time Prepared: 2/27/2023 8:09 am
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)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	44,165,225	25,157	1,755.58	366	642,542
44.00	8,154,074	4,746	1,718.09	57	97,931
45.00					
46.00					
47.00					
Cost Center Description					
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				3,848,758
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				10,200,817
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				597,399
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				255,922
52.00	Total Program excludable cost (sum of lines 50 and 51)				853,321
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				9,347,496
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0
55.00	Target amount per discharge				0.00
56.00	Target amount (line 54 x line 55)				0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0
58.00	Bonus payment (see instructions)				0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
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)				15,693
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				987.26
89.00	Observation bed cost (line 87 x line 88) (see instructions)				15,493,071

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2021 To 09/30/2022		Worksheet D-1 Date/Time Prepared: 2/27/2023 8:09 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,537,114	141,265,445	0.088749	15,493,071	1,374,995	90.00
91.00	Nursing Program cost	0	141,265,445	0.000000	15,493,071	0	91.00
92.00	Allied health cost	1,137,862	141,265,445	0.008055	15,493,071	124,797	92.00
93.00	All other Medical Education	0	141,265,445	0.000000	15,493,071	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D-3 Date/Time Prepared: 2/27/2023 8:09 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		68,212,662	30.00
31.00	03100	INTENSIVE CARE UNIT		30,322,618	31.00
32.00	03200	CORONARY CARE UNIT		6,607,736	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.217506	67,374,561	50.00
51.00	05100	RECOVERY ROOM	0.445692	4,162,579	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137332	11,715,539	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.166740	6,592,237	55.00
56.00	05600	RADIOISOTOPE	0.081074	2,358,900	56.00
57.00	05700	CT SCAN	0.047846	21,729,159	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.098132	4,649,305	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.170605	37,785,749	59.00
60.00	06000	LABORATORY	0.177962	31,352,300	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.217313	6,589,144	63.00
64.00	06400	INTRAVENOUS THERAPY	0.398543	3,240,168	64.00
65.00	06500	RESPIRATORY THERAPY	0.128701	29,156,206	65.00
66.00	06600	PHYSICAL THERAPY	0.158647	22,336,158	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094485	12,288,868	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.197221	9,172,038	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.282352	30,782,153	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.216971	66,901,349	73.00
74.00	07400	RENAL DIALYSIS	0.177910	5,145,711	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	76.00
76.01	03160	PULMONARY REHAB	0.613681	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.249149	797	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.111520	4,784	90.00
90.01	09001	FAMILY PRACTICE	0.581242	797	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.262008	0	90.02
90.03	09003	CHEMO	0.120832	64,716	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.535217	1,470	90.04
90.05	09005	PAIN MANAGEMENT	0.177545	266	90.05
90.06	09006	WOUND CARE	0.143747	63,553	90.06
90.07	09007	SLEEP CENTER	0.379925	0	90.07
90.08	09008	HEMATOLOGY	0.525878	5,504	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.363623	633,893	90.09
90.10	09010	DIABETES CENTER	0.652061	0	90.10
91.00	09100	EMERGENCY	0.137261	37,758,822	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.558497	3,244,986	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.560154	5,784,391	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.347276	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		420,896,103	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)		420,896,103	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D-3 Date/Time Prepared: 2/27/2023 8:09 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		6,610,439	30.00
31.00	03100	INTENSIVE CARE UNIT		2,561,802	31.00
32.00	03200	CORONARY CARE UNIT		396,627	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.217506	2,638,445	50.00
51.00	05100	RECOVERY ROOM	0.445692	200,215	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137332	753,188	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.166740	380,362	55.00
56.00	05600	RADIOISOTOPE	0.081074	85,386	56.00
57.00	05700	CT SCAN	0.047846	1,149,314	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.098132	258,567	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.170605	894,424	59.00
60.00	06000	LABORATORY	0.177962	2,019,166	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.217313	321,467	63.00
64.00	06400	INTRAVENOUS THERAPY	0.398543	269,020	64.00
65.00	06500	RESPIRATORY THERAPY	0.128701	2,347,910	65.00
66.00	06600	PHYSICAL THERAPY	0.158647	1,053,349	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094485	507,934	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.197221	302,912	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.282352	614,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.216971	4,215,370	73.00
74.00	07400	RENAL DIALYSIS	0.177910	352,492	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	76.00
76.01	03160	PULMONARY REHAB	0.613681	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.249149	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.111520	0	90.00
90.01	09001	FAMILY PRACTICE	0.581242	101	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.262008	0	90.02
90.03	09003	CHEMO	0.120832	1,446	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.535217	0	90.04
90.05	09005	PAIN MANAGEMENT	0.177545	0	90.05
90.06	09006	WOUND CARE	0.143747	5,315	90.06
90.07	09007	SLEEP CENTER	0.379925	0	90.07
90.08	09008	HEMATOLOGY	0.525878	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.363623	34,886	90.09
90.10	09010	DIABETES CENTER	0.652061	0	90.10
91.00	09100	EMERGENCY	0.137261	2,481,151	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.558497	134,918	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.560154	151,932	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.347276	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		21,173,560	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)		21,173,560	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet E Part A Date/Time Prepared: 2/27/2023 8:09 am
		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)			0 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		116,685,516	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)			0 2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		2,080,581	2.04
3.00	Managed Care Simulated Payments		75,171,055	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		502.02	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)		19.30	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		19.30	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		23.31	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		19.30	12.00
13.00	Total allowable FTE count for the prior year.		15.30	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.		18.27	14.00
15.00	Sum of lines 12 through 14 divided by 3.		17.62	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		17.62	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.035098	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.032094	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.032094	21.00
22.00	IME payment adjustment (see instructions)		2,028,344	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,306,698	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		2.22	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		4.01	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		2.22	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.004422	26.00
27.00	IME payments adjustment factor. (see instructions)		0.001181	27.00
28.00	IME add-on adjustment amount (see instructions)		137,806	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		88,777	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,166,150	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,395,475	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.12	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.97	31.00
32.00	Sum of lines 30 and 31		25.09	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.91	33.00
34.00	Disproportionate share adjustment (see instructions)		2,890,884	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet E Part A Date/Time Prepared: 2/27/2023 8:09 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	7,192,008,710 35.00
35.01	Factor 3 (see instructions)	0.000000000	0	0.000591246 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	4,252,248 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	4,252,248 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,252,248	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0 41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0 41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		128,075,379	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)		129,470,854	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		9,133,896	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).		965,011	52.00
53.00	Nursing and Allied Health Managed Care payment		245,127	53.00
54.00	Special add-on payments for new technologies		746,514	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		462,843	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		137,640	58.00
59.00	Total (sum of amounts on lines 49 through 58)		141,161,885	59.00
60.00	Primary payer payments		83,934	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		141,077,951	61.00
62.00	Deductibles billed to program beneficiaries		11,791,879	62.00
63.00	Coinsurance billed to program beneficiaries		486,408	63.00
64.00	Allowable bad debts (see instructions)		891,790	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		579,664	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		382,330	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		129,379,328	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		16,147	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		0	70.93
70.94	HRR adjustment amount (see instructions)		-481,470	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet E Part A Date/Time Prepared: 2/27/2023 8:09 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		128,881,711	71.00
71.01	Sequestration adjustment (see instructions)		966,613	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		127,492,136	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		422,962	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		12,713,170	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
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		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	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/27/2023 8:09 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	116,685,516	0	0	116,685,516	116,685,516	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,080,581	0	0	2,080,581	2,080,581	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	75,171,055	0	0	75,171,055	75,171,055	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.032094	0.032094	0.032094	0.032094		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,028,344	0	0	2,028,344	2,028,344	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,306,698	0	0	1,306,698	1,306,698	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.001181	0.001181	0.001181	0.001181		7.00
8.00	IME adjustment (see instructions)	28.00	137,806	0	0	137,806	137,806	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	88,777	0	0	88,777	88,777	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,166,150	0	0	2,166,150	2,166,150	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,395,475	0	0	1,395,475	1,395,475	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0991	0.0991	0.0991	0.0991		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,890,884	0	0	2,890,884	2,890,884	11.00
11.01	Uncompensated care payments	36.00	4,252,248	0	0	4,252,248	4,252,248	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	128,075,379	0	0	128,075,379	128,075,379	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	129,470,854	0	0	129,470,854	129,470,854	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,133,896	0	0	9,133,896	9,133,896	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/27/2023 8:09 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	746,514	0	0	746,514	746,514	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	16,147	0	0	16,147	16,147	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	139,367,411	139,367,411	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	8,751,729	0	0	8,751,729	8,751,729	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	267,519	0	0	267,519	267,519	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0131	0.0131	0.0131	0.0131		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	114,648	0	0	114,648	114,648	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,133,896	0	0	9,133,896	9,133,896	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0082		Period: From 10/01/2021 To 09/30/2022		Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/27/2023 8:09 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	116,685,516		116,685,516	116,685,516	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,080,581		2,080,581	2,080,581	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	75,171,055	0	75,171,055	75,171,055	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.032094	0.032094	0.032094		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,028,344	0	2,028,344	2,028,344	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,306,698	0	1,306,698	1,306,698	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.001181	0.001181	0.001181		7.00
8.00	IME adjustment (see instructions)	28.00	137,806	0	137,806	137,806	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	88,777	0	88,777	88,777	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,166,150	0	2,166,150	2,166,150	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,395,475	0	1,395,475	1,395,475	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0991	0.0991	0.0991		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,890,884	0	2,890,884	2,890,884	11.00
11.01	Uncompensated care payments	36.00	4,252,248	0	4,252,248	4,252,248	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	128,075,379	0	128,075,379	128,075,379	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	129,470,854	0	129,470,854	129,470,854	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,133,896	0	9,133,896	9,133,896	16.00
17.00	Special add-on payments for new technologies	54.00	746,514	0	746,514	746,514	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	16,147	0	16,147	16,147	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	139,367,411	139,367,411	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/27/2023 8:09 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	8,751,729	0	8,751,729	8,751,729	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	267,519	0	267,519	267,519	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0131	0.0131	0.0131		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	114,648	0	114,648	114,648	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,133,896	0	9,133,896	9,133,896	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-481,470	0	-481,470	-481,470	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet E Part B Date/Time Prepared: 2/27/2023 8:09 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		54,794	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		82,719,467	2.00
3.00	OPPS payments		86,927,677	3.00
4.00	Outlier payment (see instructions)		36,404	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		225,908	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		54,794	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		259,655	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)		259,655	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)		259,655	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		204,861	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)		54,794	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)		87,189,989	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)		15,272,609	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)		71,972,174	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		567,327	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)		72,539,501	30.00
31.00	Primary payer payments		15,044	31.00
32.00	Subtotal (line 30 minus line 31)		72,524,457	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)		830,463	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		539,801	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		504,981	36.00
37.00	Subtotal (see instructions)		73,064,258	37.00
38.00	MSP-LCC reconciliation amount from PS&R		40	38.00
39.00	PS&R OTHER ADJUSTMENTS		2,084	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		73,066,302	40.00
40.01	Sequestration adjustment (see instructions)		547,998	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		72,460,138	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		58,166	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		4,550,953	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet E Part B Date/Time Prepared: 2/27/2023 8:09 am
Title XVIII		Hospital	PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2023 8:09 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		127,258,336		72,460,138	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	06/17/2022	233,800		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)		233,800		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)		127,492,136		72,460,138	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		422,962		58,166	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		127,915,098		72,518,304	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: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet E-1 Part II Date/Time Prepared: 2/27/2023 8:09 am
		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 (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
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: 15-0082		Period: From 10/01/2021 To 09/30/2022		Worksheet E-4 Date/Time Prepared: 2/27/2023 8:09 am	
		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.					18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					1.40	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
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					16.60	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					23.52	6.00
7.00	Enter the lesser of line 5 or line 6					16.60	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.	23.19	0.33			23.52	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.	16.37	0.23			16.60	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00				10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00				10.01
11.00	Total weighted FTE count	16.37	0.23				11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.25	0.35				12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	19.53	0.14				13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	17.38	0.24				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	17.38	0.24				17.00
18.00	Per resident amount	149,317.00	149,317.00				18.00
19.00	Approved amount for resident costs	2,595,129	35,836			2,630,965	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)					6.92	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)					2,630,965	25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1			Total
		1.00	2.00	2.01			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)	53,933	9,710	29,241			26.00
27.00	Total Inpatient Days (see instructions)	157,298	157,298	157,298			27.00
28.00	Ratio of inpatient days to total inpatient days	0.342871	0.061730	0.185896			28.00
29.00	Program direct GME amount	902,082	162,409	489,086	1,553,577		29.00
29.01	Percent reduction for MA DGME		3.26	3.26			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		5,295	15,944	21,239		30.00
31.00	Net Program direct GME amount				1,532,338		31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet E-4 Date/Time Prepared: 2/27/2023 8:09 am
		Title XVIII	Hospital	PPS
				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)		14,537,812	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)		141,239,739	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		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)		83,934	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		141,155,805	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		83,000,169	42.00
43.00	Primary payer payments (see instructions)		15,044	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		82,985,125	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		224,140,930	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.629764	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.370236	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,532,338	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		965,011	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		567,327	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet E-4 Date/Time Prepared: 2/27/2023 8:09 am
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Title V		Hospital	
		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.	0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)	0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA	0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)	0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))	0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)	0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)	0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)	0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)	23.52	6.00
7.00	Enter the lesser of line 5 or line 6	0.00	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	23.19	0.33	23.52	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.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		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	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	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)			23.52	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)			0	25.00

		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)	0	0		26.00
27.00	Total Inpatient Days (see instructions)	157,298	157,298		27.00
28.00	Ratio of inpatient days to total inpatient days	0.000000	0.000000		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet E-4 Date/Time Prepared: 2/27/2023 8:09 am
		Title V	Hospital	
				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)			32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34.00
35.00	Medicare outpatient ESRD charges (see instructions)			35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			39.00
40.00	Primary payer payments (see instructions)			40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			42.00
43.00	Primary payer payments (see instructions)			43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			0 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			50.00

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

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet G

Date/Time Prepared:
2/27/2023 8:09 am

		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	225,019,610	0	0	0	1.00
2.00	Temporary investments	78,284,791	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	140,921,092	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	10,072,497	0	0	0	7.00
8.00	Prepaid expenses	15,538,735	0	0	0	8.00
9.00	Other current assets	100,952,543	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)	570,789,268	0	0	0	11.00
FIXED ASSETS						
12.00	Land	20,192,212	0	0	0	12.00
13.00	Land improvements	6,800,885	0	0	0	13.00
14.00	Accumulated depreciation	-3,882,197	0	0	0	14.00
15.00	Buildings	819,552,225	0	0	0	15.00
16.00	Accumulated depreciation	-420,329,313	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	315,503,720	0	0	0	19.00
20.00	Accumulated depreciation	-241,837,419	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	496,000,113	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	883,592,334	18,533,257	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	196,536,183	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,080,128,517	18,533,257	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,146,917,898	18,533,257	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	61,864,478	0	0	0	37.00
38.00	Salaries, wages, and fees payable	56,032,697	0	0	0	38.00
39.00	Payroll taxes payable	1,977,507	0	0	0	39.00
40.00	Notes and loans payable (short term)	10,895,000	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	26,366,444	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	157,136,126	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	471,819,790	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	68,949,429	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	540,769,219	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	697,905,345	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,449,012,553				52.00
53.00	Specific purpose fund		18,533,257			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,449,012,553	18,533,257	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,146,917,898	18,533,257	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet G-1

Date/Time Prepared:
2/27/2023 8:09 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		1,575,531,717		18,870,764	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-89,316,359			2.00
3.00	Total (sum of line 1 and line 2)		1,486,215,358		18,870,764	3.00
4.00	RESTRICTED CONTRIBUTIONS	0		4,331,787		4.00
5.00	BENEFIT RELATED CHANGE	40,478,065		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)		40,478,065		4,331,787	10.00
11.00	Subtotal (line 3 plus line 10)		1,526,693,423		23,202,551	11.00
12.00	TRANSFERS	77,680,870		849,966		12.00
13.00	CHANGE IN BENEFICIAL TRUCT	0		261,718		13.00
14.00	NET UNREALIZED LOSS ON INVESTMENTS	0		221,654		14.00
15.00	FOUNDATION INCOME	0		3,335,956		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		77,680,870		4,669,294	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,449,012,553		18,533,257	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	RESTRICTED CONTRIBUTIONS		0			4.00
5.00	BENEFIT RELATED CHANGE		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	TRANSFERS		0			12.00
13.00	CHANGE IN BENEFICIAL TRUCT		0			13.00
14.00	NET UNREALIZED LOSS ON INVESTMENTS		0			14.00
15.00	FOUNDATION INCOME		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: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2023 8:09 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	262,301,250		262,301,250	1.00
2.00	SUBPROVIDER - IPF	0		0	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)	262,301,250		262,301,250	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	94,820,357		94,820,357	11.00
12.00	CORONARY CARE UNIT	20,755,061		20,755,061	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	115,575,418		115,575,418	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	377,876,668		377,876,668	17.00
18.00	Ancillary services	1,040,301,755	1,528,983,828	2,569,285,583	18.00
19.00	Outpatient services	125,686,012	509,777,072	635,463,084	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	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,543,864,435	2,038,760,900	3,582,625,335	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,131,315,037		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)		1,131,315,037		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2021
To 09/30/2022

Worksheet G-3

Date/Time Prepared:
2/27/2023 8:09 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,582,625,335	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,443,155,609	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,139,469,726	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,131,315,037	4.00
5.00	Net income from service to patients (line 3 minus line 4)	8,154,689	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-182,485,989	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	49,295	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	21,240	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,817,210	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	52,276	21.00
22.00	Rental of hospital space	12,135,240	22.00
23.00	Governmental appropriations	0	23.00
24.00	JOINT VENTURES	56,078,711	24.00
24.50	COVID-19 PHE Funding	13,860,970	24.50
25.00	Total other income (sum of lines 6-24)	-97,471,047	25.00
26.00	Total (line 5 plus line 25)	-89,316,358	26.00
27.00	ROUNDING	1	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-89,316,359	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet L Parts I-III Date/Time Prepared: 2/27/2023 8:09 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		8,751,729	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		267,519	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)		430.95	3.00
4.00	Number of interns & residents (see instructions)		19.84	4.00
5.00	Indirect medical education percentage (see instructions)		1.31	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)		114,648	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)		9,133,896	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