

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/30/2023 6:12 pm
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PART I - COST REPORT STATUS

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

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

Date: 5/30/2023 Time: 6:12 pm

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 ESKENAZI HEALTH (15-0024) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	6,955,112	1,310,006	0	1.00
2.00	SUBPROVIDER - IPF	0	42,162	1	0	2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	3.00
4.00	SUBPROVIDER (OTHER)	0	0	0	0	4.00
5.00	SWING BED - SNF	0	0	0	0	5.00
6.00	SWING BED - NF	0	0	0	0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	7.00
8.00	NURSING FACILITY	0	0	0	0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	11.00
12.00	CMHC I	0	0	0	0	12.00
200.00	TOTAL	0	6,997,274	1,310,007	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 6:12 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 720 ESKENAZI AVENUE			PO Box:							1.00
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46202		County: MARION			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
				V	XVIII	XIX					
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ESKENAZI HEALTH	150024	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF		PSYCHIATRIC UNIT	15S024	26900	4	01/01/1984	N	P	P	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2022	12/31/2022		20.00	
21.00	Type of Control (see instructions)						9			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) 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	Y		22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 6:12 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	18,190	1,669	69	132	29,346	744		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2	11/02/2022		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)					Y	Y		40.00	
						V	XVII	XIX		
						1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					Y			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 6:12 pm		
		V	XVIII	XIX		
		1.00	2.00	3.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	N			
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings				0.00	62.01
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0024

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

Worksheet S-2
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

		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)			0.00	0.00	0.000000	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	151.63	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)			0.00	58.24	0.000000	67.00
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			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		Y		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		Y		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		Y	N	0
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				0
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		0
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 6:12 pm	
		V		XIX			
		1.00		2.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 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)						106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
					1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
					1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.						113.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, §2208.1.	N					0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 6:12 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1	1	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
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name:	Contractor's Name:	Contractor's Number:	
142.00	Street:	PO Box:		
143.00	City:	State:	Zip Code:	
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 6:12 pm		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
161.10	CORF		N	N	N	N	161.10	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
		Beginning		Ending				
		1.00		2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00		2.00				
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 6:12 pm	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					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 the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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					2.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2019	Y	04/30/2019		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.	Y		Y			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: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 6:12 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	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.			N	35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	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.			N	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.			N	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.	LESLIE		MALLORY	41.00
42.00	Enter the employer/company name of the cost report preparer.	ESKENAZI HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-880-3786		LESLIE.MALLORY@ESKENAZIHEALTH.EDU	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 6:12 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 15-0024

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P		
	Line No.				Visits / Trips	Title V	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	194	70,810	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)		194	70,810	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	72	26,280	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	15	5,475	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	34.01	33	12,045	0.00	0	11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		314	114,610	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	30	10,950		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
21.00	OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC	99.00				0	25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		344				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
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0024

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,570	10,351	48,798		1.00
2.00	HMO and other (see instructions)	12,338	28,643			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)	6,570	10,351	48,798		7.00
8.00	INTENSIVE CARE UNIT	2,926	2,869	20,869		8.00
9.00	CORONARY CARE UNIT	0	0	0		9.00
10.00	BURN INTENSIVE CARE UNIT	384	124	2,846		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
11.01	NEONATAL INTENSIVE CARE UNIT	0	2,037	5,752		11.01
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		5,382	5,667		13.00
14.00	Total (see instructions)	9,880	20,763	83,932	208.94	4,087.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	1,676	853	10,055	0.81	60.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00
18.00	SUBPROVIDER		0	0	0.00	0.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00	NURSING FACILITY		0	0	0.00	0.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)			0	0.00	0.00
24.00	HOSPICE	0	0	0	0.00	0.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00
25.10	CMHC - CORF	0	0	0	0.00	0.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				209.75	4,147.00
28.00	Observation Bed Days		3,547	9,580		28.00
29.00	Ambulance Trips	12,062				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	744	1,492		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0024

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,455	2,788	15,269	1.00
2.00	HMO and other (see instructions)			1,501	4,763		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
11.01	NEONATAL INTENSIVE CARE UNIT						11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	5.00	0	1,455	2,788	15,269	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	152	662	1,158	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	5.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0024

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2023 6:12 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	347,456,220	0	347,456,220	8,750,051.98	39.71
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		2,096,684	0	2,096,684	28,024.12	74.82
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	15,348,453	15,348,453	397,886.94	38.57
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		66,670,791	1,238,610	67,909,401	2,147,716.15	31.62
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		15,882,689	0	15,882,689	399,966.94	39.71
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		6,309,659	0	6,309,659	46,672.74	135.19
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		10,586,889	0	10,586,889	267,065.40	39.64
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		60,834,186	0	60,834,186		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		14,762,456	0	14,762,456		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		936,669	0	936,669		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,611,921	0	3,611,921		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0024

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2023 6:12 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4,013,031	0	4,013,031	94,401.24	42.51	26.00
27.00	Administrative & General	58,398,203	0	58,398,203	1,613,176.46	36.20	27.00
28.00	Administrative & General under contract (see inst.)	4,904,448	0	4,904,448	55,804.96	87.89	28.00
29.00	Maintenance & Repairs	2,128,489	0	2,128,489	52,028.91	40.91	29.00
30.00	Operation of Plant	6,746,961	0	6,746,961	195,264.11	34.55	30.00
31.00	Laundry & Linen Service	266,447	0	266,447	11,051.80	24.11	31.00
32.00	Housekeeping	4,852,701	0	4,852,701	187,842.31	25.83	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,876,664	0	2,876,664	138,766.19	20.73	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	3,701,651	0	3,701,651	127,403.42	29.05	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,242,553	0	3,242,553	55,243.71	58.70	38.00
39.00	Central Services and Supply	696,499	0	696,499	27,576.90	25.26	39.00
40.00	Pharmacy	10,430,075	-480,910	9,949,165	191,023.58	52.08	40.00
41.00	Medical Records & Medical Records Library	3,712,485	0	3,712,485	104,932.23	35.38	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0024

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2023 6:12 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	350,263,984	-15,348,453	334,915,531	8,379,945.88	39.97	1.00
2.00	Excluded area salaries (see instructions)	66,670,791	1,238,610	67,909,401	2,147,716.15	31.62	2.00
3.00	Subtotal salaries (line 1 minus line 2)	283,593,193	-16,587,063	267,006,130	6,232,229.73	42.84	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,779,237	0	32,779,237	713,705.08	45.93	4.00
5.00	Subtotal wage-related costs (see inst.)	64,446,107	0	64,446,107	0.00	24.14	5.00
6.00	Total (sum of lines 3 thru 5)	380,818,537	-16,587,063	364,231,474	6,945,934.81	52.44	6.00
7.00	Total overhead cost (see instructions)	105,970,207	-480,910	105,489,297	2,854,515.82	36.96	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2023 6:12 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		10,589,695	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)		13,553,895	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		46,246	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)		28,846,006	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		81,012	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,834,477	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		782,591	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		19,765,123	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		651,708	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		382,556	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		76,533,309	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: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/30/2023 6:12 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY	0	0	8.00
9.00	NURSING FACILITY	0	0	9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/30/2023 6:12 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.295274	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		252,423,271	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		35,172,595	5.00	
6.00	Medicaid charges		1,029,346,824	6.00	
7.00	Medicaid cost (line 1 times line 6)		303,939,354	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)		16,343,488	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		2,017,109	9.00	
10.00	Stand-alone CHIP charges		8,936,558	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		2,638,733	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		621,624	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)		16,965,112	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)	135,621,001	343,375	135,964,376	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	40,045,355	343,375	40,388,730	21.00
22.00	Payments received from patients for amounts previously written off as charity care	6,126	0	6,126	22.00
23.00	Cost of charity care (line 21 minus line 22)	40,039,229	343,375	40,382,604	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)		85,145,194	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		569,761	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		876,556	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		84,268,638	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		25,189,133	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		65,571,737	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		82,536,849	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		54,414,439		54,414,439	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,013,031	4,080,645	8,093,676	8,093,676	4.00	
5.01	00540	NONPATIENT TELEPHONES	295,287	1,811,625	2,106,912	2,106,912	5.01	
5.02	00560	PURCHASING RECEIVING AND STORES	3,770,533	3,308,029	7,078,562	7,078,562	5.02	
5.03	00570	ADMINISTRATIVE	10,881,845	4,732,973	15,614,818	15,614,818	5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,898,492	8,646,555	16,545,047	16,545,047	5.04	
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	35,552,046	117,863,176	153,415,222	-17,610,762	135,804,460	5.05
6.00	00600	MAINTENANCE & REPAIRS	2,128,489	5,712,630	7,841,119	7,841,119	6.00	
7.00	00700	OPERATION OF PLANT	6,746,961	19,412,389	26,159,350	26,159,350	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	266,447	1,706,802	1,973,249	1,973,249	8.00	
9.00	00900	HOUSEKEEPING	4,852,701	3,373,417	8,226,118	8,226,118	9.00	
10.00	01000	DIETARY	2,876,664	2,372,078	5,248,742	5,248,742	10.00	
11.00	01100	CAFETERIA	3,701,651	4,121,381	7,823,032	7,823,032	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	3,242,553	2,450,319	5,692,872	5,692,872	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	696,499	1,426,934	2,123,433	2,123,433	14.00	
15.00	01500	PHARMACY	10,430,075	35,543,999	45,974,074	-496,278	45,477,796	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,712,485	1,858,531	5,571,016	5,571,016	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	15,413,620	15,413,620	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	0	0	0	0	23.00	
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	0	496,278	496,278	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,541,541	23,815,300	77,356,841	-2,121,261	75,235,580	30.00
31.00	03100	INTENSIVE CARE UNIT	17,087,490	10,023,724	27,111,214	-47,876	27,063,338	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,345,746	1,633,170	4,978,916	-28,436	4,950,480	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	4,568,957	2,027,753	6,596,710	-1,053	6,595,657	34.01
40.00	04000	SUBPROVIDER - IPF	4,594,778	1,800,158	6,394,936	502,174	6,897,110	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	3,062,632	3,062,632	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,095,264	35,968,810	47,064,074	-17,372,171	29,691,903	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,166,759	1,875,223	3,041,982	-18,596	3,023,386	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,650,896	11,978,452	21,629,348	-2,472,170	19,157,178	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
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	252,136	626,412	878,548	-979	877,569	57.00
58.00	05800	MRI	1,501,715	1,218,477	2,720,192	0	2,720,192	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	-909	-909	60.00
60.01	06001	BLOOD LABORATORY	5,846,876	14,397,429	20,244,305	0	20,244,305	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,806,270	2,806,270	0	2,806,270	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,997,599	2,647,377	8,644,976	-90	8,644,886	65.00
65.01	03560	PULMONARY FUNCTION TESTING	286,959	130,280	417,239	-55	417,184	65.01
66.00	06600	PHYSICAL THERAPY	4,670,014	1,776,324	6,446,338	-711,904	5,734,434	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,370,241	802,874	3,173,115	438,643	3,611,758	67.00
68.00	06800	SPEECH PATHOLOGY	886,524	320,133	1,206,657	166,689	1,373,346	68.00
69.00	06900	ELECTROCARDIOLOGY	1,019,582	484,507	1,504,089	-1,714	1,502,375	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	847,907	847,907	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,056,849	19,056,849	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	285,943	285,943	73.00
73.01	07301	RETAIL PHARMACIES	6,857,184	45,857,584	52,714,768	0	52,714,768	73.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
74.00	07400	RENAL DIALYSIS	0	1,996,619	1,996,619	0	1,996,619	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	7,101,705	2,753,953	9,855,658	-2,404,435	7,451,223	90.01
90.02	09002	OB/GYN CLINIC	868,923	558,232	1,427,155	232,119	1,659,274	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	529,734	580,891	1,110,625	238,505	1,349,130	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	2,240,370	1,871,622	4,111,992	633,088	4,745,080	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,524,792	1,591,713	3,116,505	850,650	3,967,155	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	370,934	532,391	903,325	60,023	963,348	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	90,711	91,124	181,835	9	181,844	90.17
90.18	09018	PSYCHIATRIC CLINIC	14,100,597	7,658,824	21,759,421	-1,141,366	20,618,055	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	132,905	60,495	193,400	1,632	195,032	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	312,083	304,258	616,341	48,081	664,422	90.22
90.23	09023	BIARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	75,754	47,086	122,840	1,444	124,284	90.24
90.25	09025	WOUND/OSTOMY CLINIC	205,915	71,034	276,949	7,887	284,836	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1,323,095	1,729,475	3,052,570	67,759	3,120,329	90.26
90.27	09027	TRANSGENDER CLINIC	513,463	330,672	844,135	40,727	884,862	90.27
91.00	09100	EMERGENCY	18,210,985	7,966,471	26,177,456	1,172,613	27,350,069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	1,972,221	640,064	2,612,285	0	2,612,285	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	21,125,047	13,090,917	34,215,964	-29,943	34,186,021	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	306,505,254	474,902,020	781,407,274	-834,726	780,572,548	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-623	-2,994	-3,617	0	-3,617	190.00
190.01	19001	RETAIL SPA	106,560	81,818	188,378	0	188,378	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	185,485	693,323	878,808	0	878,808	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	558,383	187,701	746,084	0	746,084	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	5,744,226	3,592,050	9,336,276	728,635	10,064,911	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	6,737,692	3,613,358	10,351,050	0	10,351,050	193.08
193.09	19309	DME	132,080	778,693	910,773	106,091	1,016,864	193.09
193.10	19310	PROFESSIONAL BILLING	2,196,295	1,336,523	3,532,818	0	3,532,818	193.10
193.11	19311	FQHC	25,290,868	46,071,348	71,362,216	0	71,362,216	193.11
200.00		TOTAL (SUM OF LINES 118 through 199)	347,456,220	531,253,840	878,710,060	0	878,710,060	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,701,972	62,116,411	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-13,041	8,080,635	4.00
5.01	00540	NONPATIENT TELEPHONES	0	2,106,912	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-552	7,078,010	5.02
5.03	00570	ADMINISTRATIVE	0	15,614,818	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	-750	16,544,297	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	22,643,830	158,448,290	5.05
6.00	00600	MAINTENANCE & REPAIRS	-144	7,840,975	6.00
7.00	00700	OPERATION OF PLANT	-1,150,319	25,009,031	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-15,611	1,957,638	8.00
9.00	00900	HOUSEKEEPING	0	8,226,118	9.00
10.00	01000	DIETARY	-4,131	5,244,611	10.00
11.00	01100	CAFETERIA	-3,568,486	4,254,546	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-310,858	5,382,014	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,123,433	14.00
15.00	01500	PHARMACY	-31,736	45,446,060	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-65,374	5,505,642	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	15,413,620	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	0	0	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	496,278	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,279,946	72,955,634	30.00
31.00	03100	INTENSIVE CARE UNIT	-260,239	26,803,099	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	-8,110	4,942,370	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-222,080	6,373,577	34.01
40.00	04000	SUBPROVIDER - I/PF	-1,182,997	5,714,113	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	3,062,632	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-202	29,691,701	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-159,852	2,863,534	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-50,229	19,106,949	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	877,569	57.00
58.00	05800	MRI	0	2,720,192	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-115	-1,024	60.00
60.01	06001	BLOOD LABORATORY	0	20,244,305	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,806,270	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-34,998	8,609,888	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	417,184	65.01
66.00	06600	PHYSICAL THERAPY	-99,719	5,634,715	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,611,758	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,373,346	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,502,375	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	847,907	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,056,849	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	285,943	73.00
73.01	07301	RETAIL PHARMACIES	-39,374	52,675,394	73.01
74.00	07400	RENAL DIALYSIS	-277,789	1,718,830	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	6.00	7.00	77.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 MEDICINE CLINIC	-4,659,627	2,791,596	90.01
90.02	09002 OB/GYN CLINIC	-130,324	1,528,950	90.02
90.03	09003 ORTHO CLINIC	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	-196,150	1,152,980	90.07
90.08	09008 ENT CLINIC	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	90.09
90.10	09010 SPECIALTY CLINIC	-569,544	4,175,536	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	-120,006	3,847,149	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	-231,474	731,874	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	90.16
90.17	09017 CHC CLINIC	-35,129	146,715	90.17
90.18	09018 PSYCHIATRIC CLINIC	-5,663,270	14,954,785	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	90.19
90.20	09020 DIETARY CLINIC	0	195,032	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	90.21
90.22	09022 OP BURN CLINIC	0	664,422	90.22
90.23	09023 BARIATRIC CLINIC	0	0	90.23
90.24	09024 PLASTICS CLINIC	-847	123,437	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	284,836	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	-1,379,575	1,740,754	90.26
90.27	09027 TRANSGENDER CLINIC	-153,240	731,622	90.27
91.00	09100 EMERGENCY	-2,206,721	25,143,348	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	-50,922	2,561,363	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	-474,760	33,711,261	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,697,561	785,270,109	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	-3,617	190.00
190.01	19001 RETAIL SPA	0	188,378	190.01
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	878,808	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	746,084	193.01
193.02	19302 RENTAL SPACE	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305 LV BEAUTY	0	0	193.05
193.06	19306 LV DAYCARE	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	10,064,911	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	0	10,351,050	193.08
193.09	19309 DME	0	1,016,864	193.09

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet A Date/Time Prepared: 5/30/2023 6:12 pm
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
193.10	19310	PROFESSIONAL BILLING	0	3,532,818	193.10
193.11	19311	FQHC	-26,421,015	44,941,201	193.11
200.00		TOTAL (SUM OF LINES 118 through 199)	-21,723,454	856,986,606	200.00

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - INTERNS AND RESIDENTS EXPENSE					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	15,413,620	1.00
	O		0	15,413,620	
E - NON REIMBURSEABLE PSYCH PROGRAMS					
1.00	SUBPROVIDER - IPF	40.00	301,300	201,228	1.00
2.00	MIDTOWN NRCCS	193.07	436,867	291,768	2.00
	O		738,167	492,996	
G - THERAPY ADMINISTRATION RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	350,524	88,119	1.00
2.00	SPEECH PATHOLOGY	68.00	131,104	35,585	2.00
3.00	DME	193.09	19,533	86,558	3.00
	O		501,161	210,262	
I - SPECIALTY CLINIC ADMIN RECLASS					
1.00	OB/GYN CLINIC	90.02	127,392	54,445	1.00
2.00	OPHTHALMOLOGY CLINIC	90.07	154,036	65,832	2.00
3.00	SPECIALTY CLINIC	90.10	351,142	150,071	3.00
4.00	ENDOSCOPY CLINIC	90.12	521,085	222,701	4.00
5.00	OCCUPATIONAL THERAPY CLINIC	90.13	33,090	14,142	5.00
6.00	DIETARY CLINIC	90.20	907	388	6.00
7.00	OP BURN CLINIC	90.22	27,519	11,761	7.00
8.00	PLASTICS CLINIC	90.24	832	355	8.00
9.00	WOUND/OSTOMY CLINIC	90.25	5,478	2,341	9.00
10.00	WCOE/SENIOR CARE CLINIC	90.26	40,367	17,252	10.00
11.00	TRANSGENDER CLINIC	90.27	22,403	9,574	11.00
	O		1,284,251	548,862	
K - PICC LINE EXPENSE					
1.00	ADULTS & PEDIATRICS	30.00	0	967,142	1.00
	O		0	967,142	
N - PHARMACY ED RECLASS					
1.00	PARAMED ED PRGM-PHARMACY	23.01	480,910	15,368	1.00
	O		480,910	15,368	
P - SUPPLY & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	847,907	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	19,056,849	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	285,943	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
	O		0	20,190,699	
Q - FAMILY BEGINNINGS					
1.00	NURSERY	43.00	2,173,641	888,991	1.00
	O		2,173,641	888,991	
R - HEALTH CONNECTIONS					
1.00	OB/GYN CLINIC	90.02	31,814	18,619	1.00
2.00	OPHTHALMOLOGY CLINIC	90.07	35,915	21,019	2.00
3.00	SPECIALTY CLINIC	90.10	87,905	51,446	3.00
4.00	ENDOSCOPY CLINIC	90.12	121,321	71,002	4.00
5.00	OCCUPATIONAL THERAPY CLINIC	90.13	8,091	4,735	5.00
6.00	CHC CLINIC	90.17	6	3	6.00
7.00	PSYCHIATRIC CLINIC	90.18	56,666	33,163	7.00

Provider CCN: 15-0024

Period:
From 01/01/2022
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Worksheet A-6
Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	DIETARY CLINIC	90.20	213	124	8.00
9.00	OP BURN CLINIC	90.22	5,660	3,312	9.00
10.00	PLASTICS CLINIC	90.24	162	95	10.00
11.00	WOUND/OSTOMY CLINIC	90.25	480	281	11.00
12.00	WCOE/SENIOR CARE CLINIC	90.26	6,493	3,800	12.00
13.00	TRANSGENDER CLINIC	90.27	5,553	3,250	13.00
	O		360,279	210,849	
	U - TRAUMA ONCALL				
1.00	EMERGENCY	91.00	0	1,230,000	1.00
	O		0	1,230,000	
500.00	Grand Total: Increases		5,538,409	40,168,789	500.00

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6
Date/Time Prepared:
5/30/2023 6:12 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - INTERNS AND RESIDENTS EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	15,413,620	0		1.00
	0		0	15,413,620			
E - NON REIMBURSEABLE PSYCH PROGRAMS							
1.00	PSYCHIATRIC CLINIC	90.18	738,167	492,996	0		1.00
2.00	0	0.00	0	0	0		2.00
	0		738,167	492,996			
G - THERAPY ADMINISTRATION RECLASS							
1.00	PHYSICAL THERAPY	66.00	501,161	210,262	0		1.00
2.00	0	0.00	0	0	0		2.00
3.00	0	0.00	0	0	0		3.00
	0		501,161	210,262			
I - SPECIALTY CLINIC ADMIN RECLASS							
1.00	MEDICINE CLINIC	90.01	1,284,251	548,862	0		1.00
2.00	0	0.00	0	0	0		2.00
3.00	0	0.00	0	0	0		3.00
4.00	0	0.00	0	0	0		4.00
5.00	0	0.00	0	0	0		5.00
6.00	0	0.00	0	0	0		6.00
7.00	0	0.00	0	0	0		7.00
8.00	0	0.00	0	0	0		8.00
9.00	0	0.00	0	0	0		9.00
10.00	0	0.00	0	0	0		10.00
11.00	0	0.00	0	0	0		11.00
	0		1,284,251	548,862			
K - PICC LINE EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	967,142	0		1.00
	0		0	967,142			
N - PHARMACY ED RECLASS							
1.00	PHARMACY	15.00	480,910	15,368	0		1.00
	0		480,910	15,368			
P - SUPPLY & IMPLANTS							
1.00	ADULTS & PEDIATRICS	30.00	0	25,771	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	47,876	0		2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	0	28,436	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	1,053	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	354	0		5.00
6.00	OPERATING ROOM	50.00	0	17,372,171	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	18,596	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,472,170	0		8.00
9.00	CT SCAN	57.00	0	979	0		9.00
10.00	LABORATORY	60.00	0	909	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	90	0		11.00
12.00	PULMONARY FUNCTION TESTING	65.01	0	55	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	481	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	1,714	0		14.00
15.00	MEDICINE CLINIC	90.01	0	194	0		15.00
16.00	OB/GYN CLINIC	90.02	0	151	0		16.00
17.00	OPHTHALMOLOGY CLINIC	90.07	0	38,297	0		17.00
18.00	SPECIALTY CLINIC	90.10	0	7,476	0		18.00
19.00	ENDOSCOPY CLINIC	90.12	0	85,459	0		19.00
20.00	OCCUPATIONAL THERAPY CLINIC	90.13	0	35	0		20.00
21.00	PSYCHIATRIC CLINIC	90.18	0	32	0		21.00
22.00	OP BURN CLINIC	90.22	0	171	0		22.00
23.00	TRANSGENDER CLINIC	90.27	0	53	0		23.00
24.00	WOUND/OSTOMY CLINIC	90.25	0	693	0		24.00
25.00	EMERGENCY	91.00	0	57,387	0		25.00
26.00	AMBULANCE SERVICES	95.00	0	29,943	0		26.00
27.00	WCOE/SENIOR CARE CLINIC	90.26	0	153	0		27.00
	0		0	20,190,699			
Q - FAMILY BEGINNINGS							
1.00	ADULTS & PEDIATRICS	30.00	2,173,641	888,991	0		1.00
	0		2,173,641	888,991			
R - HEALTH CONNECTIONS							
1.00	MEDICINE CLINIC	90.01	360,279	210,849	0		1.00
2.00	0	0.00	0	0	0		2.00
3.00	0	0.00	0	0	0		3.00
4.00	0	0.00	0	0	0		4.00
5.00	0	0.00	0	0	0		5.00
6.00	0	0.00	0	0	0		6.00
7.00	0	0.00	0	0	0		7.00
8.00	0	0.00	0	0	0		8.00

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6

Date/Time Prepared:
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Decreases								
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.			
6.00	7.00	8.00	9.00	10.00				
9.00	0.00	0	0	0	0		9.00	
10.00	0.00	0	0	0	0		10.00	
11.00	0.00	0	0	0	0		11.00	
12.00	0.00	0	0	0	0		12.00	
13.00	0.00	0	0	0	0		13.00	
0		360,279	210,849					
U - TRAUMA ONCALL								
1.00	5.05	0	1,230,000		0		1.00	
OTHER ADMINISTRATIVE AND GENERAL								
0		0	1,230,000					
500.00	Grand Total: Decreases							500.00
		5,538,409	40,168,789					

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0024

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,224,207	0	0	0	1.00
2.00	Land Improvements	84,377,902	0	0	0	2.00
3.00	Buildings and Fixtures	443,085,495	7,583,240	0	7,583,240	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	242,579,704	3,799,420	0	3,799,420	5.00
6.00	Movable Equipment	279,894,195	15,329,846	0	15,329,846	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,059,161,503	26,712,506	0	26,712,506	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,059,161,503	26,712,506	0	26,712,506	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,224,207	0			1.00
2.00	Land Improvements	84,377,902	0			2.00
3.00	Buildings and Fixtures	450,486,696	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	246,096,097	0			5.00
6.00	Movable Equipment	289,039,977	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	1,079,224,879	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	1,079,224,879	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0024

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	54,414,439	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	54,414,439	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	54,414,439				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	54,414,439				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0024

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	54,414,439	0	54,414,439	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	54,414,439	0	54,414,439	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	62,116,411	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	62,116,411	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	62,116,411	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	62,116,411	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0024

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

Worksheet A-8

Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-34,573,792				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	77,842,167				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0024

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

Worksheet A-8

Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 CABLE TV COSTS	A	-76,171	OTHER ADMIN STRATIVE AND GENERAL		5.05	0 33.00
33.01 NON ALLOWABLE ADVERTISING	A	-13,041	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.01
33.02 NON ALLOWABLE ADVERTISING	A	-552	PURCHASING RECEIVING AND STORES		5.02	0 33.02
33.03 NON ALLOWABLE ADVERTISING	A	-2,713,534	OTHER ADMIN STRATIVE AND GENERAL		5.05	0 33.03
33.04 NON ALLOWABLE ADVERTISING	A	-750	CASHIERING/ACCOUNTS RECEIVABLE		5.04	0 33.04
33.05 NON ALLOWABLE ADVERTISING	A	-150	DIETARY		10.00	0 33.05
33.06 NON ALLOWABLE ADVERTISING	A	-5,025	CAFETERIA		11.00	0 33.06
33.07 NON ALLOWABLE ADVERTISING	A	-3,650	PHARMACY		15.00	0 33.07
33.08 NON ALLOWABLE ADVERTISING	A	-25,530	ADULTS & PEDIATRICS		30.00	0 33.08
33.09 NON ALLOWABLE ADVERTISING	A	-8,110	BURN INTENSIVE CARE UNIT		33.00	0 33.09
33.10 NON ALLOWABLE ADVERTISING	A	-2,822	RETAIL PHARMACIES		73.01	0 33.10
33.11 NON ALLOWABLE ADVERTISING	A	-2,754	PSYCHIATRIC CLINIC		90.18	0 33.11
33.12 NON ALLOWABLE ADVERTISING	A	-11,029	EMERGENCY		91.00	0 33.12
33.13 PARKING LOT	A	-1,757,470	CAP REL COSTS-BLDG & FIXT		1.00	9 33.13
33.14 PARKING LOT	A	-521,995	OPERATION OF PLANT		7.00	0 33.14
33.15 IUMG SERVICES	A	-11,920,373	OTHER ADMIN STRATIVE AND GENERAL		5.05	0 33.15
33.16 IUMG SERVICES	A	-274,898	NURSING ADMINISTRATION		13.00	0 33.16
33.17 IUMG SERVICES	A	-2,087,224	ADULTS & PEDIATRICS		30.00	0 33.17
33.18 IUHP SERVICES	A	-260,239	INTENSIVE CARE UNIT		31.00	0 33.18
33.19 IUHP SERVICES	A	-222,080	NEONATAL INTENSIVE CARE UNIT		34.01	0 33.19
33.20 IUHP SERVICES	A	-546,039	SUBPROVIDER - IPF		40.00	0 33.20
33.21 IUHP SERVICES	A	-148,480	ANESTHESIOLOGY		53.00	0 33.21
33.22 IUHP SERVICES	A	-125,540	MEDICINE CLINIC		90.01	0 33.22
33.23 IUHP SERVICES	A	-118,960	OB/GYN CLINIC		90.02	0 33.23
33.24 IUMG SERVICES	A	-196,150	OPHTHALMOLOGY CLINIC		90.07	0 33.24
33.25 IUMG SERVICES	A	-366,474	SPECIALTY CLINIC		90.10	0 33.25
33.26 IUMG SERVICES	A	-231,474	OCCUPATIONAL THERAPY CLINIC		90.13	0 33.26
33.27 IUMG SERVICES	A	-35,129	CHC CLINIC		90.17	0 33.27
33.28 IUMG SERVICES	A	-945,680	PSYCHIATRIC CLINIC		90.18	0 33.28
33.29 IUMG SERVICES	A	-1,311,825	WCOE/SENIOR CARE CLINIC		90.26	0 33.29
33.30 IUMG SERVICES	A	-147,815	TRANSGENDER CLINIC		90.27	0 33.30
33.31 IUMG SERVICES	A	-257,661	EMERGENCY		91.00	0 33.31
33.32 IUMG SERVICES	A	-50,922	OBSERVATION BEDS (DISTINCT PART)-CD		92.01	0 33.32
33.33 IUMG SERVICES	A	-26,421,015	FQHC		193.11	0 33.33
33.34 HEALTH CONNECTIONS	A	-3,854,661	MEDICINE CLINIC		90.01	0 33.34
33.35 MISCELLANEOUS REVENUE	B	-159,083	OTHER ADMIN STRATIVE AND GENERAL		5.05	0 33.35
33.36 MISCELLANEOUS REVENUE	B	-144	MAINTENANCE & REPAIRS		6.00	0 33.36
33.37 MISCELLANEOUS REVENUE	B	-628,324	OPERATION OF PLANT		7.00	0 33.37
33.38 MISCELLANEOUS REVENUE	B	-15,611	LAUNDRY & LINEN SERVICE		8.00	0 33.38
33.39 MISCELLANEOUS REVENUE	B	-3,981	DIETARY		10.00	0 33.39
33.40 MISCELLANEOUS REVENUE	B	-3,563,461	CAFETERIA		11.00	0 33.40
33.41 MISCELLANEOUS REVENUE	B	-28,086	PHARMACY		15.00	0 33.41
33.42 MISCELLANEOUS REVENUE	B	-65,374	MEDICAL RECORDS & LIBRARY		16.00	0 33.42
33.43 MISCELLANEOUS REVENUE	B	-167,192	ADULTS & PEDIATRICS		30.00	0 33.43
33.44 MISCELLANEOUS REVENUE	B	-202	OPERATING ROOM		50.00	0 33.44
33.45 MISCELLANEOUS REVENUE	B	-50,229	RADIOLOGY-DIAGNOSTIC		54.00	0 33.45
33.46 MISCELLANEOUS REVENUE	B	-115	LABORATORY		60.00	0 33.46
33.47 MISCELLANEOUS REVENUE	B	-34,998	RESPIRATORY THERAPY		65.00	0 33.47
33.48 MISCELLANEOUS REVENUE	B	-99,719	PHYSICAL THERAPY		66.00	0 33.48
33.49 MISCELLANEOUS REVENUE	B	-36,552	RETAIL PHARMACIES		73.01	0 33.49
33.50 MISCELLANEOUS REVENUE	B	-277,789	RENAL DIALYSIS		74.00	0 33.50
33.51 MISCELLANEOUS REVENUE	B	-679,426	MEDICINE CLINIC		90.01	0 33.51
33.52 MISCELLANEOUS REVENUE	B	-203,070	SPECIALTY CLINIC		90.10	0 33.52
33.54 MISCELLANEOUS REVENUE	B	-120,006	ENDOSCOPY CLINIC		90.12	0 33.54
33.55 MISCELLANEOUS REVENUE	B	-3,321,822	PSYCHIATRIC CLINIC		90.18	0 33.55
33.56 MISCELLANEOUS REVENUE	B	-847	PLASTICS CLINIC		90.24	0 33.56
33.57 MISCELLANEOUS REVENUE	B	-5,425	TRANSGENDER CLINIC		90.27	0 33.57
33.58 MISCELLANEOUS REVENUE	B	-390,391	EMERGENCY		91.00	0 33.58
33.59 MISCELLANEOUS REVENUE	B	-474,760	AMBULANCE SERVICES		95.00	0 33.59
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,723,454				50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0024

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

Worksheet A-8

Date/Time Prepared:
5/30/2023 6:12 pm

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

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 - (2) Basis for adjustment (see instructions).
 - A. Costs - if cost, including applicable overhead, can be determined.
 - B. Amount Received - if cost cannot be determined.
 - (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0024

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2023 6:12 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HHC CAPITAL COSTS	9,459,442	0 1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GEN	HHC OPERATING COSTS	68,382,725	0 2.00
3.00	0.00			0	0 3.00
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			77,842,167	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.

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	G	HEALTH AND HOSP	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				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: 15-0024

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2023 6:12 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	9,459,442	9		1.00
2.00	68,382,725	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	77,842,167			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0024

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2023 6:12 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	30,869,734	30,869,734	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	35,960	35,960	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	636,958	636,958	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	11,372	11,372	0	0	0	4.00
5.00	90.02	OB/GYN CLINIC	11,364	11,364	0	0	0	5.00
6.00	90.18	PSYCHIATRIC CLINIC	1,393,014	1,393,014	0	0	0	6.00
7.00	90.26	WCOE/SENIOR CARE CLINIC	67,750	67,750	0	0	0	7.00
8.00	91.00	EMERGENCY	2,061,855	715,785	514,215	171,400	17,520	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			35,088,007	33,741,937	514,215		17,520	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	90.02	OB/GYN CLINIC	0	0	0	0	0	5.00
6.00	90.18	PSYCHIATRIC CLINIC	0	0	0	0	0	6.00
7.00	90.26	WCOE/SENIOR CARE CLINIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	1,443,715	72,186	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,443,715	72,186	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	30,869,734		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	35,960		2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	636,958		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	11,372		4.00
5.00	90.02	OB/GYN CLINIC	0	0	0	11,364		5.00
6.00	90.18	PSYCHIATRIC CLINIC	0	0	0	1,393,014		6.00
7.00	90.26	WCOE/SENIOR CARE CLINIC	0	0	0	67,750		7.00
8.00	91.00	EMERGENCY	0	1,443,715	0	1,547,640		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	1,443,715	0	34,573,792		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	62,116,411	62,116,411			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,080,635	499,467	0	8,580,102	4.00
5.01 00540	NONPATIENT TELEPHONES	2,106,912	7,711	0	7,377	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	7,078,010	841,449	0	94,199	5.02
5.03 00570	ADMITTING	15,614,818	247,708	0	271,861	5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	16,544,297	494,937	0	197,328	5.04
5.05 00591	OTHER ADMINISTRATION AND GENERAL	158,448,290	4,753,153	0	888,197	5.05
6.00 00600	MAINTENANCE & REPAIRS	7,840,975	640,007	0	53,176	6.00
7.00 00700	OPERATION OF PLANT	25,009,031	8,353,065	0	168,559	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,957,638	14,943	0	6,657	8.00
9.00 00900	HOUSEKEEPING	8,226,118	564,509	0	121,235	9.00
10.00 01000	DIETARY	5,244,611	882,705	0	71,868	10.00
11.00 01100	CAFETERIA	4,254,546	842,277	0	92,478	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	5,382,014	147,858	0	81,009	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,123,433	14,943	0	17,401	14.00
15.00 01500	PHARMACY	45,446,060	942,388	0	248,560	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,505,642	137,795	0	92,749	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	15,413,620	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	496,278	0	0	12,015	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	72,955,634	6,737,822	0	1,283,170	30.00
31.00 03100	INTENSIVE CARE UNIT	26,803,099	2,382,893	0	426,897	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	4,942,370	965,042	0	83,587	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	6,373,577	1,236,884	0	114,146	34.01
40.00 04000	SUBPROVIDER - I/PF	5,714,113	1,127,145	0	122,319	40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	3,062,632	351,871	0	54,304	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	29,691,701	2,282,477	0	277,193	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	2,863,534	273,324	0	29,149	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,106,949	1,494,438	0	241,108	54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	151,605	0	6,299	56.00
57.00 05700	CT SCAN	877,569	133,961	0	37,517	57.00
58.00 05800	MRI	2,720,192	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	-1,024	835,176	0	146,073	60.00
60.01 06001	BLOOD LABORATORY	20,244,305	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,806,270	82,729	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	8,609,888	124,028	0	149,838	65.00
65.01 03560	PULMONARY FUNCTION TESTING	417,184	0	0	7,169	65.01
66.00 06600	PHYSICAL THERAPY	5,634,715	373,827	0	104,150	66.00
67.00 06700	OCCUPATIONAL THERAPY	3,611,758	216,995	0	67,973	67.00
68.00 06800	SPEECH PATHOLOGY	1,373,346	12,634	0	25,423	68.00
69.00 06900	ELECTROCARDIOLOGY	1,502,375	716,593	0	25,472	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	847,907	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	19,056,849	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
73.00	07300 DRUGS CHARGED TO PATIENTS	285,943	0	0	0	0	73.00
73.01	07301 RETAIL PHARMACIES	52,675,394	410,465	0	171,313	9,200	73.01
74.00	07400 RENAL DIALYSIS	1,718,830	428,631	0	0	1,062	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	2,791,596	1,120,219	0	136,337	45,646	90.01
90.02	09002 OB/GYN CLINIC	1,528,950	509,008	0	25,686	21,584	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	1,152,980	422,881	0	17,980	8,846	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	4,175,536	1,382,477	0	66,940	44,230	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	3,847,149	775,013	0	54,143	17,692	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	731,874	192,991	0	10,296	4,954	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	146,715	18,123	0	2,266	104,384	90.17
90.18	09018 PSYCHIATRIC CLINIC	14,954,785	1,100,832	0	335,249	217,614	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	195,032	261	0	3,348	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	664,422	149,644	0	8,626	354	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	123,437	218	0	1,917	2,831	90.24
90.25	09025 WOUND/OSTOMY CLINIC	284,836	828	0	5,293	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	1,740,754	465,051	0	34,226	56,969	90.26
90.27	09027 TRANSGENDER CLINIC	731,622	65,739	0	13,526	0	90.27
91.00	09100 EMERGENCY	25,143,348	3,134,991	0	454,965	83,507	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	2,561,363	227,363	0	49,272	3,538	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	33,711,261	577,404	0	527,767	24,769	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	785,270,109	49,866,498	0	7,545,606	1,705,527	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-3,617	0	0	0	1,769	190.00
190.01	19001 RETAIL SPA	188,378	27,446	0	2,662	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	878,808	59,248	0	4,634	45,292	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	746,084	40,036	0	13,950	13,800	193.01
193.02 19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03 19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	10,064,911	1,475,226	0	154,422	13,446	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	10,351,050	376,572	0	168,328	48,477	193.08
193.09 19309 DME	1,016,864	54,630	0	3,788	3,538	193.09
193.10 19310 PROFESSIONAL BILLING	3,532,818	69,311	0	54,870	12,738	193.10
193.11 19311 FOHC	44,941,201	10,147,444	0	631,842	277,413	193.11
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	856,986,606	62,116,411	0	8,580,102	2,122,000	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	8,029,227					5.02
5.03	00570	ADMINISTRATIVE	13,578	16,185,472				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	20,715	0	17,328,046			5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	190,965	0	0	164,587,744	164,587,744	5.05
6.00	00600	MAINTENANCE & REPAIRS	268,604	0	0	8,804,177	2,092,806	6.00
7.00	00700	OPERATION OF PLANT	185,394	0	0	33,746,833	8,021,825	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	20,715	0	0	1,999,953	475,401	8.00
9.00	00900	HOUSEKEEPING	47,698	0	0	8,964,514	2,130,919	9.00
10.00	01000	DIETARY	38,646	0	0	6,250,568	1,485,798	10.00
11.00	01100	CAFETERIA	39,168	0	0	5,235,546	1,244,521	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,356	0	0	5,623,483	1,336,736	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,404	0	0	2,175,904	517,225	14.00
15.00	01500	PHARMACY	205,413	0	0	46,872,144	11,141,790	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,571	0	0	5,763,341	1,369,981	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	15,413,620	3,663,910	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-AMBULANCE	0	0	0	0	0	23.00
23.01	02301	PARAMED PRGM-PHARMACY	0	0	0	508,293	120,824	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,341,802	1,231,317	1,190,940	84,875,499	20,175,352	30.00
31.00	03100	INTENSIVE CARE UNIT	499,781	810,684	784,101	31,777,870	7,553,790	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	149,534	368,504	356,420	6,901,549	1,640,540	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	177,213	171,459	165,836	8,247,961	1,960,590	34.01
40.00	04000	SUBPROVIDER - IPF	54,313	159,268	154,046	7,360,927	1,749,737	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	78,510	48,320	46,735	3,651,572	868,001	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	561,753	1,820,613	1,760,912	36,468,602	8,668,806	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	147,097	303,586	293,631	3,922,706	932,451	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	506,396	1,182,022	1,143,262	23,715,221	5,637,250	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	10,619	51,030	49,357	272,448	64,763	56.00
57.00	05700	CT SCAN	24,197	602,166	582,420	2,261,368	537,541	57.00
58.00	05800	MRI	0	0	0	2,720,192	646,606	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,831	673	59.00
60.00	06000	LABORATORY	238,140	1,570,065	1,518,580	4,333,194	1,030,026	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	20,244,305	4,812,193	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,230	172,458	166,803	3,243,967	771,110	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	296,283	586,120	566,901	10,341,196	2,458,164	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,878	27,814	26,902	490,424	116,577	65.01
66.00	06600	PHYSICAL THERAPY	83,558	137,913	133,391	6,488,785	1,542,423	66.00
67.00	06700	OCCUPATIONAL THERAPY	30,638	84,662	81,886	4,095,681	973,568	67.00
68.00	06800	SPEECH PATHOLOGY	4,178	26,080	25,225	1,467,594	348,856	68.00
69.00	06900	ELECTROCARDIOLOGY	36,557	291,989	282,414	2,874,154	683,204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	113,848	484,730	468,835	1,915,320	455,283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	392,723	309,275	299,133	20,057,980	4,767,902	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,531	1,388,885	1,343,341	3,073,700	730,637	73.00
73.01	07301	RETAIL PHARMACIES	80,250	1,130,588	1,093,514	55,570,724	13,209,495	73.01
74.00	07400	RENAL DIALYSIS	20,019	55,857	54,025	2,278,424	541,595	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	67,891	150,477	145,543	4,457,709	1,059,624	90.01
90.02	09002 OB/GYN CLINIC	77,291	0	74,324	2,236,843	531,711	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	20,019	86,749	83,904	1,793,359	426,292	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	197,406	212,324	205,361	6,284,274	1,493,810	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	110,366	293,035	283,426	5,380,824	1,279,054	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	15,145	19,542	18,901	993,703	236,209	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	6,267	0	13	277,768	66,027	90.17
90.18	09018 PSYCHIATRIC CLINIC	72,765	0	132,382	16,813,627	3,996,700	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	348	513	497	199,999	47,541	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	31,508	0	13,223	867,777	206,276	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	7,834	391	378	137,006	32,567	90.24
90.25	09025 WOUND/OSTOMY CLINIC	7,834	1,160	1,122	301,073	71,567	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	21,586	0	15,168	2,333,754	554,747	90.26
90.27	09027 TRANSGENDER CLINIC	13,056	0	12,973	836,916	198,940	90.27
91.00	09100 EMERGENCY	540,516	2,234,745	2,160,139	33,752,211	8,023,103	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	174	171,131	165,519	3,178,360	755,515	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	148,141	0	1,426,550	36,415,892	8,656,276	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	7,321,422	16,185,472	17,328,033	770,861,409	144,114,828	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	-1,848	0	190.00
190.01	19001 RETAIL SPA	18,975	0	0	237,461	56,446	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,133	0	0	991,115	235,594	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	522	0	0	814,392	193,586	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	31,508	0	7	11,739,520	2,790,554	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	63,191	0	0	11,007,618	2,616,577	193.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
193.09	19309	DME	71,198	0	6	1,150,024	273,368	193.09
193.10	19310	PROFESSIONAL BILLING	2,785	0	0	3,672,522	872,981	193.10
193.11	19311	FQHC	516,493	0	0	56,514,393	13,433,810	193.11
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,029,227	16,185,472	17,328,046	856,986,606	164,587,744	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	10,896,983					6.00
7.00	00700	OPERATION OF PLANT	1,666,116	43,434,774				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,980	14,024	2,492,358			8.00
9.00	00900	HOUSEKEEPING	112,598	529,817	0	11,737,848		9.00
10.00	01000	DIETARY	176,066	828,457	0	449,440	9,190,329	10.00
11.00	01100	CAFETERIA	168,002	790,513	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	29,492	138,771	403,345	27,411	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,980	14,024	0	0	0	14.00
15.00	01500	PHARMACY	187,970	884,472	0	442,170	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	27,485	129,326	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,343,937	6,323,739	725,260	2,756,979	5,820,732	30.00
31.00	03100	INTENSIVE CARE UNIT	475,296	2,236,449	332,044	968,745	2,081,355	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	192,489	905,734	120,901	418,603	283,846	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	246,711	1,160,870	21,833	332,693	0	34.01
40.00	04000	SUBPROVIDER - I PF	224,822	1,057,875	0	274,695	1,004,396	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	70,185	330,246	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	455,267	2,142,204	200,299	1,047,218	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	54,518	256,526	0	104,463	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	298,083	1,402,595	70,744	601,371	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	30,239	142,288	0	72,455	0	56.00
57.00	05700	CT SCAN	26,720	125,728	0	55,156	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	166,586	783,849	0	336,955	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,501	77,645	0	32,927	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	24,739	116,406	0	49,139	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	74,564	350,853	0	10,279	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	43,282	203,659	0	79,559	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,520	11,857	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	142,933	672,554	0	260,739	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACIES	81,872	385,239	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	85,496	402,289	27,785	58,165	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	223,441	1,051,374	0	488,133	0	90.01
90.02	09002 OB/GYN CLINIC	101,528	477,726	0	197,476	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	84,349	396,892	0	126,275	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	275,751	1,297,515	0	372,807	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	154,585	727,384	49,980	253,803	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	38,494	181,130	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	3,615	17,009	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	219,574	1,033,179	0	74,712	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	52	245	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	29,848	140,448	0	45,295	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	43	204	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	165	777	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	92,760	436,471	0	98,613	0	90.26
90.27	09027 TRANSGENDER CLINIC	13,112	61,699	0	167	0	90.27
91.00	09100 EMERGENCY	625,310	2,942,326	470,471	1,127,529	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	45,350	213,390	0	93,431	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	115,170	541,919	69,696	9,443	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	8,453,596	31,937,697	2,492,358	11,266,846	9,190,329	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	6,936	0	190.00
190.01	19001 RETAIL SPA	5,474	25,759	0	11,616	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	11,818	55,607	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	7,986	37,575	0	48,889	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	22,480	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	294,251	1,384,564	0	47,468	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	75,112	353,429	0	143,908	0	193.08
193.09	19309 DME	10,897	51,273	0	31,757	0	193.09
193.10	19310 PROFESSIONAL BILLING	13,825	65,052	0	0	0	193.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
193.11	19311	FQHC	2,024,024	9,523,818	0	157,948	0	193.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,896,983	43,434,774	2,492,358	11,737,848	9,190,329	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	7,438,582					11.00
12.00	01200		0				12.00
13.00	01300	103,213	0	7,662,451			13.00
14.00	01400	51,522	0	0	2,761,655		14.00
15.00	01500	356,891	0	0	0	59,885,437	15.00
16.00	01600	196,045	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	37,258	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,522,822	0	3,108,710	0	0	30.00
31.00	03100	617,391	0	1,260,349	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	124,410	0	253,973	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	154,882	0	316,179	0	0	34.01
40.00	04000	231,679	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	75,427	0	153,978	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	466,206	0	951,718	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	53,394	0	0	0	0	53.00
54.00	05400	385,779	0	0	0	0	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	10,453	0	0	0	0	56.00
57.00	05700	56,044	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	274,198	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	199,912	0	0	0	0	65.00
65.01	03560	12,682	0	0	0	0	65.01
66.00	06600	192,062	0	0	0	0	66.00
67.00	06700	116,799	0	0	0	0	67.00
68.00	06800	40,098	0	0	0	0	68.00
69.00	06900	45,656	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	620,661	0	71.00
72.00	07200	0	0	0	2,140,994	0	72.00
73.00	07300	0	0	0	0	59,885,437	73.00
73.01	07301	262,958	0	0	0	0	73.01
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	152,777	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	60,623	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	48,638	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	177,652	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	105,391	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	24,497	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	4,239	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	99,110	0	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	6,967	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	21,708	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	3,313	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	8,051	0	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	85,766	0	0	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	31,167	0	0	0	0	90.27
91.00	09100 EMERGENCY	718,367	0	1,466,484	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	73,998	0	151,060	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	7,210,045	0	7,662,451	2,761,655	59,885,437	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	237	0	0	0	0	190.00
190.01	19001 RETAIL SPA	7,215	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	9,775	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	38,442	0	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	0	0	0	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	193.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
193.09	19309 DME	9,046	0	0	0	0	193.09
193.10	19310 PROFESSIONAL BILLING	153,057	0	0	0	0	193.10
193.11	19311 FQHC	10,765	0	0	0	0	193.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	7,438,582	0	7,662,451	2,761,655	59,885,437	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

Period:
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To 12/31/2022

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00560 PURCHASING RECEIVING AND STORES						5.02
5.03 00570 ADMIN TTING						5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	7,486,178					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING PROGRAM	0	0	0		0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00 02300 PARAMED ED PRGM-AMBULANCE	0	0	0			23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	514,446	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	338,705	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	153,962	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	71,636	0	0	0	0	34.01
40.00 04000 SUBPROVIDER - I PF	66,543	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	20,188	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	760,654	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	126,839	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	493,850	0	0	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	21,320	0	0	0	0	56.00
57.00 05700 CT SCAN	251,585	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	655,975	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	72,053	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	244,882	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	11,621	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	57,620	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	35,372	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	10,896	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	121,993	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	202,521	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	129,215	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	580,278	0	0	0	0	73.00
73.01 07301 RETAIL PHARMACIES	472,361	0	0	0	0	73.01

COST ALLOCATION - GENERAL SERVICE COSTS

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	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
		16.00	17.00	18.00	19.00	20.00	
74.00	07400 RENAL DIALYSIS	23,337	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	62,869	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	32,105	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	36,244	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	88,709	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	122,430	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	8,165	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	6	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	57,184	0	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	214	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	5,712	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	163	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	485	0	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	6,552	0	0	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	5,604	0	0	0	0	90.27
91.00	09100 EMERGENCY	934,159	0	0	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) -CD	71,499	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	616,221	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,486,173	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 RETAIL SPA	0	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM		
					16.00				17.00
193.05	19305	LV BEAUTY	0	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	3	0	0	0	0	0	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	0	193.08
193.09	19309	DME	2	0	0	0	0	0	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	0	0	0	193.10
193.11	19311	FQHC	0	0	0	0	0	0	193.11
200.00		Cross Foot Adjustments					0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,486,178	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMINISTRATIVE					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING PROGRAM					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	19,077,530				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED PRGM-AMBULANCE			0		23.00
23.01 02301	PARAMED PRGM-PHARMACY				666,375	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,746,564	0	0	0	131,914,040 30.00
31.00 03100	INTENSIVE CARE UNIT	638,960	0	0	0	48,280,954 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	10,996,007 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	182,560	0	0	0	12,695,915 34.01
40.00 04000	SUBPROVIDER - IPF	91,280	0	0	0	12,061,954 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	273,840	0	0	0	5,443,437 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,190,721	0	0	0	53,351,695 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	1,004,081	0	0	0	6,454,978 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	638,960	0	0	0	33,243,853 54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	613,966 56.00
57.00 05700	CT SCAN	182,560	0	0	0	3,496,702 57.00
58.00 05800	MRI	0	0	0	0	3,366,798 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	3,504 59.00
60.00 06000	LABORATORY	0	0	0	0	7,580,783 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	25,056,498 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	4,214,203 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	13,434,438 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	0	0	0	631,304 65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	8,716,586 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	5,547,920 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	1,881,821 68.00
69.00 06900	ELECTROCARDIOLOGY	91,280	0	0	0	4,892,513 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,193,785 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	27,096,091 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	666,375	64,936,427 73.00
73.01 07301	RETAIL PHARMACIES	0	0	0	0	69,982,649 73.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
74.00	07400	RENAL DIALYSIS	91,280	0	0	0	3,508,371	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	456,400	0	0	0	7,952,327	90.01
90.02	09002	OB/GYN CLINIC	1,460,481	0	0	0	5,098,493	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	91,280	0	0	0	3,003,329	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	821,520	0	0	0	10,812,038	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	182,560	0	0	0	8,256,011	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	1,482,198	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	1,734,321	0	0	0	2,102,985	90.17
90.18	09018	PSYCHIATRIC CLINIC	456,400	0	0	0	22,750,486	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	255,018	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	1,317,064	90.22
90.23	09023	BARITRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	91,280	0	0	0	264,576	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	382,118	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	0	3,608,663	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	0	1,147,605	90.27
91.00	09100	EMERGENCY	1,916,881	0	0	0	51,976,841	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	0	0	0	0	4,582,603	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	91,280	0	0	0	46,515,897	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,434,489	0	0	666,375	734,105,444	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	5,325	190.00
190.01	19001	RETAIL SPA	0	0	0	0	343,971	190.01
191.00	19100	RESEARCH	365,120	0	0	0	365,120	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,303,909	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	1,140,870	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	22,480	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-AMBULANCE	PARAMED ED PRGM-PHARMACY	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	0	0	0	0	16,256,360	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	14,196,644	193.08
193.09	19309	DME	0	0	0	0	1,526,367	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	0	4,777,437	193.10
193.11	19311	FQHC	1,277,921	0	0	0	82,942,679	193.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	19,077,530	0	0	666,375	856,986,606	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00560	PURCHASING RECEIVING AND STORES		5.02
5.03	00570	ADMINISTRATIVE		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING PROGRAM		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-4,746,564	30.00
31.00	03100	INTENSIVE CARE UNIT	-638,960	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-182,560	34.01
40.00	04000	SUBPROVIDER - IPF	-91,280	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	-273,840	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-2,190,721	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	-1,004,081	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-638,960	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	-182,560	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	65.01
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-91,280	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	07301	RETAIL PHARMACIES	0	73.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
74.00	07400 RENAL DIALYSIS	-91,280	3,417,091	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 MEDICINE CLINIC	-456,400	7,495,927	90.01
90.02	09002 OB/GYN CLINIC	-1,460,481	3,638,012	90.02
90.03	09003 ORTHO CLINIC	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	-91,280	2,912,049	90.07
90.08	09008 ENT CLINIC	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	90.09
90.10	09010 SPECIALTY CLINIC	-821,520	9,990,518	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	-182,560	8,073,451	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	1,482,198	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	90.16
90.17	09017 CHC CLINIC	-1,734,321	368,664	90.17
90.18	09018 PSYCHIATRIC CLINIC	-456,400	22,294,086	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	90.19
90.20	09020 DIETARY CLINIC	0	255,018	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	90.21
90.22	09022 OP BURN CLINIC	0	1,317,064	90.22
90.23	09023 BARIATRIC CLINIC	0	0	90.23
90.24	09024 PLASTICS CLINIC	-91,280	173,296	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	382,118	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	3,608,663	90.26
90.27	09027 TRANSGENDER CLINIC	0	1,147,605	90.27
91.00	09100 EMERGENCY	-1,916,881	50,059,960	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	0	4,582,603	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	-91,280	46,424,617	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-17,434,489	716,670,955	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,325	190.00
190.01	19001 RETAIL SPA	0	343,971	190.01
191.00	19100 RESEARCH	-365,120	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,303,909	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	1,140,870	193.01
193.02	19302 RENTAL SPACE	0	0	193.02
193.03	19303 UNUSED SPACE	0	22,480	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	193.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
193.05	19305	LV BEAUTY	0	0	193.05
193.06	19306	LV DAYCARE	0	0	193.06
193.07	19307	MIDTOWN NRCCS	0	16,256,360	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	14,196,644	193.08
193.09	19309	DME	0	1,526,367	193.09
193.10	19310	PROFESSIONAL BILLING	0	4,777,437	193.10
193.11	19311	FQHC	-1,277,921	81,664,758	193.11
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-19,077,530	837,909,076	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2. 00			
GENERAL SERVICE COST CENTERS						
1. 00 00100	CAP REL COSTS-BLDG & FIXT					1. 00
2. 00 00200	CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,338	499,467	0	502,805	4. 00
5. 01 00540	NONPATIENT TELEPHONES	1,176	7,711	0	8,887	5. 01
5. 02 00560	PURCHASING RECEIVING AND STORES	67,201	841,449	0	908,650	5. 02
5. 03 00570	ADMINITTING	1,449	247,708	0	249,157	5. 03
5. 04 00580	CASHIERING/ACCOUNTS RECEIVABLE	7,948	494,937	0	502,885	5. 04
5. 05 00591	OTHER ADMINISTRATIVE AND GENERAL	4,074,897	4,753,153	0	8,828,050	5. 05
6. 00 00600	MAINTENANCE & REPAIRS	476,893	640,007	0	1,116,900	6. 00
7. 00 00700	OPERATION OF PLANT	299,678	8,353,065	0	8,652,743	7. 00
8. 00 00800	LAUNDRY & LINEN SERVICE	0	14,943	0	14,943	8. 00
9. 00 00900	HOUSEKEEPING	20,313	564,509	0	584,822	9. 00
10. 00 01000	DIETARY	5,573	882,705	0	888,278	10. 00
11. 00 01100	CAFETERIA	94,180	842,277	0	936,457	11. 00
12. 00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12. 00
13. 00 01300	NURSING ADMINISTRATION	457,790	147,858	0	605,648	13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	2,348	14,943	0	17,291	14. 00
15. 00 01500	PHARMACY	80,628	942,388	0	1,023,016	15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	137,795	0	137,795	16. 00
17. 00 01700	SOCIAL SERVICE	0	0	0	0	17. 00
18. 00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18. 00
19. 00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19. 00
20. 00 02000	NURSING PROGRAM	0	0	0	0	20. 00
21. 00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21. 00
22. 00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22. 00
23. 00 02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	23. 00
23. 01 02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23. 01
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000	ADULTS & PEDIATRICS	1,086,737	6,737,822	0	7,824,559	30. 00
31. 00 03100	INTENSIVE CARE UNIT	102,027	2,382,893	0	2,484,920	31. 00
32. 00 03200	CORONARY CARE UNIT	0	0	0	0	32. 00
33. 00 03300	BURN INTENSIVE CARE UNIT	36,986	965,042	0	1,002,028	33. 00
34. 00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34. 00
34. 01 02060	NEONATAL INTENSIVE CARE UNIT	11,767	1,236,884	0	1,248,651	34. 01
40. 00 04000	SUBPROVIDER - I PF	16,729	1,127,145	0	1,143,874	40. 00
41. 00 04100	SUBPROVIDER - I RF	0	0	0	0	41. 00
42. 00 04200	SUBPROVIDER	0	0	0	0	42. 00
43. 00 04300	NURSERY	0	351,871	0	351,871	43. 00
44. 00 04400	SKILLED NURSING FACILITY	0	0	0	0	44. 00
45. 00 04500	NURSING FACILITY	0	0	0	0	45. 00
46. 00 04600	OTHER LONG TERM CARE	0	0	0	0	46. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000	OPERATING ROOM	1,395,551	2,282,477	0	3,678,028	50. 00
51. 00 05100	RECOVERY ROOM	0	0	0	0	51. 00
52. 00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52. 00
53. 00 05300	ANESTHESIOLOGY	103,080	273,324	0	376,404	53. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	1,818,728	1,494,438	0	3,313,166	54. 00
54. 01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54. 01
55. 00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55. 00
56. 00 05600	RADIOISOTOPE	52,232	151,605	0	203,837	56. 00
57. 00 05700	CT SCAN	325,606	133,961	0	459,567	57. 00
58. 00 05800	MRI	0	0	0	0	58. 00
59. 00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59. 00
60. 00 06000	LABORATORY	200,589	835,176	0	1,035,765	60. 00
60. 01 06001	BLOOD LABORATORY	0	0	0	0	60. 01
61. 00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61. 00
62. 00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62. 00
63. 00 06300	BLOOD STORING, PROCESSING & TRANS.	21,728	82,729	0	104,457	63. 00
64. 00 06400	INTRAVENOUS THERAPY	0	0	0	0	64. 00
65. 00 06500	RESPIRATORY THERAPY	112,662	124,028	0	236,690	65. 00
65. 01 03560	PULMONARY FUNCTION TESTING	28,024	0	0	28,024	65. 01
66. 00 06600	PHYSICAL THERAPY	30,932	373,827	0	404,759	66. 00
67. 00 06700	OCCUPATIONAL THERAPY	10,135	216,995	0	227,130	67. 00
68. 00 06800	SPEECH PATHOLOGY	0	12,634	0	12,634	68. 00
69. 00 06900	ELECTROCARDIOLOGY	135,392	716,593	0	851,985	69. 00
70. 00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70. 00
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72. 00
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
	0			2A	4.00		
73.01 07301 RETAIL PHARMACIES	1,904	410,465	0	412,369	10,039	73.01	
74.00 07400 RENAL DIALYSIS	3,685	428,631	0	432,316	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 MEDICINE CLINIC	87,779	1,120,219	0	1,207,998	7,989	90.01	
90.02 09002 OB/GYN CLINIC	15,174	509,008	0	524,182	1,505	90.02	
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03	
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04	
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05	
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06	
90.07 09007 OPHTHALMOLOGY CLINIC	21,054	422,881	0	443,935	1,054	90.07	
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08	
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09	
90.10 09010 SPECIALTY CLINIC	45,530	1,382,477	0	1,428,007	3,923	90.10	
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11	
90.12 09012 ENDOSCOPY CLINIC	513	775,013	0	775,526	3,173	90.12	
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	192,991	0	192,991	603	90.13	
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14	
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15	
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16	
90.17 09017 CHC CLINIC	3,649	18,123	0	21,772	133	90.17	
90.18 09018 PSYCHIATRIC CLINIC	150,604	1,100,832	0	1,251,436	19,646	90.18	
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19	
90.20 09020 DIETARY CLINIC	0	261	0	261	196	90.20	
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21	
90.22 09022 OP BURN CLINIC	0	149,644	0	149,644	505	90.22	
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	90.23	
90.24 09024 PLASTICS CLINIC	0	218	0	218	112	90.24	
90.25 09025 WOUND/OSTOMY CLINIC	0	828	0	828	310	90.25	
90.26 09026 WCOE/SENIOR CARE CLINIC	2,840	465,051	0	467,891	2,006	90.26	
90.27 09027 TRANSGENDER CLINIC	0	65,739	0	65,739	793	90.27	
91.00 09100 EMERGENCY	91,401	3,134,991	0	3,226,392	26,661	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	227,363	0	227,363	2,887	92.01	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	1,829,936	577,404	0	2,407,340	30,927	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	13,336,386	49,866,498	0	63,202,884	442,184	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
190.01 19001 RETAIL SPA	0	27,446	0	27,446	156	190.01	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	59,248	0	59,248	272	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	23,882	40,036	0	63,918	817	193.01	
193.02 19302 RENTAL SPACE	0	0	0	0	0	193.02	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
193.03 19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	22,452	1,475,226	0	1,497,678	9,049	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	0	376,572	0	376,572	9,864	193.08
193.09 19309 DME	0	54,630	0	54,630	222	193.09
193.10 19310 PROFESSIONAL BILLING	0	69,311	0	69,311	3,215	193.10
193.11 19311 FQHC	420,855	10,147,444	0	10,568,299	37,026	193.11
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	13,803,575	62,116,411	0	75,919,986	502,805	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	9,319					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	68	914,238				5.02
5.03	00570	ADMINITTING	165	1,546	266,799			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	311	2,359	0	517,118		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	1,345	21,744	0	0	8,903,187	5.05
6.00	00600	MAINTENANCE & REPAIRS	6	30,584	0	0	113,204	6.00
7.00	00700	OPERATION OF PLANT	135	21,110	0	0	433,917	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,359	0	0	25,715	8.00
9.00	00900	HOUSEKEEPING	22	5,431	0	0	115,266	9.00
10.00	01000	DIETARY	56	4,400	0	0	80,370	10.00
11.00	01100	CAFETERIA	31	4,460	0	0	67,319	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	19	951	0	0	72,307	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	30	1,526	0	0	27,978	14.00
15.00	01500	PHARMACY	131	23,389	0	0	602,682	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	95	634	0	0	74,105	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	198,188	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	6,536	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	592	152,783	20,369	35,510	1,091,628	30.00
31.00	03100	INTENSIVE CARE UNIT	309	56,907	13,411	23,379	408,600	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	159	17,027	6,096	10,627	88,740	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	39	20,178	2,836	4,945	106,052	34.01
40.00	04000	SUBPROVIDER - IPF	131	6,184	2,635	4,593	94,647	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	40	8,939	799	1,393	46,952	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	325	63,963	30,117	52,505	468,913	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	54	16,749	5,022	8,755	50,438	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	180	57,660	19,553	34,088	304,930	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	16	1,209	844	1,472	3,503	56.00
57.00	05700	CT SCAN	16	2,755	9,961	17,366	29,077	57.00
58.00	05800	MRI	0	0	0	0	34,976	58.00
59.00	05900	CARDIAC CATHETERIZATION	12	0	0	0	36	59.00
60.00	06000	LABORATORY	115	27,116	25,972	45,279	55,716	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	260,301	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11	1,506	2,853	4,974	41,711	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	36	33,736	9,696	16,903	132,967	65.00
65.01	03560	PULMONARY FUNCTION TESTING	11	1,011	460	802	6,306	65.01
66.00	06600	PHYSICAL THERAPY	93	9,514	2,281	3,977	83,433	66.00
67.00	06700	OCCUPATIONAL THERAPY	8	3,489	1,401	2,442	52,662	67.00
68.00	06800	SPEECH PATHOLOGY	3	476	431	752	18,870	68.00
69.00	06900	ELECTROCARDIOLOGY	82	4,162	4,830	8,421	36,956	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,963	8,019	13,979	24,627	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	44,717	5,116	8,919	257,906	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,323	22,975	40,054	39,522	73.00
73.01	07301	RETAIL PHARMACIES	40	9,138	18,702	32,605	714,528	73.01
74.00	07400	RENAL DIALYSIS	5	2,279	924	1,611	29,296	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	200	7,730	2,489	4,340	57,317	90.01
90.02	09002	OB/GYN CLINIC	95	8,801	0	2,216	28,761	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	39	2,279	1,435	2,502	23,059	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	194	22,477	3,512	6,123	80,803	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	78	12,567	4,847	8,451	69,187	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	22	1,724	323	564	12,777	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	458	714	0	0	3,572	90.17
90.18	09018	PSYCHIATRIC CLINIC	956	8,285	0	3,947	216,190	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	40	8	15	2,572	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	2	3,588	0	394	11,158	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	12	892	6	11	1,762	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	892	19	33	3,871	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	250	2,458	0	452	30,007	90.26
90.27	09027	TRANSGENER CLINIC	0	1,487	0	387	10,761	90.27
91.00	09100	EMERGENCY	367	61,545	36,026	64,862	433,986	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	16	20	2,831	4,935	40,867	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	109	16,868	0	42,535	468,236	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,489	833,644	266,799	517,118	7,795,766	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8	0	0	0	0	190.00
190.01	19001	RETAIL SPA	0	2,161	0	0	3,053	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	199	357	0	0	12,744	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	61	59	0	0	10,471	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	59	3,588	0	0	150,947	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	213	7,195	0	0	141,536	193.08

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
193.09	19309	DME	16	8,107	0	0	14,787	193.09
193.10	19310	PROFESSIONAL BILLING	56	317	0	0	47,221	193.10
193.11	19311	FQHC	1,218	58,810	0	0	726,662	193.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,319	914,238	266,799	517,118	8,903,187	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/30/2023 6:12 pm		
Cost Center Description				MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
				6.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	1,263,810					6.00
7.00	00700	OPERATION OF PLANT	193,233	9,311,016				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	346	3,006	46,759			8.00
9.00	00900	HOUSEKEEPING	13,059	113,576	0	839,280		9.00
10.00	01000	DIETARY	20,420	177,594	0	32,136	1,207,465	10.00
11.00	01100	CAFETERIA	19,485	169,461	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,420	29,748	7,567	1,960	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	346	3,006	0	0	0	14.00
15.00	01500	PHARMACY	21,800	189,602	0	31,616	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,188	27,723	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	155,867	1,355,606	13,607	197,128	764,753	30.00
31.00	03100	INTENSIVE CARE UNIT	55,124	479,423	6,229	69,267	273,457	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	22,324	194,160	2,268	29,931	37,293	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	28,613	248,853	410	23,788	0	34.01
40.00	04000	SUBPROVIDER - I PF	26,074	226,774	0	19,641	131,962	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	8,140	70,794	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52,801	459,219	3,758	74,878	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,323	54,991	0	7,469	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,571	300,671	1,327	42,999	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,507	30,502	0	5,181	0	56.00
57.00	05700	CT SCAN	3,099	26,952	0	3,944	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	19,320	168,032	0	24,093	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,914	16,645	0	2,354	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,869	24,954	0	3,514	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	8,648	75,212	0	735	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,020	43,658	0	5,689	0	67.00
68.00	06800	SPEECH PATHOLOGY	292	2,542	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,577	144,174	0	18,643	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACIES	9,495	82,583	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	9,916	86,238	521	4,159	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	25,914	225,381	0	34,903	0	90.01
90.02	09002	OB/GYN CLINIC	11,775	102,409	0	14,120	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	9,783	85,081	0	9,029	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	31,981	278,145	0	26,656	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	17,928	155,928	938	18,147	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	4,464	38,829	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	419	3,646	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	25,466	221,480	0	5,342	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	6	53	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	3,462	30,107	0	3,239	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	5	44	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	19	167	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	10,758	93,565	0	7,051	0	90.26
90.27	09027	TRANSGENDER CLINIC	1,521	13,226	0	12	0	90.27
91.00	09100	EMERGENCY	72,522	630,740	8,826	80,621	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	5,260	45,744	0	6,681	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	13,357	116,170	1,308	675	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	980,431	6,846,414	46,759	805,601	1,207,465	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	496	0	190.00
190.01	19001	RETAIL SPA	635	5,522	0	831	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,371	11,920	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	926	8,055	0	3,496	0	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	1,607	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	34,127	296,806	0	3,394	0	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	8,711	75,764	0	10,290	0	193.08
193.09	19309	DME	1,264	10,991	0	2,271	0	193.09
193.10	19310	PROFESSIONAL BILLING	1,603	13,945	0	0	0	193.10

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
			6.00	7.00	8.00	9.00	10.00		
193.11	19311	FQHC	234,742	2,041,599	0	11,294	0	193.11	
200.00		Cross Foot Adjustments						200.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	1,263,810	9,311,016	46,759	839,280	1,207,465	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,202,632					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	16,687	0	743,054			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,330	0	0	59,527		14.00
15.00	01500	PHARMACY	57,700	0	0	0	1,964,502	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,696	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	6,024	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	246,199	0	301,462	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	99,817	0	122,220	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	20,114	0	24,629	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	25,041	0	30,661	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	37,457	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	12,195	0	14,932	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,374	0	92,291	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,633	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,371	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,690	0	0	0	0	56.00
57.00	05700	CT SCAN	9,061	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	44,331	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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	32,321	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,050	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	31,052	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,883	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,483	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,381	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,378	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	46,149	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,964,502	73.00
73.01	07301	RETAIL PHARMACIES	42,514	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	24,700	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	9,801	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	7,863	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	28,722	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	17,039	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	3,961	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	685	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	16,024	0	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	1,126	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	3,510	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	536	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	1,302	0	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	13,866	0	0	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	5,039	0	0	0	0	90.27
91.00	09100 EMERGENCY	116,142	0	142,210	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	11,964	0	14,649	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	1,165,684	0	743,054	59,527	1,964,502	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	38	0	0	0	0	190.00
190.01	19001 RETAIL SPA	1,167	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,580	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	6,215	0	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	0	0	0	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	193.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
193.09	19309	DME	1,463	0	0	0	0	193.09
193.10	19310	PROFESSIONAL BILLING	24,745	0	0	0	0	193.10
193.11	19311	FQHC	1,740	0	0	0	0	193.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,202,632	0	743,054	59,527	1,964,502	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00560 PURCHASING RECEIVING AND STORES						5.02
5.03 00570 ADMIN TTING						5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	280,671					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING PROGRAM	0	0	0		0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00 02300 PARAMED ED PRGM-AMBULANCE	0	0	0			23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	19,287	0	0			30.00
31.00 03100 INTENSIVE CARE UNIT	12,698	0	0			31.00
32.00 03200 CORONARY CARE UNIT	0	0	0			32.00
33.00 03300 BURN INTENSIVE CARE UNIT	5,772	0	0			33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	2,686	0	0			34.01
40.00 04000 SUBPROVIDER - I PF	2,495	0	0			40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0			41.00
42.00 04200 SUBPROVIDER	0	0	0			42.00
43.00 04300 NURSERY	757	0	0			43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0			44.00
45.00 04500 NURSING FACILITY	0	0	0			45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	28,518	0	0			50.00
51.00 05100 RECOVERY ROOM	0	0	0			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00 05300 ANESTHESIOLOGY	4,755	0	0			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	18,515	0	0			54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0			54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00 05600 RADIOISOTOPE	799	0	0			56.00
57.00 05700 CT SCAN	9,432	0	0			57.00
58.00 05800 MRI	0	0	0			58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0			59.00
60.00 06000 LABORATORY	24,593	0	0			60.00
60.01 06001 BLOOD LABORATORY	0	0	0			60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0			62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,701	0	0			63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0			64.00
65.00 06500 RESPIRATORY THERAPY	9,181	0	0			65.00
65.01 03560 PULMONARY FUNCTION TESTING	436	0	0			65.01
66.00 06600 PHYSICAL THERAPY	2,160	0	0			66.00
67.00 06700 OCCUPATIONAL THERAPY	1,326	0	0			67.00
68.00 06800 SPEECH PATHOLOGY	409	0	0			68.00
69.00 06900 ELECTROCARDIOLOGY	4,574	0	0			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,593	0	0			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4,844	0	0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	21,755	0	0			73.00
73.01 07301 RETAIL PHARMACIES	17,709	0	0			73.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
					16.00			
74.00	07400	RENAL DIALYSIS	875	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0			75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0			77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	MEDICINE CLINIC	2,357	0	0			90.01
90.02	09002	OB/GYN CLINIC	1,204	0	0			90.02
90.03	09003	ORTHO CLINIC	0	0	0			90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0			90.04
90.05	09005	DENTISTRY CLINIC	0	0	0			90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0			90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,359	0	0			90.07
90.08	09008	ENT CLINIC	0	0	0			90.08
90.09	09009	GERIATRIC CLINIC	0	0	0			90.09
90.10	09010	SPECIALTY CLINIC	3,326	0	0			90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0			90.11
90.12	09012	ENDOSCOPY CLINIC	4,590	0	0			90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	306	0	0			90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0			90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0			90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0			90.16
90.17	09017	CHC CLINIC	0	0	0			90.17
90.18	09018	PSYCHIATRIC CLINIC	2,144	0	0			90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0			90.19
90.20	09020	DIETARY CLINIC	8	0	0			90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0			90.21
90.22	09022	OP BURN CLINIC	214	0	0			90.22
90.23	09023	BARIATRIC CLINIC	0	0	0			90.23
90.24	09024	PLASTICS CLINIC	6	0	0			90.24
90.25	09025	WOUND/OSTOMY CLINIC	18	0	0			90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	246	0	0			90.26
90.27	09027	TRANSGENDER CLINIC	210	0	0			90.27
91.00	09100	EMERGENCY	35,029	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	2,681	0	0			92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500	AMBULANCE SERVICES	23,103	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	280,671	0	0		0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	RETAIL SPA	0	0	0			190.01
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0			193.01
193.02	19302	RENTAL SPACE	0	0	0			193.02
193.03	19303	UNUSED SPACE	0	0	0			193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0			193.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
					(SPECIFY)			
			16.00	17.00	18.00	19.00	20.00	
193.05	19305	LV BEAUTY	0	0	0	0		193.05
193.06	19306	LV DAYCARE	0	0	0	0		193.06
193.07	19307	MIDTOWN NRCCS	0	0	0	0		193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0		193.08
193.09	19309	DME	0	0	0	0		193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	0		193.10
193.11	19311	FQHC	0	0	0	0		193.11
200.00		Cross Foot Adjustments					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)	280,671	0	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMINISTRATIVE					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING PROGRAM					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	198,188				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED PRGM-AMBULANCE			0		23.00
23.01 02301	PARAMED PRGM-PHARMACY				13,264	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				12,254,558	30.00
31.00 03100	INTENSIVE CARE UNIT				4,130,777	31.00
32.00 03200	CORONARY CARE UNIT				0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT				1,466,066	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT				1,749,442	34.01
40.00 04000	SUBPROVIDER - IPF				1,703,635	40.00
41.00 04100	SUBPROVIDER - IRF				0	41.00
42.00 04200	SUBPROVIDER				0	42.00
43.00 04300	NURSERY				519,994	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
45.00 04500	NURSING FACILITY				0	45.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				5,096,933	50.00
51.00 05100	RECOVERY ROOM				0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00 05300	ANESTHESIOLOGY				541,301	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				4,204,160	54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC				0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC				0	55.00
56.00 05600	RADIOISOTOPE				252,929	56.00
57.00 05700	CT SCAN				573,429	57.00
58.00 05800	MRI				34,976	58.00
59.00 05900	CARDIAC CATHETERIZATION				48	59.00
60.00 06000	LABORATORY				1,478,892	60.00
60.01 06001	BLOOD LABORATORY				260,301	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				179,126	63.00
64.00 06400	INTRAVENOUS THERAPY				0	64.00
65.00 06500	RESPIRATORY THERAPY				511,647	65.00
65.01 03560	PULMONARY FUNCTION TESTING				39,520	65.01
66.00 06600	PHYSICAL THERAPY				627,967	66.00
67.00 06700	OCCUPATIONAL THERAPY				365,691	67.00
68.00 06800	SPEECH PATHOLOGY				44,382	68.00
69.00 06900	ELECTROCARDIOLOGY				1,099,278	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				80,559	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				367,651	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				2,095,131	73.00
73.01 07301	RETAIL PHARMACIES				1,349,722	73.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00	23.00	23.01				
74.00 07400 RENAL DIALYSIS						568,140	74.00	
75.00 07500 ASC (NON-DISTINCT PART)						0	75.00	
77.00 07700 ALLOGENEIC HSCT ACQUISITION						0	77.00	
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC						0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						0	89.00	
90.00 09000 CLINIC						0	90.00	
90.01 09001 MEDICINE CLINIC						1,601,318	90.01	
90.02 09002 OB/GYN CLINIC						704,869	90.02	
90.03 09003 ORTHO CLINIC						0	90.03	
90.04 09004 PEDIATRICS CLINIC						0	90.04	
90.05 09005 DENTISTRY CLINIC						0	90.05	
90.06 09006 DERMATOLOGY CLINIC						0	90.06	
90.07 09007 OPHTHALMOLOGY CLINIC						587,418	90.07	
90.08 09008 ENT CLINIC						0	90.08	
90.09 09009 GERIATRIC CLINIC						0	90.09	
90.10 09010 SPECIALTY CLINIC						1,913,869	90.10	
90.11 09011 NEUROLOGY CLINIC						0	90.11	
90.12 09012 ENDOSCOPY CLINIC						1,088,399	90.12	
90.13 09013 OCCUPATIONAL THERAPY CLINIC						256,564	90.13	
90.14 09014 URGENT VISIT CLINIC						0	90.14	
90.15 09015 SENIOR CARE CLINIC						0	90.15	
90.16 09016 WOMENS VISIT CLINIC						0	90.16	
90.17 09017 CHC CLINIC						31,399	90.17	
90.18 09018 PSYCHIATRIC CLINIC						1,770,916	90.18	
90.19 09019 ORAL SURGERY CLINIC						0	90.19	
90.20 09020 DIETARY CLINIC						4,285	90.20	
90.21 09021 CENTER OF EXCELLENCE						0	90.21	
90.22 09022 OP BURN CLINIC						205,823	90.22	
90.23 09023 BARIATRIC CLINIC						0	90.23	
90.24 09024 PLASTICS CLINIC						3,604	90.24	
90.25 09025 WOUND/OSTOMY CLINIC						7,459	90.25	
90.26 09026 WCOE/SENIOR CARE CLINIC						628,550	90.26	
90.27 09027 TRANSGENDER CLINIC						99,175	90.27	
91.00 09100 EMERGENCY						4,935,929	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD						365,898	92.01	
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS						0	94.00	
95.00 09500 AMBULANCE SERVICES						3,120,628	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED						0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD						0	97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS						0	98.00	
99.00 09900 CMHC						0	99.00	
99.10 09910 CORF						0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM						0	100.00	
101.00 10100 HOME HEALTH AGENCY						0	101.00	
102.00 10200 OPIOID TREATMENT PROGRAM						0	102.00	
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION						0	105.00	
106.00 10600 HEART ACQUISITION						0	106.00	
107.00 10700 LIVER ACQUISITION						0	107.00	
108.00 10800 LUNG ACQUISITION						0	108.00	
109.00 10900 PANCREAS ACQUISITION						0	109.00	
110.00 11000 INTESTINAL ACQUISITION						0	110.00	
111.00 11100 ISLET ACQUISITION						0	111.00	
113.00 11300 INTEREST EXPENSE						0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF						0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)						0	115.00	
116.00 11600 HOSPICE						0	116.00	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	58,922,358	118.00	
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						542	190.00	
190.01 19001 RETAIL SPA						40,971	190.01	
191.00 19100 RESEARCH						0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES						87,691	192.00	
193.00 19300 NONPAID WORKERS						0	193.00	
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS						94,018	193.01	
193.02 19302 RENTAL SPACE						0	193.02	
193.03 19303 UNUSED SPACE						1,607	193.03	
193.04 19304 SENIOR CONNECTIONS-NRCC						0	193.04	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-AMBULANCE	PARAMED ED PRGM-PHARMACY	Subtotal	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
193.05	19305	LV BEAUTY					0	193.05
193.06	19306	LV DAYCARE					0	193.06
193.07	19307	MIDTOWN NRCCS					1,995,648	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR					630,145	193.08
193.09	19309	DME					93,751	193.09
193.10	19310	PROFESSIONAL BILLING					160,413	193.10
193.11	19311	FQHC					13,681,390	193.11
200.00		Cross Foot Adjustments	198,188	0	0	13,264	211,452	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	198,188	0	0	13,264	75,919,986	202.00

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00560	PURCHASING RECEIVING AND STORES		5.02
5.03	00570	ADMINISTRATIVE		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING PROGRAM		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	12,254,558	30.00
31.00	03100	INTENSIVE CARE UNIT	4,130,777	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,466,066	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	1,749,442	34.01
40.00	04000	SUBPROVIDER - IPF	1,703,635	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	519,994	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	5,096,933	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	541,301	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,204,160	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	252,929	56.00
57.00	05700	CT SCAN	573,429	57.00
58.00	05800	MRI	34,976	58.00
59.00	05900	CARDIAC CATHETERIZATION	48	59.00
60.00	06000	LABORATORY	1,478,892	60.00
60.01	06001	BLOOD LABORATORY	260,301	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	179,126	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	511,647	65.00
65.01	03560	PULMONARY FUNCTION TESTING	39,520	65.01
66.00	06600	PHYSICAL THERAPY	627,967	66.00
67.00	06700	OCCUPATIONAL THERAPY	365,691	67.00
68.00	06800	SPEECH PATHOLOGY	44,382	68.00
69.00	06900	ELECTROCARDIOLOGY	1,099,278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	80,559	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	367,651	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,095,131	73.00
73.01	07301	RETAIL PHARMACIES	1,349,722	73.01

ALLOCATION OF CAPITAL RELATED COSTS

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Part II
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
74.00	07400 RENAL DIALYSIS	0	568,140	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 MEDICINE CLINIC	0	1,601,318	90.01
90.02	09002 OB/GYN CLINIC	0	704,869	90.02
90.03	09003 ORTHO CLINIC	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	587,418	90.07
90.08	09008 ENT CLINIC	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0	1,913,869	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	1,088,399	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	256,564	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	90.16
90.17	09017 CHC CLINIC	0	31,399	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	1,770,916	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	90.19
90.20	09020 DIETARY CLINIC	0	4,285	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	90.21
90.22	09022 OP BURN CLINIC	0	205,823	90.22
90.23	09023 BARIATRIC CLINIC	0	0	90.23
90.24	09024 PLASTICS CLINIC	0	3,604	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	7,459	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	628,550	90.26
90.27	09027 TRANSGENDER CLINIC	0	99,175	90.27
91.00	09100 EMERGENCY	0	4,935,929	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	365,898	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	3,120,628	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	58,922,358	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	542	190.00
190.01	19001 RETAIL SPA	0	40,971	190.01
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	87,691	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	94,018	193.01
193.02	19302 RENTAL SPACE	0	0	193.02
193.03	19303 UNUSED SPACE	0	1,607	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	193.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
193.05	19305	LV BEAUTY	0	0	193.05
193.06	19306	LV DAYCARE	0	0	193.06
193.07	19307	MIDTOWN NRCCS	0	1,995,648	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	630,145	193.08
193.09	19309	DME	0	93,751	193.09
193.10	19310	PROFESSIONAL BILLING	0	160,413	193.10
193.11	19311	FQHC	0	13,681,390	193.11
200.00		Cross Foot Adjustments	0	211,452	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	75,919,986	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,425,848				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,465	0	343,443,813		4.00
5.01 00540	NONPATIENT TELEPHONES	177	0	295,287	5,997	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	19,315	0	3,770,533	44	46,124 5.02
5.03 00570	ADMITTING	5,686	0	10,881,845	106	78 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	11,361	0	7,898,492	200	119 5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	109,106	0	35,552,046	868	1,097 5.05
6.00 00600	MAINTENANCE & REPAIRS	14,691	0	2,128,489	4	1,543 6.00
7.00 00700	OPERATION OF PLANT	191,740	0	6,746,961	87	1,065 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	343	0	266,447	0	119 8.00
9.00 00900	HOUSEKEEPING	12,958	0	4,852,701	14	274 9.00
10.00 01000	DIETARY	20,262	0	2,876,664	36	222 10.00
11.00 01100	CAFETERIA	19,334	0	3,701,651	20	225 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	3,394	0	3,242,553	12	48 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	343	0	696,499	19	77 14.00
15.00 01500	PHARMACY	21,632	0	9,949,165	84	1,180 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,163	0	3,712,485	61	32 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0 23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0	0	480,910	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	154,663	0	51,367,900	381	7,708 30.00
31.00 03100	INTENSIVE CARE UNIT	54,698	0	17,087,490	199	2,871 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	22,152	0	3,345,746	102	859 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	28,392	0	4,568,957	25	1,018 34.01
40.00 04000	SUBPROVIDER - I PF	25,873	0	4,896,078	84	312 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	8,077	0	2,173,641	26	451 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	52,393	0	11,095,264	209	3,227 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	6,274	0	1,166,759	35	845 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	34,304	0	9,650,896	116	2,909 54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	3,480	0	252,136	10	61 56.00
57.00 05700	CT SCAN	3,075	0	1,501,715	10	139 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	8	0 59.00
60.00 06000	LABORATORY	19,171	0	5,846,876	74	1,368 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,899	0	0	7	76 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	2,847	0	5,997,599	23	1,702 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	0	286,959	7	51 65.01
66.00 06600	PHYSICAL THERAPY	8,581	0	4,168,853	60	480 66.00
67.00 06700	OCCUPATIONAL THERAPY	4,981	0	2,720,766	5	176 67.00
68.00 06800	SPEECH PATHOLOGY	290	0	1,017,628	2	24 68.00
69.00 06900	ELECTROCARDIOLOGY	16,449	0	1,019,582	53	210 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	654 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,256 72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	319	73.00
73.01	07301	RETAIL PHARMACIES	9,422	0	6,857,184	26	461	73.01
74.00	07400	RENAL DIALYSIS	9,839	0	0	3	115	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	25,714	0	5,457,176	129	390	90.01
90.02	09002	OB/GYN CLINIC	11,684	0	1,028,129	61	444	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	9,707	0	719,685	25	115	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	31,734	0	2,679,417	125	1,134	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	17,790	0	2,167,198	50	634	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	4,430	0	412,115	14	87	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	416	0	90,717	295	36	90.17
90.18	09018	PSYCHIATRIC CLINIC	25,269	0	13,419,096	615	418	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	6	0	134,025	0	2	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	3,435	0	345,262	1	181	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	5	0	76,748	8	45	90.24
90.25	09025	WOUND/OSTOMY CLINIC	19	0	211,873	0	45	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	10,675	0	1,369,955	161	124	90.26
90.27	09027	TRANSGENDER CLINIC	1,509	0	541,418	0	75	90.27
91.00	09100	EMERGENCY	71,962	0	18,210,985	236	3,105	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	5,219	0	1,972,221	10	1	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	13,254	0	21,125,047	70	851	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATI ON REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,144,658	0	302,035,824	4,820	42,058	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	5	0	190.00
190.01	19001	RETAIL SPA	630	0	106,560	0	109	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,360	0	185,485	128	18	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	919	0	558,383	39	3	193.01
193.02 19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03 19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	33,863	0	6,181,093	38	181	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	8,644	0	6,737,692	137	363	193.08
193.09 19309 DME	1,254	0	151,613	10	409	193.09
193.10 19310 PROFESSIONAL BILLING	1,591	0	2,196,295	36	16	193.10
193.11 19311 FOHC	232,929	0	25,290,868	784	2,967	193.11
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	62,116,411	0	8,580,102	2,122,000	8,029,227	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	43.564539	0.000000	0.024983	353.843588	174.079156	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			502,805	9,319	914,238	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001464	1.553944	19.821308	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: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINISTRATIVE	2,369,308,873					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,622,774,122				5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	-164,587,744	692,400,710		5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	8,804,177	1,254,047	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	33,746,833	191,740	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,999,953	343	8.00
9.00	00900	HOUSEKEEPING	0	0	0	8,964,514	12,958	9.00
10.00	01000	DIETARY	0	0	0	6,250,568	20,262	10.00
11.00	01100	CAFETERIA	0	0	0	5,235,546	19,334	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	5,623,483	3,394	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,175,904	343	14.00
15.00	01500	PHARMACY	0	0	0	46,872,144	21,632	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,763,341	3,163	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	15,413,620	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	0	508,293	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	180,254,323	180,254,323	0	84,875,499	154,663	30.00
31.00	03100	INTENSIVE CARE UNIT	118,677,258	118,677,258	0	31,777,870	54,698	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	53,945,877	53,945,877	0	6,901,549	22,152	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	25,100,067	25,100,067	0	8,247,961	28,392	34.01
40.00	04000	SUBPROVIDER - IPF	23,315,543	23,315,543	0	7,360,927	25,873	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	7,073,579	7,073,579	0	3,651,572	8,077	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	266,522,221	266,522,221	0	36,468,602	52,393	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	44,442,453	44,442,453	0	3,922,706	6,274	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	173,037,931	173,037,931	0	23,715,221	34,304	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	7,470,371	7,470,371	0	272,448	3,480	56.00
57.00	05700	CT SCAN	88,151,890	88,151,890	0	2,261,368	3,075	57.00
58.00	05800	MRI	0	0	0	2,720,192	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,831	0	59.00
60.00	06000	LABORATORY	229,844,133	229,844,133	0	4,333,194	19,171	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	20,244,305	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	25,246,423	25,246,423	0	3,243,967	1,899	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	85,803,020	85,803,020	0	10,341,196	2,847	65.00
65.01	03560	PULMONARY FUNCTION TESTING	4,071,697	4,071,697	0	490,424	0	65.01
66.00	06600	PHYSICAL THERAPY	20,189,293	20,189,293	0	6,488,785	8,581	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,393,808	12,393,808	0	4,095,681	4,981	67.00
68.00	06800	SPEECH PATHOLOGY	3,817,870	3,817,870	0	1,467,594	290	68.00
69.00	06900	ELECTROCARDIOLOGY	42,744,714	42,744,714	0	2,874,154	16,449	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	70,960,314	70,960,314	0	1,915,320	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,275,194	45,275,194	0	20,057,980	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	203,320,853	203,320,853	0	3,073,700	0	73.00
73.01	07301	RETAIL PHARMACIES	165,508,436	165,508,436	0	55,570,724	9,422	73.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
74.00	07400	RENAL DIALYSIS	8,176,968	8,176,968	0	2,278,424	9,839	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	22,028,549	22,028,549	0	4,457,709	25,714	90.01
90.02	09002	OB/GYN CLINIC	0	11,249,286	0	2,236,843	11,684	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	12,699,332	12,699,332	0	1,793,359	9,707	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	31,082,363	31,082,363	0	6,284,274	31,734	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	42,897,858	42,897,858	0	5,380,824	17,790	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	2,860,777	2,860,777	0	993,703	4,430	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	2,013	0	277,768	416	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	20,036,566	0	16,813,627	25,269	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	75,152	75,152	0	199,999	6	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	2,001,298	0	867,777	3,435	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	57,174	57,174	0	137,006	5	90.24
90.25	09025	WOUND/OSTOMY CLINIC	169,863	169,863	0	301,073	19	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	2,295,743	0	2,333,754	10,675	90.26
90.27	09027	TRANSGENDER CLINIC	0	1,963,518	0	836,916	1,509	90.27
91.00	09100	EMERGENCY	327,041,474	327,041,474	0	33,752,211	71,962	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	25,052,095	25,052,095	0	3,178,360	5,219	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	215,914,938	0	36,415,892	13,254	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,369,308,873	2,622,772,235	-164,587,744	606,273,665	972,857	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,848	0	0	190.00
190.01	19001	RETAIL SPA	0	0	0	237,461	630	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	991,115	1,360	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	814,392	919	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description		ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	1,035	0	11,739,520	33,863	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	11,007,618	8,644	193.08
193.09	19309 DME	0	852	0	1,150,024	1,254	193.09
193.10	19310 PROFESSIONAL BILLING	0	0	0	3,672,522	1,591	193.10
193.11	19311 FQHC	0	0	0	56,514,393	232,929	193.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	16,185,472	17,328,046		164,587,744	10,896,983	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.006831	0.006607		0.237706	8.689453	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	266,799	517,118		8,903,187	1,263,810	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000113	0.000197		0.012858	1.007785	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: 15-0024

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From 01/01/2022
To 12/31/2022

Worksheet B-1

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5/30/2023 6:12 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00560	PURCHASING RECEIVING AND STORES					5.02	
5.03	00570	ADMITTING					5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	1,062,307				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	343	2,176,511			8.00	
9.00	00900	HOUSEKEEPING	12,958	0	140,455		9.00	
10.00	01000	DIETARY	20,262	0	5,378	382,868	10.00	
11.00	01100	CAFETERIA	19,334	0	0	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	3,981,460	12.00	
13.00	01300	NURSING ADMINISTRATION	3,394	352,231	328	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	343	0	0	0	14.00	
15.00	01500	PHARMACY	21,632	0	5,291	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	3,163	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	23.00	
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	154,663	633,350	32,990	242,491	815,082	30.00
31.00	03100	INTENSIVE CARE UNIT	54,698	289,965	11,592	86,709	330,455	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	22,152	105,580	5,009	11,825	66,590	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	28,392	19,066	3,981	0	82,900	34.01
40.00	04000	SUBPROVIDER - I/PF	25,873	0	3,287	41,843	124,005	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	8,077	0	0	0	40,372	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52,393	174,916	12,531	0	249,534	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,274	0	1,250	0	28,579	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,304	61,779	7,196	0	206,486	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,480	0	867	0	5,595	56.00
57.00	05700	CT SCAN	3,075	0	660	0	29,997	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	19,171	0	4,032	0	146,763	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,899	0	394	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,847	0	588	0	107,002	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	6,788	65.01
66.00	06600	PHYSICAL THERAPY	8,581	0	123	0	102,800	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,981	0	952	0	62,516	67.00
68.00	06800	SPEECH PATHOLOGY	290	0	0	0	21,462	68.00
69.00	06900	ELECTROCARDIOLOGY	16,449	0	3,120	0	24,437	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACIES	9,422	0	0	0	140,747	73.01
74.00	07400	RENAL DIALYSIS	9,839	24,264	696	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	25,714	0	5,841	0	81,773	90.01
90.02	09002 OB/GYN CLINIC	11,684	0	2,363	0	32,448	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	9,707	0	1,511	0	26,033	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	31,734	0	4,461	0	95,087	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	17,790	43,646	3,037	0	56,410	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	4,430	0	0	0	13,112	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	416	0	0	0	2,269	90.17
90.18	09018 PSYCHIATRIC CLINIC	25,269	0	894	0	53,048	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	6	0	0	0	3,729	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	3,435	0	542	0	11,619	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	5	0	0	0	1,773	90.24
90.25	09025 WOUND/OSTOMY CLINIC	19	0	0	0	4,309	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	10,675	0	1,180	0	45,906	90.26
90.27	09027 TRANSGENDER CLINIC	1,509	0	2	0	16,682	90.27
91.00	09100 EMERGENCY	71,962	410,850	13,492	0	384,502	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	5,219	0	1,118	0	39,607	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	13,254	60,864	113	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	781,117	2,176,511	134,819	382,868	3,859,136	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	83	0	127	190.00
190.01	19001 RETAIL SPA	630	0	139	0	3,862	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,360	0	0	0	5,232	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	919	0	585	0	20,576	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	269	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
193.07	19307	MIDTOWN NRCCS	33,863	0	568	0	0	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	8,644	0	1,722	0	0	193.08
193.09	19309	DME	1,254	0	380	0	4,842	193.09
193.10	19310	PROFESSIONAL BILLING	1,591	0	0	0	81,923	193.10
193.11	19311	FQHC	232,929	0	1,890	0	5,762	193.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	43,434,774	2,492,358	11,737,848	9,190,329	7,438,582	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	40.887214	1.145116	83.570168	24.003910	1.868305	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,311,016	46,759	839,280	1,207,465	1,202,632	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.764901	0.021483	5.975437	3.153737	0.302058	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: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
13.00	01300	0	2,009,042				13.00
14.00	01400	0	0	2,910			14.00
15.00	01500	0	0	0	100		15.00
16.00	01600	0	0	0	0	2,622,774,122	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	815,082	0	0	180,254,323	30.00
31.00	03100	0	330,455	0	0	118,677,258	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	66,590	0	0	53,945,877	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	0	82,900	0	0	25,100,067	34.01
40.00	04000	0	0	0	0	23,315,543	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	40,372	0	0	7,073,579	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	249,534	0	0	266,522,221	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	44,442,453	53.00
54.00	05400	0	0	0	0	173,037,931	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	7,470,371	56.00
57.00	05700	0	0	0	0	88,151,890	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	229,844,133	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	25,246,423	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	0	85,803,020	65.00
65.01	03560	0	0	0	0	4,071,697	65.01
66.00	06600	0	0	0	0	20,189,293	66.00
67.00	06700	0	0	0	0	12,393,808	67.00
68.00	06800	0	0	0	0	3,817,870	68.00
69.00	06900	0	0	0	0	42,744,714	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	654	0	70,960,314	71.00
72.00	07200	0	0	2,256	0	45,275,194	72.00
73.00	07300	0	0	0	100	203,320,853	73.00
73.01	07301	0	0	0	0	165,508,436	73.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		12.00	13.00	14.00	15.00	16.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	22,028,549	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	11,249,286	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	12,699,332	90.07
90.08	09008	ENT CLINIC	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	31,082,363	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	42,897,858	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	2,860,777	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	2,013	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	20,036,566	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	75,152	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	2,001,298	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	57,174	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	169,863	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	2,295,743	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	1,963,518	90.27
91.00	09100	EMERGENCY	0	384,502	0	327,041,474	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	0	39,607	0	25,052,095	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	215,914,938	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,009,042	2,910	100 2,622,772,235	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	RETAIL SPA	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	193.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
		12.00	13.00	14.00	15.00	16.00		
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	0	0	0	0	1,035	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	193.08
193.09	19309	DME	0	0	0	0	852	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	0	0	193.10
193.11	19311	FQHC	0	0	0	0	0	193.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	7,662,451	2,761,655	59,885,437	7,486,178	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	3.813982	949.022337	598,854.370000	0.002854	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	743,054	59,527	1,964,502	280,671	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.369855	20.456014	19,645.020000	0.000107	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: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	
		17.00			18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMITTING					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	0				17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0			18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00 02000	NURSING PROGRAM	0		0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPROV	0			209	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPROV	0				22.00
23.00 02300	PARAMED PRGM-AMBULANCE	0	0			23.00
23.01 02301	PARAMED PRGM-PHARMACY	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	52	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	7	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	2	34.01
40.00 04000	SUBPROVIDER - I PF	0	0	0	1	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	3	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	24	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	11	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7	54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	2	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	1	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	
		17.00			18.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	1	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	0	5	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	16	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	1	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	0	9	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	2	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	19	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	5	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	0	1	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	0	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	0	0	0	90.27
91.00 09100 EMERGENCY	0	0	0	0	21	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	1	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPROVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	191	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 RETAIL SPA	0	0	0	0	0	190.01
191.00 19100 RESEARCH	0	0	0	0	4	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)		
		17.00			18.00		19.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	0	193.01
193.02 19302 RENTAL SPACE	0	0	0	0	0	0	193.02
193.03 19303 UNUSED SPACE	0	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	0	0	0	0	0	0	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	0	193.08
193.09 19309 DME	0	0	0	0	0	0	193.09
193.10 19310 PROFESSIONAL BILLING	0	0	0	0	0	0	193.10
193.11 19311 FOHC	0	0	0	0	0	14	193.11
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	19,077,530		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	91,280.047847		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	198,188		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	948.267943		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)					0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000			207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540 NONPATIENT TELEPHONES				5.01
5.02 00560 PURCHASING RECEIVING AND STORES				5.02
5.03 00570 ADMITTING				5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL				5.05
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING PROGRAM				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	209			22.00
23.00 02300 PARAMED PRGM-AMBULANCE		100		23.00
23.01 02301 PARAMED PRGM-PHARMACY			100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	52	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	7	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	2	0	0	34.01
40.00 04000 SUBPROVIDER - I PF	1	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	42.00
43.00 04300 NURSERY	3	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	24	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	11	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	2	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
	SERVICES-OTHER			
	PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00	23.01	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	100	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	1	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	5	0	0	90.01
90.02 09002 OB/GYN CLINIC	16	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	1	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	9	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	2	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	90.16
90.17 09017 CHC CLINIC	19	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	5	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	1	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	0	90.27
91.00 09100 EMERGENCY	21	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	1	100	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00 09900 CMHC	0	0	0	99.00
99.10 09910 CORF	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS				
105.00 10500 KIDNEY ACQUISITION	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	191	100	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001 RETAIL SPA	0	0	0	190.01
191.00 19100 RESEARCH	4	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00			
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	193.01
193.02 19302 RENTAL SPACE	0	0	0	193.02
193.03 19303 UNUSED SPACE	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	0	0	0	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	193.08
193.09 19309 DME	0	0	0	193.09
193.10 19310 PROFESSIONAL BILLING	0	0	0	193.10
193.11 19311 FOHC	14	0	0	193.11
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	666,375	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	6,663.750000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	13,264	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	132.640000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	127,167,476		127,167,476	0	127,167,476	30.00
31.00	03100 INTENSIVE CARE UNIT	47,641,994		47,641,994	0	47,641,994	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	10,996,007		10,996,007	0	10,996,007	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT	12,513,355		12,513,355	0	12,513,355	34.01
40.00	04000 SUBPROVIDER - IPF	11,970,674		11,970,674	0	11,970,674	40.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	5,169,597		5,169,597	0	5,169,597	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	51,160,974		51,160,974	0	51,160,974	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	5,450,897		5,450,897	0	5,450,897	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	32,604,893		32,604,893	0	32,604,893	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0		0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	613,966		613,966	0	613,966	56.00
57.00	05700 CT SCAN	3,314,142		3,314,142	0	3,314,142	57.00
58.00	05800 MRI	3,366,798		3,366,798	0	3,366,798	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,504		3,504	0	3,504	59.00
60.00	06000 LABORATORY	7,580,783		7,580,783	0	7,580,783	60.00
60.01	06001 BLOOD LABORATORY	25,056,498		25,056,498	0	25,056,498	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	4,214,203		4,214,203	0	4,214,203	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	13,434,438	0	13,434,438	0	13,434,438	65.00
65.01	03560 PULMONARY FUNCTION TESTING	631,304	0	631,304	0	631,304	65.01
66.00	06600 PHYSICAL THERAPY	8,716,586	0	8,716,586	0	8,716,586	66.00
67.00	06700 OCCUPATIONAL THERAPY	5,547,920	0	5,547,920	0	5,547,920	67.00
68.00	06800 SPEECH PATHOLOGY	1,881,821	0	1,881,821	0	1,881,821	68.00
69.00	06900 ELECTROCARDIOLOGY	4,801,233		4,801,233	0	4,801,233	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,193,785		3,193,785	0	3,193,785	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,096,091		27,096,091	0	27,096,091	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	64,936,427		64,936,427	0	64,936,427	73.00
73.01	07301 RETAIL PHARMACIES	69,982,649		69,982,649	0	69,982,649	73.01
74.00	07400 RENAL DIALYSIS	3,417,091		3,417,091	0	3,417,091	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 MEDICINE CLINIC	7,495,927		7,495,927	0	7,495,927	90.01
90.02	09002 OB/GYN CLINIC	3,638,012		3,638,012	0	3,638,012	90.02
90.03	09003 ORTHO CLINIC	0		0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0		0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0		0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0		0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	2,912,049		2,912,049	0	2,912,049	90.07
90.08	09008 ENT CLINIC	0		0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0		0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	9,990,518		9,990,518	0	9,990,518	90.10
90.11	09011 NEUROLOGY CLINIC	0		0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	8,073,451		8,073,451	0	8,073,451	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	1,482,198		1,482,198	0	1,482,198	90.13
90.14	09014 URGENT VISIT CLINIC	0		0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0		0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0		0	0	0	90.16
90.17	09017 CHC CLINIC	368,664		368,664	0	368,664	90.17
90.18	09018 PSYCHIATRIC CLINIC	22,294,086		22,294,086	0	22,294,086	90.18
90.19	09019 ORAL SURGERY CLINIC	0		0	0	0	90.19
90.20	09020 DIETARY CLINIC	255,018		255,018	0	255,018	90.20

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	1,317,064	1,317,064	0	1,317,064	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	173,296	173,296	0	173,296	90.24
90.25	09025	WOUND/OSTOMY CLINIC	382,118	382,118	0	382,118	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	3,608,663	3,608,663	0	3,608,663	90.26
90.27	09027	TRANSGENDER CLINIC	1,147,605	1,147,605	0	1,147,605	90.27
91.00	09100	EMERGENCY	50,059,960	50,059,960	0	50,059,960	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	20,868,593	20,868,593		20,868,593	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	4,582,603	4,582,603	0	4,582,603	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	46,424,617	46,424,617	0	46,424,617	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
200.00		Subtotal (see instructions)	737,539,548	0	737,539,548	0	737,539,548
201.00		Less Observation Beds	20,868,593		20,868,593		20,868,593
202.00		Total (see instructions)	716,670,955	0	716,670,955	0	716,670,955

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	174,242,029		174,242,029		30.00
31.00	03100	INTENSIVE CARE UNIT	123,917,412		123,917,412		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	61,313,737		61,313,737		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	24,940,372		24,940,372		34.01
40.00	04000	SUBPROVIDER - I/PF	21,900,502		21,900,502		40.00
41.00	04100	SUBPROVIDER - I/RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	5,905,019		5,905,019		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	105,726,818	160,795,404	266,522,222	0.191958	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	19,320,075	25,122,378	44,442,453	0.122651	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,936,261	112,101,670	173,037,931	0.188426	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,044,607	6,425,765	7,470,372	0.082187	56.00
57.00	05700	CT SCAN	31,537,238	56,614,652	88,151,890	0.037596	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	83,680,318	146,163,815	229,844,133	0.032982	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,327,329	5,919,094	25,246,423	0.166923	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	76,202,273	9,600,748	85,803,021	0.156573	65.00
65.01	03560	PULMONARY FUNCTION TESTING	144,211	3,927,486	4,071,697	0.155047	65.01
66.00	06600	PHYSICAL THERAPY	7,705,201	12,484,092	20,189,293	0.431743	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,934,754	5,459,054	12,393,808	0.447636	67.00
68.00	06800	SPEECH PATHOLOGY	2,135,721	1,682,149	3,817,870	0.492898	68.00
69.00	06900	ELECTROCARDIOLOGY	17,429,520	25,315,194	42,744,714	0.112323	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,209,574	30,750,740	70,960,314	0.045008	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,234,028	18,041,166	45,275,194	0.598475	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	106,874,666	96,446,186	203,320,852	0.319379	73.00
73.01	07301	RETAIL PHARMACIES	0	165,508,436	165,508,436	0.422834	73.01
74.00	07400	RENAL DIALYSIS	7,285,377	891,591	8,176,968	0.417892	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	MEDICINE CLINIC	47,763	21,980,786	22,028,549	0.340282	90.01
90.02	09002	OB/GYN CLINIC	32,061	11,217,225	11,249,286	0.323399	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	117,163	12,582,169	12,699,332	0.229307	90.07
90.08	09008	ENT CLINIC	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	466,808	30,615,555	31,082,363	0.321421	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	3,513,786	39,384,072	42,897,858	0.188202	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	3	2,860,774	2,860,777	0.518110	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	0	2,013	2,013	183.141580	90.17
90.18	09018	PSYCHIATRIC CLINIC	277,027	19,759,538	20,036,565	1.112670	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	484	74,668	75,152	3.393363	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0.000000	90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 6:12 pm
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			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
90.22	09022	OP BURN CLINIC	20,405	1,980,892	2,001,297	0.658105	0.000000	90.22	
90.23	09023	BARIATRIC CLINIC	0	0	0	0.000000	0.000000	90.23	
90.24	09024	PLASTICS CLINIC	0	57,174	57,174	3.031028	0.000000	90.24	
90.25	09025	WOUND/OSTOMY CLINIC	136,859	33,004	169,863	2.249566	0.000000	90.25	
90.26	09026	WCOE/SENIOR CARE CLINIC	5,221	2,290,521	2,295,742	1.571894	0.000000	90.26	
90.27	09027	TRANSGENDER CLINIC	3	1,963,515	1,963,518	0.584464	0.000000	90.27	
91.00	09100	EMERGENCY	87,955,037	239,086,437	327,041,474	0.153069	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,289,792	16,432,806	17,722,598	1.177513	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	2,064,061	21,698,241	23,762,302	0.192852	0.000000	92.01	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00	
99.00	09900	CMHC	0	0	0			99.00	
99.10	09910	CORF	0	0	0			99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00	
106.00	10600	HEART ACQUISITION	0	0	0			106.00	
107.00	10700	LIVER ACQUISITION	0	0	0			107.00	
108.00	10800	LUNG ACQUISITION	0	0	0			108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00	
116.00	11600	HOSPICE	0	0	0			116.00	
200.00		Subtotal (see instructions)	1,121,873,515	1,305,269,010	2,427,142,525			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,121,873,515	1,305,269,010	2,427,142,525			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 6:12 pm
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
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.191958		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.122651		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188426		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.082187		56.00
57.00	05700	CT SCAN	0.037596		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.032982		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.166923		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.156573		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.155047		65.01
66.00	06600	PHYSICAL THERAPY	0.431743		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.447636		67.00
68.00	06800	SPEECH PATHOLOGY	0.492898		68.00
69.00	06900	ELECTROCARDIOLOGY	0.112323		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.045008		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.598475		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319379		73.00
73.01	07301	RETAIL PHARMACIES	0.422834		73.01
74.00	07400	RENAL DIALYSIS	0.417892		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	MEDICINE CLINIC	0.340282		90.01
90.02	09002	OB/GYN CLINIC	0.323399		90.02
90.03	09003	ORTHO CLINIC	0.000000		90.03
90.04	09004	PEDIATRICS CLINIC	0.000000		90.04
90.05	09005	DENTISTRY CLINIC	0.000000		90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.229307		90.07
90.08	09008	ENT CLINIC	0.000000		90.08
90.09	09009	GERIATRIC CLINIC	0.000000		90.09
90.10	09010	SPECIALTY CLINIC	0.321421		90.10
90.11	09011	NEUROLOGY CLINIC	0.000000		90.11
90.12	09012	ENDOSCOPY CLINIC	0.188202		90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.518110		90.13
90.14	09014	URGENT VISIT CLINIC	0.000000		90.14
90.15	09015	SENIOR CARE CLINIC	0.000000		90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000		90.16
90.17	09017	CHC CLINIC	183.141580		90.17
90.18	09018	PSYCHIATRIC CLINIC	1.112670		90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000		90.19
90.20	09020	DIETARY CLINIC	3.393363		90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000		90.21
90.22	09022	OP BURN CLINIC	0.658105		90.22
90.23	09023	BARIATRIC CLINIC	0.000000		90.23

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 6:12 pm
		Title XVIII	Hospital	PPS

Cost Center Description			PPS Inpatient Ratio	
			11.00	
90.24	09024	PLASTICS CLINIC	3.031028	90.24
90.25	09025	WOUND/OSTOMY CLINIC	2.249566	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.571894	90.26
90.27	09027	TRANSGENDER CLINIC	0.584464	90.27
91.00	09100	EMERGENCY	0.153069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.177513	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.192852	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	98.00
99.00	09900	CMHC		99.00
99.10	09910	CORF		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		100.00
101.00	10100	HOME HEALTH AGENCY		101.00
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION		105.00
106.00	10600	HEART ACQUISITION		106.00
107.00	10700	LIVER ACQUISITION		107.00
108.00	10800	LUNG ACQUISITION		108.00
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINAL ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	127,167,476		127,167,476	0	127,167,476	30.00
31.00	03100 INTENSIVE CARE UNIT	47,641,994		47,641,994	0	47,641,994	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	10,996,007		10,996,007	0	10,996,007	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT	12,513,355		12,513,355	0	12,513,355	34.01
40.00	04000 SUBPROVIDER - IPF	11,970,674		11,970,674	0	11,970,674	40.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	5,169,597		5,169,597	0	5,169,597	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	51,160,974		51,160,974	0	51,160,974	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	5,450,897		5,450,897	0	5,450,897	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	32,604,893		32,604,893	0	32,604,893	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0		0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	613,966		613,966	0	613,966	56.00
57.00	05700 CT SCAN	3,314,142		3,314,142	0	3,314,142	57.00
58.00	05800 MRI	3,366,798		3,366,798	0	3,366,798	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,504		3,504	0	3,504	59.00
60.00	06000 LABORATORY	7,580,783		7,580,783	0	7,580,783	60.00
60.01	06001 BLOOD LABORATORY	25,056,498		25,056,498	0	25,056,498	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	4,214,203		4,214,203	0	4,214,203	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	13,434,438	0	13,434,438	0	13,434,438	65.00
65.01	03560 PULMONARY FUNCTION TESTING	631,304	0	631,304	0	631,304	65.01
66.00	06600 PHYSICAL THERAPY	8,716,586	0	8,716,586	0	8,716,586	66.00
67.00	06700 OCCUPATIONAL THERAPY	5,547,920	0	5,547,920	0	5,547,920	67.00
68.00	06800 SPEECH PATHOLOGY	1,881,821	0	1,881,821	0	1,881,821	68.00
69.00	06900 ELECTROCARDIOLOGY	4,801,233		4,801,233	0	4,801,233	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,193,785		3,193,785	0	3,193,785	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,096,091		27,096,091	0	27,096,091	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	64,936,427		64,936,427	0	64,936,427	73.00
73.01	07301 RETAIL PHARMACIES	69,982,649		69,982,649	0	69,982,649	73.01
74.00	07400 RENAL DIALYSIS	3,417,091		3,417,091	0	3,417,091	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 MEDICINE CLINIC	7,495,927		7,495,927	0	7,495,927	90.01
90.02	09002 OB/GYN CLINIC	3,638,012		3,638,012	0	3,638,012	90.02
90.03	09003 ORTHO CLINIC	0		0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0		0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0		0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0		0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	2,912,049		2,912,049	0	2,912,049	90.07
90.08	09008 ENT CLINIC	0		0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0		0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	9,990,518		9,990,518	0	9,990,518	90.10
90.11	09011 NEUROLOGY CLINIC	0		0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	8,073,451		8,073,451	0	8,073,451	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	1,482,198		1,482,198	0	1,482,198	90.13
90.14	09014 URGENT VISIT CLINIC	0		0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0		0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0		0	0	0	90.16
90.17	09017 CHC CLINIC	368,664		368,664	0	368,664	90.17
90.18	09018 PSYCHIATRIC CLINIC	22,294,086		22,294,086	0	22,294,086	90.18
90.19	09019 ORAL SURGERY CLINIC	0		0	0	0	90.19
90.20	09020 DIETARY CLINIC	255,018		255,018	0	255,018	90.20

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	1,317,064	1,317,064	0	1,317,064	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	173,296	173,296	0	173,296	90.24
90.25	09025	WOUND/OSTOMY CLINIC	382,118	382,118	0	382,118	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	3,608,663	3,608,663	0	3,608,663	90.26
90.27	09027	TRANSGENDER CLINIC	1,147,605	1,147,605	0	1,147,605	90.27
91.00	09100	EMERGENCY	50,059,960	50,059,960	0	50,059,960	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	20,868,593	20,868,593		20,868,593	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	4,582,603	4,582,603	0	4,582,603	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	46,424,617	46,424,617	0	46,424,617	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
200.00		Subtotal (see instructions)	737,539,548	0	737,539,548	0	737,539,548
201.00		Less Observation Beds	20,868,593		20,868,593		20,868,593
202.00		Total (see instructions)	716,670,955	0	716,670,955	0	716,670,955

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	174,242,029		174,242,029		30.00
31.00	03100	INTENSIVE CARE UNIT	123,917,412		123,917,412		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	61,313,737		61,313,737		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	24,940,372		24,940,372		34.01
40.00	04000	SUBPROVIDER - I/PF	21,900,502		21,900,502		40.00
41.00	04100	SUBPROVIDER - I/RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	5,905,019		5,905,019		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	105,726,818	160,795,404	266,522,222	0.191958	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	19,320,075	25,122,378	44,442,453	0.122651	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,936,261	112,101,670	173,037,931	0.188426	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,044,607	6,425,765	7,470,372	0.082187	56.00
57.00	05700	CT SCAN	31,537,238	56,614,652	88,151,890	0.037596	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	83,680,318	146,163,815	229,844,133	0.032982	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,327,329	5,919,094	25,246,423	0.166923	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	76,202,273	9,600,748	85,803,021	0.156573	65.00
65.01	03560	PULMONARY FUNCTION TESTING	144,211	3,927,486	4,071,697	0.155047	65.01
66.00	06600	PHYSICAL THERAPY	7,705,201	12,484,092	20,189,293	0.431743	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,934,754	5,459,054	12,393,808	0.447636	67.00
68.00	06800	SPEECH PATHOLOGY	2,135,721	1,682,149	3,817,870	0.492898	68.00
69.00	06900	ELECTROCARDIOLOGY	17,429,520	25,315,194	42,744,714	0.112323	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,209,574	30,750,740	70,960,314	0.045008	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,234,028	18,041,166	45,275,194	0.598475	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	106,874,666	96,446,186	203,320,852	0.319379	73.00
73.01	07301	RETAIL PHARMACIES	0	165,508,436	165,508,436	0.422834	73.01
74.00	07400	RENAL DIALYSIS	7,285,377	891,591	8,176,968	0.417892	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	47,763	21,980,786	22,028,549	0.340282	90.01
90.02	09002	OB/GYN CLINIC	32,061	11,217,225	11,249,286	0.323399	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	117,163	12,582,169	12,699,332	0.229307	90.07
90.08	09008	ENT CLINIC	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	466,808	30,615,555	31,082,363	0.321421	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	3,513,786	39,384,072	42,897,858	0.188202	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	3	2,860,774	2,860,777	0.518110	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	0	2,013	2,013	183.141580	90.17
90.18	09018	PSYCHIATRIC CLINIC	277,027	19,759,538	20,036,565	1.112670	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	484	74,668	75,152	3.393363	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0.000000	90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
90.22	09022	OP BURN CLINIC	20,405	1,980,892	2,001,297	0.658105	0.000000	90.22	
90.23	09023	BARIATRIC CLINIC	0	0	0	0.000000	0.000000	90.23	
90.24	09024	PLASTICS CLINIC	0	57,174	57,174	3.031028	0.000000	90.24	
90.25	09025	WOUND/OSTOMY CLINIC	136,859	33,004	169,863	2.249566	0.000000	90.25	
90.26	09026	WCOE/SENIOR CARE CLINIC	5,221	2,290,521	2,295,742	1.571894	0.000000	90.26	
90.27	09027	TRANSGENDER CLINIC	3	1,963,515	1,963,518	0.584464	0.000000	90.27	
91.00	09100	EMERGENCY	87,955,037	239,086,437	327,041,474	0.153069	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,289,792	16,432,806	17,722,598	1.177513	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	2,064,061	21,698,241	23,762,302	0.192852	0.000000	92.01	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00	
99.00	09900	CMHC	0	0	0			99.00	
99.10	09910	CORF	0	0	0			99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0.000000	0.000000	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	0.000000	0.000000	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0.000000	0.000000	107.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0.000000	0.000000	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0.000000	0.000000	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0.000000	0.000000	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0.000000	0.000000	111.00	
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00	
116.00	11600	HOSPICE	0	0	0			116.00	
200.00		Subtotal (see instructions)	1,121,873,515	1,305,269,010	2,427,142,525			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,121,873,515	1,305,269,010	2,427,142,525			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 6:12 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.191958		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.122651		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188426		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.082187		56.00
57.00	05700	CT SCAN	0.037596		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.032982		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.166923		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.156573		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.155047		65.01
66.00	06600	PHYSICAL THERAPY	0.431743		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.447636		67.00
68.00	06800	SPEECH PATHOLOGY	0.492898		68.00
69.00	06900	ELECTROCARDIOLOGY	0.112323		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.045008		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.598475		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319379		73.00
73.01	07301	RETAIL PHARMACIES	0.422834		73.01
74.00	07400	RENAL DIALYSIS	0.417892		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	MEDICINE CLINIC	0.340282		90.01
90.02	09002	OB/GYN CLINIC	0.323399		90.02
90.03	09003	ORTHO CLINIC	0.000000		90.03
90.04	09004	PEDIATRICS CLINIC	0.000000		90.04
90.05	09005	DENTISTRY CLINIC	0.000000		90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.229307		90.07
90.08	09008	ENT CLINIC	0.000000		90.08
90.09	09009	GERIATRIC CLINIC	0.000000		90.09
90.10	09010	SPECIALTY CLINIC	0.321421		90.10
90.11	09011	NEUROLOGY CLINIC	0.000000		90.11
90.12	09012	ENDOSCOPY CLINIC	0.188202		90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.518110		90.13
90.14	09014	URGENT VISIT CLINIC	0.000000		90.14
90.15	09015	SENIOR CARE CLINIC	0.000000		90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000		90.16
90.17	09017	CHC CLINIC	183.141580		90.17
90.18	09018	PSYCHIATRIC CLINIC	1.112670		90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000		90.19
90.20	09020	DIETARY CLINIC	3.393363		90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000		90.21
90.22	09022	OP BURN CLINIC	0.658105		90.22
90.23	09023	BARIATRIC CLINIC	0.000000		90.23

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 6:12 pm
		Title XIX	Hospital	PPS

Cost Center Description			PPS Inpatient Ratio	
			11.00	
90.24	09024	PLASTICS CLINIC	3.031028	90.24
90.25	09025	WOUND/OSTOMY CLINIC	2.249566	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.571894	90.26
90.27	09027	TRANSGENDER CLINIC	0.584464	90.27
91.00	09100	EMERGENCY	0.153069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.177513	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.192852	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	98.00
99.00	09900	CMHC		99.00
99.10	09910	CORF		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		100.00
101.00	10100	HOME HEALTH AGENCY		101.00
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0.000000	105.00
106.00	10600	HEART ACQUISITION	0.000000	106.00
107.00	10700	LIVER ACQUISITION	0.000000	107.00
108.00	10800	LUNG ACQUISITION	0.000000	108.00
109.00	10900	PANCREAS ACQUISITION	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0.000000	111.00
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF PROVIDER CCN: 15-0024
 REDUCTIONS FOR MEDICAID ONLY

Period: From 01/01/2022 To 12/31/2022
 Worksheet C Part II Date/Time Prepared: 5/30/2023 6:12 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,160,974	5,096,933	46,064,041	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,450,897	541,301	4,909,596	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,604,893	4,204,160	28,400,733	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	613,966	252,929	361,037	0	0	56.00
57.00	05700	CT SCAN	3,314,142	573,429	2,740,713	0	0	57.00
58.00	05800	MRI	3,366,798	34,976	3,331,822	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,504	48	3,456	0	0	59.00
60.00	06000	LABORATORY	7,580,783	1,478,892	6,101,891	0	0	60.00
60.01	06001	BLOOD LABORATORY	25,056,498	260,301	24,796,197	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,214,203	179,126	4,035,077	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,434,438	511,647	12,922,791	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	631,304	39,520	591,784	0	0	65.01
66.00	06600	PHYSICAL THERAPY	8,716,586	627,967	8,088,619	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,547,920	365,691	5,182,229	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,881,821	44,382	1,837,439	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,801,233	1,099,278	3,701,955	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,193,785	80,559	3,113,226	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,096,091	367,651	26,728,440	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,936,427	2,095,131	62,841,296	0	0	73.00
73.01	07301	RETAIL PHARMACIES	69,982,649	1,349,722	68,632,927	0	0	73.01
74.00	07400	RENAL DIALYSIS	3,417,091	568,140	2,848,951	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	7,495,927	1,601,318	5,894,609	0	0	90.01
90.02	09002	OB/GYN CLINIC	3,638,012	704,869	2,933,143	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	2,912,049	587,418	2,324,631	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	9,990,518	1,913,869	8,076,649	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	8,073,451	1,088,399	6,985,052	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	1,482,198	256,564	1,225,634	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	368,664	31,399	337,265	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	22,294,086	1,770,916	20,523,170	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	255,018	4,285	250,733	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	1,317,064	205,823	1,111,241	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	173,296	3,604	169,692	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	382,118	7,459	374,659	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	3,608,663	628,550	2,980,113	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	1,147,605	99,175	1,048,430	0	0	90.27
91.00	09100	EMERGENCY	50,059,960	4,935,929	45,124,031	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	20,868,593	2,011,023	18,857,570	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	4,582,603	365,898	4,216,705	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	46,424,617	3,120,628	43,303,989	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

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

Provider CCN: 15-0024

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

Worksheet C Part II Date/Time Prepared: 5/30/2023 6:12 pm

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
1.00	2.00	3.00	4.00	5.00				
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	522,080,445	39,108,909	482,971,536	0	0	200.00
201.00		Less Observation Beds	20,868,593	2,011,023	18,857,570	0	0	201.00
202.00		Total (line 200 minus line 201)	501,211,852	37,097,886	464,113,966	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part II Date/Time Prepared: 5/30/2023 6:12 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	51,160,974	266,522,222	0.191958		50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	5,450,897	44,442,453	0.122651		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	32,604,893	173,037,931	0.188426		54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	613,966	7,470,372	0.082187		56.00
57.00	05700 CT SCAN	3,314,142	88,151,890	0.037596		57.00
58.00	05800 MRI	3,366,798	0	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	3,504	0	0.000000		59.00
60.00	06000 LABORATORY	7,580,783	229,844,133	0.032982		60.00
60.01	06001 BLOOD LABORATORY	25,056,498	0	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	4,214,203	25,246,423	0.166923		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	13,434,438	85,803,021	0.156573		65.00
65.01	03560 PULMONARY FUNCTION TESTING	631,304	4,071,697	0.155047		65.01
66.00	06600 PHYSICAL THERAPY	8,716,586	20,189,293	0.431743		66.00
67.00	06700 OCCUPATIONAL THERAPY	5,547,920	12,393,808	0.447636		67.00
68.00	06800 SPEECH PATHOLOGY	1,881,821	3,817,870	0.492898		68.00
69.00	06900 ELECTROCARDIOLOGY	4,801,233	42,744,714	0.112323		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,193,785	70,960,314	0.045008		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,096,091	45,275,194	0.598475		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	64,936,427	203,320,852	0.319379		73.00
73.01	07301 RETAIL PHARMACIES	69,982,649	165,508,436	0.422834		73.01
74.00	07400 RENAL DIALYSIS	3,417,091	8,176,968	0.417892		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 MEDICINE CLINIC	7,495,927	22,028,549	0.340282		90.01
90.02	09002 OB/GYN CLINIC	3,638,012	11,249,286	0.323399		90.02
90.03	09003 ORTHO CLINIC	0	0	0.000000		90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0.000000		90.04
90.05	09005 DENTISTRY CLINIC	0	0	0.000000		90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0.000000		90.06
90.07	09007 OPHTHALMOLOGY CLINIC	2,912,049	12,699,332	0.229307		90.07
90.08	09008 ENT CLINIC	0	0	0.000000		90.08
90.09	09009 GERIATRIC CLINIC	0	0	0.000000		90.09
90.10	09010 SPECIALTY CLINIC	9,990,518	31,082,363	0.321421		90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0.000000		90.11
90.12	09012 ENDOSCOPY CLINIC	8,073,451	42,897,858	0.188202		90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	1,482,198	2,860,777	0.518110		90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0.000000		90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0.000000		90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0.000000		90.16
90.17	09017 CHC CLINIC	368,664	2,013	183.141580		90.17
90.18	09018 PSYCHIATRIC CLINIC	22,294,086	20,036,565	1.112670		90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0.000000		90.19
90.20	09020 DIETARY CLINIC	255,018	75,152	3.393363		90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0.000000		90.21
90.22	09022 OP BURN CLINIC	1,317,064	2,001,297	0.658105		90.22
90.23	09023 BARIATRIC CLINIC	0	0	0.000000		90.23
90.24	09024 PLASTICS CLINIC	173,296	57,174	3.031028		90.24
90.25	09025 WOUND/OSTOMY CLINIC	382,118	169,863	2.249566		90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	3,608,663	2,295,742	1.571894		90.26
90.27	09027 TRANSGENDER CLINIC	1,147,605	1,963,518	0.584464		90.27
91.00	09100 EMERGENCY	50,059,960	327,041,474	0.153069		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	20,868,593	17,722,598	1.177513		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	4,582,603	23,762,302	0.192852		92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	46,424,617	0	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00

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

Provider CCN: 15-0024

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

Worksheet C Part II Date/Time Prepared: 5/30/2023 6:12 pm

Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
			6.00	7.00	8.00		
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
99.00	09900	CMHC	0	0	0.000000		99.00
99.10	09910	CORF	0	0	0.000000		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600	HEART ACQUISITION	0	0	0.000000		106.00
107.00	10700	LIVER ACQUISITION	0	0	0.000000		107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600	HOSPICE	0	0	0.000000		116.00
200.00		Subtotal (sum of lines 50 thru 199)	522,080,445	2,014,923,454			200.00
201.00		Less Observation Beds	20,868,593	0			201.00
202.00		Total (line 200 minus line 201)	501,211,852	2,014,923,454			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/30/2023 6:12 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,254,558	0	12,254,558	58,378	209.92	30.00
31.00	INTENSIVE CARE UNIT	4,130,777		4,130,777	20,869	197.94	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	1,466,066		1,466,066	2,846	515.13	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,749,442		1,749,442	5,752	304.14	34.01
40.00	SUBPROVIDER - IPF	1,703,635	0	1,703,635	10,055	169.43	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	519,994		519,994	5,667	91.76	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	21,824,472		21,824,472	103,567		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	6,570	1,379,174	30.00
31.00	INTENSIVE CARE UNIT	2,926	579,172	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	384	197,810	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	0	0	34.01
40.00	SUBPROVIDER - IPF	1,676	283,965	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30 through 199)	11,556	2,440,121	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/30/2023 6:12 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,096,933	266,522,222	0.019124	11,523,232	220,370	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	541,301	44,442,453	0.012180	1,042,568	12,698	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,204,160	173,037,931	0.024296	8,990,358	218,430	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	252,929	7,470,372	0.033858	128,869	4,363	56.00
57.00	05700	CT SCAN	573,429	88,151,890	0.006505	4,358,887	28,355	57.00
58.00	05800	MRI	34,976	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	48	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,478,892	229,844,133	0.006434	10,180,696	65,503	60.00
60.01	06001	BLOOD LABORATORY	260,301	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	179,126	25,246,423	0.007095	1,887,485	13,392	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	511,647	85,803,021	0.005963	13,537,243	80,723	65.00
65.01	03560	PULMONARY FUNCTION TESTING	39,520	4,071,697	0.009706	38,585	375	65.01
66.00	06600	PHYSICAL THERAPY	627,967	20,189,293	0.031104	1,216,936	37,852	66.00
67.00	06700	OCCUPATIONAL THERAPY	365,691	12,393,808	0.029506	995,164	29,363	67.00
68.00	06800	SPEECH PATHOLOGY	44,382	3,817,870	0.011625	347,536	4,040	68.00
69.00	06900	ELECTROCARDIOLOGY	1,099,278	42,744,714	0.025717	2,801,169	72,038	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	80,559	70,960,314	0.001135	5,244,082	5,952	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	367,651	45,275,194	0.008120	3,069,506	24,924	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,095,131	203,320,852	0.010305	13,538,510	139,514	73.00
73.01	07301	RETAIL PHARMACIES	1,349,722	165,508,436	0.008155	0	0	73.01
74.00	07400	RENAL DIALYSIS	568,140	8,176,968	0.069481	1,101,068	76,503	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	MEDICINE CLINIC	1,601,318	22,028,549	0.072693	6,546	476	90.01
90.02	09002	OB/GYN CLINIC	704,869	11,249,286	0.062659	466	29	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	587,418	12,699,332	0.046256	5,129	237	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,913,869	31,082,363	0.061574	91,210	5,616	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,088,399	42,897,858	0.025372	474,083	12,028	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	256,564	2,860,777	0.089683	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	31,399	2,013	15.598112	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1,770,916	20,036,565	0.088384	5,292	468	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	4,285	75,152	0.057018	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	205,823	2,001,297	0.102845	1,166	120	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	3,604	57,174	0.063036	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	7,459	169,863	0.043912	27,486	1,207	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	628,550	2,295,742	0.273789	1,399	383	90.26
90.27	09027	TRANSGENDER CLINIC	99,175	1,963,518	0.050509	0	0	90.27
91.00	09100	EMERGENCY	4,935,929	327,041,474	0.015093	9,583,497	144,644	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,011,023	17,722,598	0.113472	284,744	32,310	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	365,898	23,762,302	0.015398	89,105	1,372	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	35,988,281	2,014,923,454		90,572,017	1,233,285	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/30/2023 6:12 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00	
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	34.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	58,378	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	20,869	0.00	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	2,846	0.00	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	34.00	
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	5,752	0.00	34.01	
40.00	04000	SUBPROVIDER - IPF	0	0	10,055	0.00	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	42.00	
43.00	04300	NURSERY	0	0	5,667	0.00	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	45.00	
200.00		Total (lines 30 through 199)	0	0	103,567	0.00	200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0					34.01
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
45.00	04500	NURSING FACILITY	0					45.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description		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	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	666,375	73.00
73.01	07301 RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	0	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	0	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	0	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	0	0	0	0	0	90.27
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	666,375	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm		
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)	Title XVIII		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
					Hospital	PPS		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	266,522,222	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	44,442,453	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	173,037,931	0.000000	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	7,470,372	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	88,151,890	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	229,844,133	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	25,246,423	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	85,803,021	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	4,071,697	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	20,189,293	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,393,808	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,817,870	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	42,744,714	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	70,960,314	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,275,194	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	666,375	666,375	203,320,852	0.003277	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	165,508,436	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	8,176,968	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	22,028,549	0.000000	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	11,249,286	0.000000	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	12,699,332	0.000000	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	31,082,363	0.000000	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	42,897,858	0.000000	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	2,860,777	0.000000	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	0	0	0	2,013	0.000000	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	20,036,565	0.000000	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	0	0	0	75,152	0.000000	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0.000000	90.21
90.22	09022	OP BURN CLINIC	0	0	0	2,001,297	0.000000	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0.000000	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	57,174	0.000000	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	169,863	0.000000	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	2,295,742	0.000000	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	1,963,518	0.000000	90.27
91.00	09100	EMERGENCY	0	0	0	327,041,474	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	17,722,598	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	23,762,302	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	666,375	666,375	2,014,923,454		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Reconciliation	Outpatient Program Charges on/after Geo Reconciliation	PPS
		9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	11,523,232	0	8,811,417	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,042,568	0	987,303	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	8,990,358	0	8,561,947	0	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	128,869	0	949,940	0	56.00
57.00	05700 CT SCAN	0.000000	4,358,887	0	4,036,762	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	10,180,696	0	3,932,181	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,887,485	0	127,281	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	13,537,243	0	713,559	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	38,585	0	384,973	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	1,216,936	0	53,755	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	995,164	0	13,207	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	347,536	0	8,478	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,801,169	0	2,380,903	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,244,082	0	1,682,667	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,069,506	0	984,647	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003277	13,538,510	44,366	9,649,743	0	73.00
73.01	07301 RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	1,101,068	0	50,636	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	0.000000	6,546	0	2,192,763	0	90.01
90.02	09002 OB/GYN CLINIC	0.000000	466	0	119,247	0	90.02
90.03	09003 ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.000000	5,129	0	1,243,796	0	90.07
90.08	09008 ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0.000000	91,210	0	2,474,712	0	90.10
90.11	09011 NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0.000000	474,083	0	2,935,522	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0.000000	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	0.000000	5,292	0	1,465,776	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0.000000	0	0	1,318	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0.000000	1,166	0	91,596	0	90.22
90.23	09023 BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0.000000	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0.000000	27,486	0	21,519	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0.000000	1,399	0	572,670	0	90.26
90.27	09027 TRANSGENDER CLINIC	0.000000	0	0	3,800	0	90.27
91.00	09100 EMERGENCY	0.000000	9,583,497	0	11,852,105	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	284,744	0	1,645,974	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0.000000	89,105	0	936,938	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0024

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			Title XVIII			Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation		
			9.00	10.00	11.00	12.00	12.01		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		90,572,017	44,366	68,887,135		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm
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Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geographical Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geographical Reclassification	Hospital	PPS
		13.00	13.01		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0		56.00
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MRI	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0		65.01
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	31,622	0		73.00
73.01	07301 RETAIL PHARMACIES	0	0		73.01
74.00	07400 RENAL DIALYSIS	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0		75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000 CLINIC	0	0		90.00
90.01	09001 MEDICINE CLINIC	0	0		90.01
90.02	09002 OB/GYN CLINIC	0	0		90.02
90.03	09003 ORTHO CLINIC	0	0		90.03
90.04	09004 PEDIATRICS CLINIC	0	0		90.04
90.05	09005 DENTISTRY CLINIC	0	0		90.05
90.06	09006 DERMATOLOGY CLINIC	0	0		90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008 ENT CLINIC	0	0		90.08
90.09	09009 GERIATRIC CLINIC	0	0		90.09
90.10	09010 SPECIALTY CLINIC	0	0		90.10
90.11	09011 NEUROLOGY CLINIC	0	0		90.11
90.12	09012 ENDOSCOPY CLINIC	0	0		90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0		90.13
90.14	09014 URGENT VISIT CLINIC	0	0		90.14
90.15	09015 SENIOR CARE CLINIC	0	0		90.15
90.16	09016 WOMENS VISIT CLINIC	0	0		90.16
90.17	09017 CHC CLINIC	0	0		90.17
90.18	09018 PSYCHIATRIC CLINIC	0	0		90.18
90.19	09019 ORAL SURGERY CLINIC	0	0		90.19
90.20	09020 DIETARY CLINIC	0	0		90.20
90.21	09021 CENTER OF EXCELLENCE	0	0		90.21
90.22	09022 OP BURN CLINIC	0	0		90.22
90.23	09023 BARIATRIC CLINIC	0	0		90.23
90.24	09024 PLASTICS CLINIC	0	0		90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	0		90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	0		90.26
90.27	09027 TRANSGENDER CLINIC	0	0		90.27
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0		92.01

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification				
			13.00	13.01				
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0				94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0				96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0				98.00
200.00		Total (lines 50 through 199)	31,622	0				200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part V Date/Time Prepared: 5/30/2023 6:12 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.191958	8,811,417	0	12	1,691,422	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122651	987,303	0	0	121,094	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188426	8,561,947	0	35	1,613,293	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.082187	949,940	0	0	78,073	56.00
57.00	05700	CT SCAN	0.037596	4,036,762	1	0	151,766	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.032982	3,932,181	0	0	129,691	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.166923	127,281	0	0	21,246	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.156573	713,559	0	0	111,724	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.155047	384,973	0	0	59,689	65.01
66.00	06600	PHYSICAL THERAPY	0.431743	53,755	0	0	23,208	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.447636	13,207	0	0	5,912	67.00
68.00	06800	SPEECH PATHOLOGY	0.492898	8,478	0	0	4,179	68.00
69.00	06900	ELECTROCARDIOLOGY	0.112323	2,380,903	0	0	267,430	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.045008	1,682,667	0	0	75,733	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.598475	984,647	0	0	589,287	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319379	9,649,743	6,630	148,880	3,081,925	73.00
73.01	07301	RETAIL PHARMACIES	0.422834	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.417892	50,636	0	0	21,160	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0.340282	2,192,763	0	360	746,158	90.01
90.02	09002	OB/GYN CLINIC	0.323399	119,247	0	12	38,564	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.229307	1,243,796	0	0	285,211	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.321421	2,474,712	0	0	795,424	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.188202	2,935,522	0	0	552,471	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.518110	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	CHC CLINIC	183.141580	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1.112670	1,465,776	0	0	1,630,925	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	3.393363	1,318	0	0	4,472	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0.658105	91,596	0	0	60,280	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	3.031028	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	2.249566	21,519	0	0	48,408	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.571894	572,670	0	383	900,177	90.26
90.27	09027	TRANSGENDER CLINIC	0.584464	3,800	0	12	2,221	90.27
91.00	09100	EMERGENCY	0.153069	11,852,105	0	278	1,814,190	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.177513	1,645,974	0	0	1,938,156	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	0.192852	936,938	0	70	180,690	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0024

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

Worksheet D
Part V
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		68,887,135	6,631	150,042	17,044,179	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)		68,887,135	6,631	150,042	17,044,179	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 6:12 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	2		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	7		54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,117	47,549		73.00
73.01 07301 RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 MEDICINE CLINIC	0	123		90.01
90.02 09002 OB/GYN CLINIC	0	4		90.02
90.03 09003 ORTHO CLINIC	0	0		90.03
90.04 09004 PEDIATRICS CLINIC	0	0		90.04
90.05 09005 DENTISTRY CLINIC	0	0		90.05
90.06 09006 DERMATOLOGY CLINIC	0	0		90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0		90.07
90.08 09008 ENT CLINIC	0	0		90.08
90.09 09009 GERIATRIC CLINIC	0	0		90.09
90.10 09010 SPECIALTY CLINIC	0	0		90.10
90.11 09011 NEUROLOGY CLINIC	0	0		90.11
90.12 09012 ENDOSCOPY CLINIC	0	0		90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0		90.13
90.14 09014 URGENT VISIT CLINIC	0	0		90.14
90.15 09015 SENIOR CARE CLINIC	0	0		90.15
90.16 09016 WOMENS VISIT CLINIC	0	0		90.16
90.17 09017 CHC CLINIC	0	0		90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0		90.18
90.19 09019 ORAL SURGERY CLINIC	0	0		90.19
90.20 09020 DIETARY CLINIC	0	0		90.20
90.21 09021 CENTER OF EXCELLENCE	0	0		90.21
90.22 09022 OP BURN CLINIC	0	0		90.22
90.23 09023 BARIATRIC CLINIC	0	0		90.23
90.24 09024 PLASTICS CLINIC	0	0		90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0		90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	602		90.26
90.27 09027 TRANSGENDER CLINIC	0	7		90.27
91.00 09100 EMERGENCY	0	43		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART) -CD	0	13		92.01
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 6:12 pm
Title XVIII		Hospital	PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
95.00	09500	AMBULANCE SERVICES	6.00	7.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	96.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	97.00
200.00		Subtotal (see instructions)	2,117	48,350	98.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		200.00
202.00		Net Charges (Line 200 - Line 201)	2,117	48,350	201.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/30/2023 6:12 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,096,933	266,522,222	0.019124	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	541,301	44,442,453	0.012180	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,204,160	173,037,931	0.024296	22,384	544	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	252,929	7,470,372	0.033858	0	0	56.00
57.00	05700	CT SCAN	573,429	88,151,890	0.006505	25,156	164	57.00
58.00	05800	MRI	34,976	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	48	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,478,892	229,844,133	0.006434	447	3	60.00
60.01	06001	BLOOD LABORATORY	260,301	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	179,126	25,246,423	0.007095	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	511,647	85,803,021	0.005963	10,718	64	65.00
65.01	03560	PULMONARY FUNCTION TESTING	39,520	4,071,697	0.009706	0	0	65.01
66.00	06600	PHYSICAL THERAPY	627,967	20,189,293	0.031104	5,742	179	66.00
67.00	06700	OCCUPATIONAL THERAPY	365,691	12,393,808	0.029506	1,150	34	67.00
68.00	06800	SPEECH PATHOLOGY	44,382	3,817,870	0.011625	352	4	68.00
69.00	06900	ELECTROCARDIOLOGY	1,099,278	42,744,714	0.025717	21,112	543	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	80,559	70,960,314	0.001135	1,377	2	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	367,651	45,275,194	0.008120	1,524	12	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,095,131	203,320,852	0.010305	700,069	7,214	73.00
73.01	07301	RETAIL PHARMACIES	1,349,722	165,508,436	0.008155	0	0	73.01
74.00	07400	RENAL DIALYSIS	568,140	8,176,968	0.069481	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	MEDICINE CLINIC	1,601,318	22,028,549	0.072693	0	0	90.01
90.02	09002	OB/GYN CLINIC	704,869	11,249,286	0.062659	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	587,418	12,699,332	0.046256	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,913,869	31,082,363	0.061574	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,088,399	42,897,858	0.025372	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	256,564	2,860,777	0.089683	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	31,399	2,013	15.598112	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1,770,916	20,036,565	0.088384	121,807	10,766	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	4,285	75,152	0.057018	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	205,823	2,001,297	0.102845	0	0	90.22
90.23	09023	BARITRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	3,604	57,174	0.063036	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	7,459	169,863	0.043912	1,250	55	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	628,550	2,295,742	0.273789	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	99,175	1,963,518	0.050509	0	0	90.27
91.00	09100	EMERGENCY	4,935,929	327,041,474	0.015093	345,313	5,212	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,722,598	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	365,898	23,762,302	0.015398	5,339	82	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/30/2023 6:12 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	33,977,258	2,014,923,454		1,263,740	24,878	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	666,375	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	0	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	0	0	0	90.27
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	666,375	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
Title XVIII			Subprovider - IPF	PPS	
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)
	4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	266,522,222	0.000000
51.00 05100 RECOVERY ROOM	0	0	0	0	0.000000
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000
53.00 05300 ANESTHESIOLOGY	0	0	0	44,442,453	0.000000
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	173,037,931	0.000000
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0.000000
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000
56.00 05600 RADIOISOTOPE	0	0	0	7,470,372	0.000000
57.00 05700 CT SCAN	0	0	0	88,151,890	0.000000
58.00 05800 MRI	0	0	0	0	0.000000
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000
60.00 06000 LABORATORY	0	0	0	229,844,133	0.000000
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	25,246,423	0.000000
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000
65.00 06500 RESPIRATORY THERAPY	0	0	0	85,803,021	0.000000
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	4,071,697	0.000000
66.00 06600 PHYSICAL THERAPY	0	0	0	20,189,293	0.000000
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	12,393,808	0.000000
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,817,870	0.000000
69.00 06900 ELECTROCARDIOLOGY	0	0	0	42,744,714	0.000000
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	70,960,314	0.000000
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,275,194	0.000000
73.00 07300 DRUGS CHARGED TO PATIENTS	0	666,375	666,375	203,320,852	0.003277
73.01 07301 RETAIL PHARMACIES	0	0	0	165,508,436	0.000000
74.00 07400 RENAL DIALYSIS	0	0	0	8,176,968	0.000000
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000
90.00 09000 CLINIC	0	0	0	0	0.000000
90.01 09001 MEDICINE CLINIC	0	0	0	22,028,549	0.000000
90.02 09002 OB/GYN CLINIC	0	0	0	11,249,286	0.000000
90.03 09003 ORTHO CLINIC	0	0	0	0	0.000000
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0.000000
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0.000000
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0.000000
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	12,699,332	0.000000
90.08 09008 ENT CLINIC	0	0	0	0	0.000000
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0.000000
90.10 09010 SPECIALTY CLINIC	0	0	0	31,082,363	0.000000
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0.000000
90.12 09012 ENDOSCOPY CLINIC	0	0	0	42,897,858	0.000000
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	2,860,777	0.000000
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0.000000
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0.000000
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0.000000
90.17 09017 CHC CLINIC	0	0	0	2,013	0.000000
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	20,036,565	0.000000
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0.000000
90.20 09020 DIETARY CLINIC	0	0	0	75,152	0.000000
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0.000000
90.22 09022 OP BURN CLINIC	0	0	0	2,001,297	0.000000
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0.000000
90.24 09024 PLASTICS CLINIC	0	0	0	57,174	0.000000
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	169,863	0.000000
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	2,295,742	0.000000
90.27 09027 TRANSGENDER CLINIC	0	0	0	1,963,518	0.000000
91.00 09100 EMERGENCY	0	0	0	327,041,474	0.000000
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	17,722,598	0.000000
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	23,762,302	0.000000
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	666,375	666,375	2,014,923,454		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm		
				Title XVIII	Subprovider - IPF	PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification	
			9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	22,384	0	352	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	25,156	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	447	0	50	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	10,718	0	4	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	61	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	5,742	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,150	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	352	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	21,112	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,377	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,524	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003277	700,069	2,294	0	0	73.00
73.01	07301	RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0.000000	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.000000	121,807	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0.000000	0	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0.000000	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0.000000	1,250	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0.000000	0	0	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0.000000	0	0	0	0	90.27
91.00	09100	EMERGENCY	0.000000	345,313	0	45	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.000000	5,339	0	12	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification	
			9.00	10.00	11.00	12.00	12.01	
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		1,263,740	2,294	524	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Outpatient Program	Outpatient Program	
	Pass-Through Costs (col. 9 x col. 12) before Reclamation	Pass-Through Costs (col. 9 x col. 12) on/after Reclamation	
	13.00	13.01	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01 07301 RETAIL PHARMACIES	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	90.07
90.08 09008 ENT CLINIC	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	90.16
90.17 09017 CHC CLINIC	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	90.27
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	92.01

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm
	Component CCN: 15-S024	Title XVIII	Subprovider - IPF PPS

Cost Center Description	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification	
	13.00	13.01	
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500 AMBULANCE SERVICES			95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part V Date/Time Prepared: 5/30/2023 6:12 pm		
				Title XVIII		Subprovider - IPF	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	0.191958	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122651	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188426	352	0	0	66	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.082187	0	0	0	0	56.00
57.00	05700	CT SCAN	0.037596	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.032982	50	0	0	2	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.166923	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.156573	4	0	0	1	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.155047	61	0	0	9	65.01
66.00	06600	PHYSICAL THERAPY	0.431743	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.447636	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.492898	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.112323	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.045008	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.598475	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319379	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACIES	0.422834	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.417892	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0.340282	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0.323399	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.229307	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.321421	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.188202	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.518110	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	CHC CLINIC	183.141580	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1.112670	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	3.393363	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0.658105	0	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	3.031028	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	2.249566	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.571894	0	0	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0.584464	0	0	0	0	90.27
91.00	09100	EMERGENCY	0.153069	45	0	0	7	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.177513	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.192852	12	0	0	2	92.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 6:12 pm
	Title XVIII	Subprovider - IPF	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	
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0	0		94.00
95.00 09500 AMBULANCE SERVICES	0.000000		0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00 Subtotal (see instructions)		524	0	0	87	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)		524	0	0	87	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 6:12 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01 07301 RETAIL PHARMACIES	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	90.07
90.08 09008 ENT CLINIC	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	90.16
90.17 09017 CHC CLINIC	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	90.27
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	92.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 6:12 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/30/2023 6:12 pm
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,254,558	0	12,254,558	58,378	209.92	30.00
31.00	INTENSIVE CARE UNIT	4,130,777		4,130,777	20,869	197.94	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	1,466,066		1,466,066	2,846	515.13	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,749,442		1,749,442	5,752	304.14	34.01
40.00	SUBPROVIDER - IPF	1,703,635	0	1,703,635	10,055	169.43	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	519,994		519,994	5,667	91.76	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	21,824,472		21,824,472	103,567		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	10,351	2,172,882				30.00
31.00	INTENSIVE CARE UNIT	2,869	567,890				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	124	63,876				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
34.01	NEONATAL INTENSIVE CARE UNIT	2,037	619,533				34.01
40.00	SUBPROVIDER - IPF	853	144,524				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	5,382	493,852				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	21,616	4,062,557				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,096,933	266,522,222	0.019124	49,445,480	945,595	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	541,301	44,442,453	0.012180	10,449,670	127,277	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,204,160	173,037,931	0.024296	25,452,100	618,384	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	252,929	7,470,372	0.033858	450,516	15,254	56.00
57.00	05700	CT SCAN	573,429	88,151,890	0.006505	14,291,925	92,969	57.00
58.00	05800	MRI	34,976	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	48	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,478,892	229,844,133	0.006434	30,516,858	196,345	60.00
60.01	06001	BLOOD LABORATORY	260,301	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	179,126	25,246,423	0.007095	7,074,446	50,193	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	511,647	85,803,021	0.005963	22,492,825	134,125	65.00
65.01	03560	PULMONARY FUNCTION TESTING	39,520	4,071,697	0.009706	56,408	547	65.01
66.00	06600	PHYSICAL THERAPY	627,967	20,189,293	0.031104	4,773	148	66.00
67.00	06700	OCCUPATIONAL THERAPY	365,691	12,393,808	0.029506	4,324	128	67.00
68.00	06800	SPEECH PATHOLOGY	44,382	3,817,870	0.011625	670	8	68.00
69.00	06900	ELECTROCARDIOLOGY	1,099,278	42,744,714	0.025717	7,537,262	193,836	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	80,559	70,960,314	0.001135	17,402,187	19,751	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	367,651	45,275,194	0.008120	10,914,599	88,627	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,095,131	203,320,852	0.010305	53,088,484	547,077	73.00
73.01	07301	RETAIL PHARMACIES	1,349,722	165,508,436	0.008155	0	0	73.01
74.00	07400	RENAL DIALYSIS	568,140	8,176,968	0.069481	3,401,741	236,356	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	MEDICINE CLINIC	1,601,318	22,028,549	0.072693	5,455	397	90.01
90.02	09002	OB/GYN CLINIC	704,869	11,249,286	0.062659	24,968	1,564	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	587,418	12,699,332	0.046256	47,535	2,199	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,913,869	31,082,363	0.061574	192,388	11,846	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,088,399	42,897,858	0.025372	1,557,625	39,520	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	256,564	2,860,777	0.089683	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	31,399	2,013	15.598112	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1,770,916	20,036,565	0.088384	24,204	2,139	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	4,285	75,152	0.057018	236	13	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	205,823	2,001,297	0.102845	5,947	612	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	3,604	57,174	0.063036	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	7,459	169,863	0.043912	48,971	2,150	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	628,550	2,295,742	0.273789	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	99,175	1,963,518	0.050509	0	0	90.27
91.00	09100	EMERGENCY	4,935,929	327,041,474	0.015093	42,793,937	645,889	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,011,023	17,722,598	0.113472	1,005,048	114,045	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	365,898	23,762,302	0.015398	1,098,266	16,911	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			Title XIX		Hospital		PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	35,988,281	2,014,923,454		299,388,848	4,103,905	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/30/2023 6:12 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	58,378	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	20,869	0.00	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	2,846	0.00	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	5,752	0.00	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	10,055	0.00	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	42.00
43.00	04300	NURSERY	0	0	5,667	0.00	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	44.00
45.00	04500	NURSING FACILITY	0	0	0	0.00	45.00
200.00		Total (lines 30 through 199)	0	0	103,567	0.00	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
32.00	03200	CORONARY CARE UNIT	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0				34.01
40.00	04000	SUBPROVIDER - IPF	0				40.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
42.00	04200	SUBPROVIDER	0				42.00
43.00	04300	NURSERY	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
45.00	04500	NURSING FACILITY	0				45.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm
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Cost Center Description	Title XIX			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	666,375	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	0	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	0	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	0	0	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	0	0	0	0	90.27
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			Title XIX		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	666,375	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm
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Cost Center Description	Title XIX			Hospital	PPS
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
	4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	266,522,222	0.000000
51.00 05100 RECOVERY ROOM	0	0	0	0	0.000000
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000
53.00 05300 ANESTHESIOLOGY	0	0	0	44,442,453	0.000000
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	173,037,931	0.000000
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0.000000
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000
56.00 05600 RADIOISOTOPE	0	0	0	7,470,372	0.000000
57.00 05700 CT SCAN	0	0	0	88,151,890	0.000000
58.00 05800 MRI	0	0	0	0	0.000000
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000
60.00 06000 LABORATORY	0	0	0	229,844,133	0.000000
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	25,246,423	0.000000
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000
65.00 06500 RESPIRATORY THERAPY	0	0	0	85,803,021	0.000000
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	4,071,697	0.000000
66.00 06600 PHYSICAL THERAPY	0	0	0	20,189,293	0.000000
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	12,393,808	0.000000
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,817,870	0.000000
69.00 06900 ELECTROCARDIOLOGY	0	0	0	42,744,714	0.000000
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	70,960,314	0.000000
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,275,194	0.000000
73.00 07300 DRUGS CHARGED TO PATIENTS	0	666,375	666,375	203,320,852	0.003277
73.01 07301 RETAIL PHARMACIES	0	0	0	165,508,436	0.000000
74.00 07400 RENAL DIALYSIS	0	0	0	8,176,968	0.000000
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000
90.00 09000 CLINIC	0	0	0	0	0.000000
90.01 09001 MEDICINE CLINIC	0	0	0	22,028,549	0.000000
90.02 09002 OB/GYN CLINIC	0	0	0	11,249,286	0.000000
90.03 09003 ORTHO CLINIC	0	0	0	0	0.000000
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0.000000
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0.000000
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0.000000
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	12,699,332	0.000000
90.08 09008 ENT CLINIC	0	0	0	0	0.000000
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0.000000
90.10 09010 SPECIALTY CLINIC	0	0	0	31,082,363	0.000000
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0.000000
90.12 09012 ENDOSCOPY CLINIC	0	0	0	42,897,858	0.000000
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	2,860,777	0.000000
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0.000000
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0.000000
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0.000000
90.17 09017 CHC CLINIC	0	0	0	2,013	0.000000
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	20,036,565	0.000000
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0.000000
90.20 09020 DIETARY CLINIC	0	0	0	75,152	0.000000
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0.000000
90.22 09022 OP BURN CLINIC	0	0	0	2,001,297	0.000000
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0.000000
90.24 09024 PLASTICS CLINIC	0	0	0	57,174	0.000000
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	169,863	0.000000
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	2,295,742	0.000000
90.27 09027 TRANSGENDER CLINIC	0	0	0	1,963,518	0.000000
91.00 09100 EMERGENCY	0	0	0	327,041,474	0.000000
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	17,722,598	0.000000
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	23,762,302	0.000000
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			Title XIX		Hospital		PPS	
			All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	666,375	666,375	2,014,923,454		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm
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Cost Center Description	Title XIX					Outpatient Program Charges on/after Geo Recl assi fi cation
	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 before Geo Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	49,445,480	0	65,927,383	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	10,449,670	0	10,331,472	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	25,452,100	0	41,348,797	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	450,516	0	2,158,164	0	56.00
57.00 05700 CT SCAN	0.000000	14,291,925	0	25,998,791	0	57.00
58.00 05800 MRI	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	30,516,858	0	53,925,356	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	7,074,446	0	1,726,133	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	22,492,825	0	984,606	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0.000000	56,408	0	1,474,191	0	65.01
66.00 06600 PHYSICAL THERAPY	0.000000	4,773	0	4,091,756	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	4,324	0	2,433,855	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	670	0	1,190,333	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	7,537,262	0	10,710,791	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	17,402,187	0	9,834,266	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	10,914,599	0	6,894,562	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.003277	53,088,484	173,971	34,408,300	0	73.00
73.01 07301 RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.000000	3,401,741	0	336,193	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0.000000	5,455	0	7,937,842	0	90.01
90.02 09002 OB/GYN CLINIC	0.000000	24,968	0	4,587,823	0	90.02
90.03 09003 ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0.000000	47,535	0	3,850,160	0	90.07
90.08 09008 ENT CLINIC	0.000000	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0.000000	192,388	0	12,156,799	0	90.10
90.11 09011 NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0.000000	1,557,625	0	13,136,908	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0.000000	0	0	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	0.000000	24,204	0	11,903,320	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0.000000	236	0	26,686	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0.000000	5,947	0	634,293	0	90.22
90.23 09023 BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0.000000	0	0	22,587	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0.000000	48,971	0	11,485	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0.000000	0	0	343,737	0	90.26
90.27 09027 TRANSGENDER CLINIC	0.000000	0	0	931,573	0	90.27
91.00 09100 EMERGENCY	0.000000	42,793,937	0	127,308,390	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,005,048	0	8,948,922	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0.000000	1,098,266	0	8,538,528	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0024

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2023 6:12 pm

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 before Geo Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	
			9.00	10.00	11.00	12.00	12.01	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		299,388,848	173,971	474,114,002	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm
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Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geographical Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geographical Reclassification	Title XIX	Hospital	PPS
		13.00	13.01			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0			54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 BLOOD LABORATORY	0	0			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400 INTRAVENOUS THERAPY	0	0			64.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0			65.01
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	112,756	0			73.00
73.01	07301 RETAIL PHARMACIES	0	0			73.01
74.00	07400 RENAL DIALYSIS	0	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0			77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
90.01	09001 MEDICINE CLINIC	0	0			90.01
90.02	09002 OB/GYN CLINIC	0	0			90.02
90.03	09003 ORTHO CLINIC	0	0			90.03
90.04	09004 PEDIATRICS CLINIC	0	0			90.04
90.05	09005 DENTISTRY CLINIC	0	0			90.05
90.06	09006 DERMATOLOGY CLINIC	0	0			90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0			90.07
90.08	09008 ENT CLINIC	0	0			90.08
90.09	09009 GERIATRIC CLINIC	0	0			90.09
90.10	09010 SPECIALTY CLINIC	0	0			90.10
90.11	09011 NEUROLOGY CLINIC	0	0			90.11
90.12	09012 ENDOSCOPY CLINIC	0	0			90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0			90.13
90.14	09014 URGENT VISIT CLINIC	0	0			90.14
90.15	09015 SENIOR CARE CLINIC	0	0			90.15
90.16	09016 WOMENS VISIT CLINIC	0	0			90.16
90.17	09017 CHC CLINIC	0	0			90.17
90.18	09018 PSYCHIATRIC CLINIC	0	0			90.18
90.19	09019 ORAL SURGERY CLINIC	0	0			90.19
90.20	09020 DIETARY CLINIC	0	0			90.20
90.21	09021 CENTER OF EXCELLENCE	0	0			90.21
90.22	09022 OP BURN CLINIC	0	0			90.22
90.23	09023 BARIATRIC CLINIC	0	0			90.23
90.24	09024 PLASTICS CLINIC	0	0			90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	0			90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	0			90.26
90.27	09027 TRANSGENDER CLINIC	0	0			90.27
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0			92.01

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm
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Cost Center Description			Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geographical Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geographical Reclassification	
			13.00	13.01	
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Total (lines 50 through 199)	112,756	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part V Date/Time Prepared: 5/30/2023 6:12 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.191958	65,927,383	0	0	12,655,289	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122651	10,331,472	0	0	1,267,165	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188426	41,348,797	0	0	7,791,188	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.082187	2,158,164	0	0	177,373	56.00
57.00	05700	CT SCAN	0.037596	25,998,791	0	0	977,451	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.032982	53,925,356	0	0	1,778,566	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.166923	1,726,133	0	0	288,131	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.156573	984,606	0	0	154,163	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.155047	1,474,191	0	0	228,569	65.01
66.00	06600	PHYSICAL THERAPY	0.431743	4,091,756	0	0	1,766,587	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.447636	2,433,855	0	0	1,089,481	67.00
68.00	06800	SPEECH PATHOLOGY	0.492898	1,190,333	0	0	586,713	68.00
69.00	06900	ELECTROCARDIOLOGY	0.112323	10,710,791	0	0	1,203,068	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.045008	9,834,266	0	0	442,621	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.598475	6,894,562	0	0	4,126,223	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319379	34,408,300	0	0	10,989,288	73.00
73.01	07301	RETAIL PHARMACIES	0.422834	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.417892	336,193	0	0	140,492	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0.340282	7,937,842	0	0	2,701,105	90.01
90.02	09002	OB/GYN CLINIC	0.323399	4,587,823	0	0	1,483,697	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.229307	3,850,160	0	0	882,869	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.321421	12,156,799	0	0	3,907,450	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.188202	13,136,908	0	0	2,472,392	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.518110	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	CHC CLINIC	183.141580	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1.112670	11,903,320	0	0	13,244,467	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	3.393363	26,686	0	0	90,555	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0.658105	634,293	0	0	417,431	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	3.031028	22,587	0	0	68,462	90.24
90.25	09025	WOUND/OSTOMY CLINIC	2.249566	11,485	0	0	25,836	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.571894	343,737	0	0	540,318	90.26
90.27	09027	TRANSGENDER CLINIC	0.584464	931,573	0	0	544,471	90.27
91.00	09100	EMERGENCY	0.153069	127,308,390	0	0	19,486,968	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.177513	8,948,922	0	0	10,537,472	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.192852	8,538,528	0	0	1,646,672	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0024

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

Worksheet D
Part V
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		474,114,002	0	0	103,712,533	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)		474,114,002	0	0	103,712,533	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 6:12 pm
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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	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01 07301 RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 MEDICINE CLINIC	0	0		90.01
90.02 09002 OB/GYN CLINIC	0	0		90.02
90.03 09003 ORTHO CLINIC	0	0		90.03
90.04 09004 PEDIATRICS CLINIC	0	0		90.04
90.05 09005 DENTISTRY CLINIC	0	0		90.05
90.06 09006 DERMATOLOGY CLINIC	0	0		90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0		90.07
90.08 09008 ENT CLINIC	0	0		90.08
90.09 09009 GERIATRIC CLINIC	0	0		90.09
90.10 09010 SPECIALTY CLINIC	0	0		90.10
90.11 09011 NEUROLOGY CLINIC	0	0		90.11
90.12 09012 ENDOSCOPY CLINIC	0	0		90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0		90.13
90.14 09014 URGENT VISIT CLINIC	0	0		90.14
90.15 09015 SENIOR CARE CLINIC	0	0		90.15
90.16 09016 WOMENS VISIT CLINIC	0	0		90.16
90.17 09017 CHC CLINIC	0	0		90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0		90.18
90.19 09019 ORAL SURGERY CLINIC	0	0		90.19
90.20 09020 DIETARY CLINIC	0	0		90.20
90.21 09021 CENTER OF EXCELLENCE	0	0		90.21
90.22 09022 OP BURN CLINIC	0	0		90.22
90.23 09023 BARIATRIC CLINIC	0	0		90.23
90.24 09024 PLASTICS CLINIC	0	0		90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0		90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0		90.26
90.27 09027 TRANSGENDER CLINIC	0	0		90.27
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART) -CD	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 6:12 pm
		Title XIX	Hospital	PPS

Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
95.00	09500	AMBULANCE SERVICES	6.00	7.00		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		96.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		97.00
200.00		Subtotal (see instructions)	0	0		98.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0		200.00
202.00		Net Charges (Line 200 - Line 201)	0	0		201.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/30/2023 6:12 pm	
			Component CCN: 15-S024	Title XIX		Subprovider - IPF PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,096,933	266,522,222	0.019124	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00 05300 ANESTHESIOLOGY	541,301	44,442,453	0.012180	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,204,160	173,037,931	0.024296	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00 05600 RADIOISOTOPE	252,929	7,470,372	0.033858	0	0	56.00
57.00 05700 CT SCAN	573,429	88,151,890	0.006505	0	0	57.00
58.00 05800 MRI	34,976	0	0.000000	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	48	0	0.000000	0	0	59.00
60.00 06000 LABORATORY	1,478,892	229,844,133	0.006434	620	4	60.00
60.01 06001 BLOOD LABORATORY	260,301	0	0.000000	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	179,126	25,246,423	0.007095	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	511,647	85,803,021	0.005963	2,235	13	65.00
65.01 03560 PULMONARY FUNCTION TESTING	39,520	4,071,697	0.009706	0	0	65.01
66.00 06600 PHYSICAL THERAPY	627,967	20,189,293	0.031104	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	365,691	12,393,808	0.029506	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	44,382	3,817,870	0.011625	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,099,278	42,744,714	0.025717	56,034	1,441	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	80,559	70,960,314	0.001135	1,301	1	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	367,651	45,275,194	0.008120	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,095,131	203,320,852	0.010305	0	0	73.00
73.01 07301 RETAIL PHARMACIES	1,349,722	165,508,436	0.008155	0	0	73.01
74.00 07400 RENAL DIALYSIS	568,140	8,176,968	0.069481	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0	0	90.00
90.01 09001 MEDICINE CLINIC	1,601,318	22,028,549	0.072693	0	0	90.01
90.02 09002 OB/GYN CLINIC	704,869	11,249,286	0.062659	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	587,418	12,699,332	0.046256	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0.000000	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10 09010 SPECIALTY CLINIC	1,913,869	31,082,363	0.061574	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	1,088,399	42,897,858	0.025372	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	256,564	2,860,777	0.089683	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17 09017 CHC CLINIC	31,399	2,013	15.598112	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	1,770,916	20,036,565	0.088384	125,724	11,112	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20 09020 DIETARY CLINIC	4,285	75,152	0.057018	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22 09022 OP BURN CLINIC	205,823	2,001,297	0.102845	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0.000000	0	0	90.23
90.24 09024 PLASTICS CLINIC	3,604	57,174	0.063036	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	7,459	169,863	0.043912	1,137	50	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	628,550	2,295,742	0.273789	0	0	90.26
90.27 09027 TRANSGENDER CLINIC	99,175	1,963,518	0.050509	0	0	90.27
91.00 09100 EMERGENCY	4,935,929	327,041,474	0.015093	336,543	5,079	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	17,722,598	0.000000	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	365,898	23,762,302	0.015398	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/30/2023 6:12 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	33,977,258	2,014,923,454		523,594	17,700	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
				Title XIX		Subprovider - IPF	PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	666,375	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	0	90.27
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	666,375	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm				
		Title XIX	Subprovider - IPF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	266,522,222	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	44,442,453	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	173,037,931	0.000000	54.00	
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	7,470,372	0.000000	56.00	
57.00	05700	CT SCAN	0	0	88,151,890	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00	
60.00	06000	LABORATORY	0	0	229,844,133	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	25,246,423	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	85,803,021	0.000000	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0	0	4,071,697	0.000000	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	20,189,293	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	12,393,808	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	3,817,870	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	42,744,714	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	70,960,314	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	45,275,194	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	666,375	666,375	203,320,852	0.003277	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	165,508,436	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	8,176,968	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00	
90.00	09000	CLINIC	0	0	0	0.000000	90.00	
90.01	09001	MEDICINE CLINIC	0	0	22,028,549	0.000000	90.01	
90.02	09002	OB/GYN CLINIC	0	0	11,249,286	0.000000	90.02	
90.03	09003	ORTHO CLINIC	0	0	0	0.000000	90.03	
90.04	09004	PEDIATRICS CLINIC	0	0	0	0.000000	90.04	
90.05	09005	DENTISTRY CLINIC	0	0	0	0.000000	90.05	
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0.000000	90.06	
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	12,699,332	0.000000	90.07	
90.08	09008	ENT CLINIC	0	0	0	0.000000	90.08	
90.09	09009	GERIATRIC CLINIC	0	0	0	0.000000	90.09	
90.10	09010	SPECIALTY CLINIC	0	0	31,082,363	0.000000	90.10	
90.11	09011	NEUROLOGY CLINIC	0	0	0	0.000000	90.11	
90.12	09012	ENDOSCOPY CLINIC	0	0	42,897,858	0.000000	90.12	
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	2,860,777	0.000000	90.13	
90.14	09014	URGENT VISIT CLINIC	0	0	0	0.000000	90.14	
90.15	09015	SENIOR CARE CLINIC	0	0	0	0.000000	90.15	
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0.000000	90.16	
90.17	09017	CHC CLINIC	0	0	2,013	0.000000	90.17	
90.18	09018	PSYCHIATRIC CLINIC	0	0	20,036,565	0.000000	90.18	
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0.000000	90.19	
90.20	09020	DIETARY CLINIC	0	0	75,152	0.000000	90.20	
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0.000000	90.21	
90.22	09022	OP BURN CLINIC	0	0	2,001,297	0.000000	90.22	
90.23	09023	BARIATRIC CLINIC	0	0	0	0.000000	90.23	
90.24	09024	PLASTICS CLINIC	0	0	57,174	0.000000	90.24	
90.25	09025	WOUND/OSTOMY CLINIC	0	0	169,863	0.000000	90.25	
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	2,295,742	0.000000	90.26	
90.27	09027	TRANSGENDER CLINIC	0	0	1,963,518	0.000000	90.27	
91.00	09100	EMERGENCY	0	0	327,041,474	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	17,722,598	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	23,762,302	0.000000	92.01	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	666,375	666,375	2,014,923,454		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification	
			9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	620	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,235	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	56,034	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,301	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003277	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0.000000	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.000000	125,724	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0.000000	0	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0.000000	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0.000000	1,137	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0.000000	0	0	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0.000000	0	0	0	0	90.27
91.00	09100	EMERGENCY	0.000000	336,543	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification	
			9.00	10.00	11.00	12.00	12.01	
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		523,594	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description	Outpatient Program	Outpatient Program	
	Pass-Through Costs (col. 9 x col. 12) before Reclamation	Pass-Through Costs (col. 9 x col. 12) on/after Reclamation	
	13.00	13.01	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01 07301 RETAIL PHARMACIES	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	90.07
90.08 09008 ENT CLINIC	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	90.16
90.17 09017 CHC CLINIC	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	90.27
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	92.01

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 6:12 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification	
	13.00	13.01	
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500 AMBULANCE SERVICES			95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2023 6:12 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,378	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,378	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)		48,798	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)		6,570	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)		127,167,476	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)		127,167,476	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)		127,167,476	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,178.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,311,760	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)		14,311,760	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1	
			Title XVIII		Hospital		PPS	
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	47,641,994	20,869	2,282.91	2,926	6,679,795	43.00	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	10,996,007	2,846	3,863.67	384	1,483,649	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
46.01	NEONATAL INTENSIVE CARE UNIT	12,513,355	5,752	2,175.48	0	0	46.01	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,310,822	48.00	
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01	
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					39,786,026	49.00	
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,156,156	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,277,651	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,433,807	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					36,352,219	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0	54.00	
55.00	Target amount per discharge					0.00	55.00	
55.01	Permanent adjustment amount per discharge					0.00	55.01	
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02	
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00	Bonus payment (see instructions)					0	58.00	
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00	
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00	
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00	
62.00	Relief payment (see instructions)					0	62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00	Program routine service cost (line 9 x line 71)						72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00	Program capital-related costs (line 9 x line 76)						77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00	Inpatient routine service cost per diem limitation						81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00	Reasonable inpatient routine service costs (see instructions)						83.00	
84.00	Program inpatient ancillary services (see instructions)						84.00	
85.00	Utilization review - physician compensation (see instructions)						85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					9,580	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,178.35	88.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						20,868,593 89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,254,558	127,167,476	0.096366	20,868,593	2,011,023	90.00
91.00	Nursing Program cost	0	127,167,476	0.000000	20,868,593	0	91.00
92.00	Allied health cost	0	127,167,476	0.000000	20,868,593	0	92.00
93.00	All other Medical Education	0	127,167,476	0.000000	20,868,593	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 6:12 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,055	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,055	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)		10,055	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,676	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)		11,970,674	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)		11,970,674	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)		11,970,674	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,190.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,995,312	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,995,312	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-S024		Date/Time Prepared: 5/30/2023 6:12 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.01
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					429,187		48.00
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0		48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					2,424,499		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)					283,965		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					27,172		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					311,137		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,113,362		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
55.01 Permanent adjustment amount per discharge					0.00		55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00		55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00		59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00		60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 6:12 pm		
		Title XVIII	Subprovider - IPF	PPS		
Cost Center Description						
				1.00		
88.00	Adjusted general inpatient routine cost per diem (line 27 + line 2)			0.00	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)			0	89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,703,635	11,970,674	0.142317	0	0 90.00
91.00	Nursing Program cost	0	11,970,674	0.000000	0	0 91.00
92.00	Allied health cost	0	11,970,674	0.000000	0	0 92.00
93.00	All other Medical Education	0	11,970,674	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2023 6:12 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,378	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,378	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)		48,798	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)		10,351	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)		5,667	15.00
16.00	Nursery days (title V or XIX only)		5,382	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)		127,167,476	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)		127,167,476	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)		127,167,476	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,178.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,548,101	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)		22,548,101	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	5,169,597	5,667	912.23	5,382	4,909,622	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	47,641,994	20,869	2,282.91	2,869	6,549,669	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	10,996,007	2,846	3,863.67	124	479,095	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	12,513,355	5,752	2,175.48	2,037	4,431,453	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
		1.00					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					56,867,716	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					95,785,656	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)					3,918,033	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,277,876	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,195,909	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					87,589,747	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,580	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,178.35	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description		Title XIX		Hospital		PPS	
Cost Center Description		Cost		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	
89.00	Observation bed cost (line 87 x line 88) (see instructions)				20,868,593		89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,254,558	127,167,476	0.096366	20,868,593	2,011,023	90.00
91.00	Nursing Program cost	0	127,167,476	0.000000	20,868,593	0	91.00
92.00	Allied health cost	0	127,167,476	0.000000	20,868,593	0	92.00
93.00	All other Medical Education	0	127,167,476	0.000000	20,868,593	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 6:12 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			10,055 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			10,055 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)			10,055 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)			853 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)			5,667 15.00
16.00	Nursery days (title V or XIX only)			5,382 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)			11,970,674 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)			11,970,674 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)			11,970,674 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,190.52 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,015,514 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,015,514 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-S024		Date/Time Prepared: 5/30/2023 6:12 pm	
				Title XIX	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.01
47.00 OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					200,684	48.00	
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01	
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					1,216,198	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)					144,524	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					17,700	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					162,224	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,053,974	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
55.01 Permanent adjustment amount per discharge					0.00	55.01	
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02	
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00	
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00	
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 6:12 pm
		Title XIX	Subprovider - IPF	PPS

Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 + line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,703,635	11,970,674	0.142317	0	0	90.00
91.00	Nursing Program cost	0	11,970,674	0.000000	0	0	91.00
92.00	Allied health cost	0	11,970,674	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,970,674	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 6:12 pm
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		17,414,846	30.00
31.00	03100	INTENSIVE CARE UNIT		18,253,716	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		9,939,282	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - I PF		14,160	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.191958	11,523,232	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122651	1,042,568	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188426	8,990,358	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.082187	128,869	56.00
57.00	05700	CT SCAN	0.037596	4,358,887	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.032982	10,180,696	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.166923	1,887,485	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.156573	13,537,243	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.155047	38,585	65.01
66.00	06600	PHYSICAL THERAPY	0.431743	1,216,936	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.447636	995,164	67.00
68.00	06800	SPEECH PATHOLOGY	0.492898	347,536	68.00
69.00	06900	ELECTROCARDIOLOGY	0.112323	2,801,169	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.045008	5,244,082	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.598475	3,069,506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319379	13,538,510	73.00
73.01	07301	RETAIL PHARMACIES	0.422834	0	73.01
74.00	07400	RENAL DIALYSIS	0.417892	1,101,068	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0.340282	6,546	90.01
90.02	09002	OB/GYN CLINIC	0.323399	466	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.229307	5,129	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.321421	91,210	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.188202	474,083	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.518110	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	183.141580	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1.112670	5,292	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	3.393363	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0.658105	1,166	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	90.23
90.24	09024	PLASTICS CLINIC	3.031028	0	90.24

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			Ratio of Cost To Charges	Hospital	PPS	
			1.00	2.00	3.00	
90.25	09025	WOUND/OSTOMY CLINIC	2.249566	27,486	61,832	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.571894	1,399	2,199	90.26
90.27	09027	TRANSGENDER CLINIC	0.584464	0	0	90.27
91.00	09100	EMERGENCY	0.153069	9,583,497	1,466,936	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.177513	284,744	335,290	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.192852	89,105	17,184	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		90,572,017	17,310,822	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)		90,572,017		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3	
		Component CCN: 15-S024		Date/Time Prepared: 5/30/2023 6:12 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - IPF		3,943,938	40.00
41.00	04100	SUBPROVIDER - IPF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.191958	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122651	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188426	22,384	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.082187	0	56.00
57.00	05700	CT SCAN	0.037596	25,156	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.032982	447	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.166923	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.156573	10,718	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.155047	0	65.01
66.00	06600	PHYSICAL THERAPY	0.431743	5,742	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.447636	1,150	67.00
68.00	06800	SPEECH PATHOLOGY	0.492898	352	68.00
69.00	06900	ELECTROCARDIOLOGY	0.112323	21,112	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.045008	1,377	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.598475	1,524	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319379	700,069	73.00
73.01	07301	RETAIL PHARMACIES	0.422834	0	73.01
74.00	07400	RENAL DIALYSIS	0.417892	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0.340282	0	90.01
90.02	09002	OB/GYN CLINIC	0.323399	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.229307	0	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.321421	0	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.188202	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.518110	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	183.141580	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1.112670	121,807	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	3.393363	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0.658105	0	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	90.23

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 6:12 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.24	09024 PLASTICS CLINIC	3.031028	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	2.249566	1,250	2,812	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	1.571894	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	0.584464	0	0	90.27
91.00	09100 EMERGENCY	0.153069	345,313	52,857	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.177513	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0.192852	5,339	1,030	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,263,740	429,187	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)		1,263,740		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 6:12 pm
Cost Center Description			Title XIX	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		117,609,777	30.00
31.00	03100	INTENSIVE CARE UNIT		51,926,108	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		25,561,313	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		22,765,977	34.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.191958	49,445,480	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122651	10,449,670	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188426	25,452,100	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.082187	450,516	56.00
57.00	05700	CT SCAN	0.037596	14,291,925	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.032982	30,516,858	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.166923	7,074,446	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.156573	22,492,825	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.155047	56,408	65.01
66.00	06600	PHYSICAL THERAPY	0.431743	4,773	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.447636	4,324	67.00
68.00	06800	SPEECH PATHOLOGY	0.492898	670	68.00
69.00	06900	ELECTROCARDIOLOGY	0.112323	7,537,262	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.045008	17,402,187	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.598475	10,914,599	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319379	53,088,484	73.00
73.01	07301	RETAIL PHARMACIES	0.422834	0	73.01
74.00	07400	RENAL DIALYSIS	0.417892	3,401,741	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0.340282	5,455	90.01
90.02	09002	OB/GYN CLINIC	0.323399	24,968	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.229307	47,535	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.321421	192,388	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.188202	1,557,625	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.518110	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	183.141580	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1.112670	24,204	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	3.393363	236	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0.658105	5,947	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	90.23
90.24	09024	PLASTICS CLINIC	3.031028	0	90.24

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 6:12 pm	
Cost Center Description			Title XIX	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.25	09025	WOUND/OSTOMY CLINIC	2.249566	48,971	110,163	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.571894	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0.584464	0	0	90.27
91.00	09100	EMERGENCY	0.153069	42,793,937	6,550,425	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.177513	1,005,048	1,183,457	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.192852	1,098,266	211,803	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		299,388,848	56,867,716	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)		299,388,848		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3	
		Component CCN: 15-S024		Date/Time Prepared: 5/30/2023 6:12 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - IPF		12,614,139	40.00
41.00	04100	SUBPROVIDER - IPF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.191958	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122651	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188426	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.082187	0	56.00
57.00	05700	CT SCAN	0.037596	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.032982	620	20 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.166923	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.156573	2,235	350 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.155047	0	65.01
66.00	06600	PHYSICAL THERAPY	0.431743	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.447636	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.492898	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.112323	56,034	6,294 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.045008	1,301	59 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.598475	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319379	0	73.00
73.01	07301	RETAIL PHARMACIES	0.422834	0	73.01
74.00	07400	RENAL DIALYSIS	0.417892	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0.340282	0	90.01
90.02	09002	OB/GYN CLINIC	0.323399	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.229307	0	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.321421	0	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.188202	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.518110	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	183.141580	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1.112670	125,724	139,889 90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	3.393363	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0.658105	0	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	90.23

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 6:12 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.24	09024 PLASTICS CLINIC	3.031028	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	2.249566	1,137	2,558	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	1.571894	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	0.584464	0	0	90.27
91.00	09100 EMERGENCY	0.153069	336,543	51,514	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.177513	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0.192852	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		523,594	200,684	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)		523,594		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 6:12 pm
		Title XVIII	Hospital	PPS
		Before GEO Recl ass	On/After GEO Recl ass	
		1.00	1.01	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	14,596,008	3,242,148	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	0	0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	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	0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount	0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	3,049,694	650,943	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	0	0	2.04
3.00	Managed Care Simulated Payments	19,286,042	486,236	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	287.75		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)	156.43		5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)	0.00		5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)	0.00		6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)	0.00		7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00		8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)	0.00		8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)	156.43		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	208.25		10.00
11.00	FTE count for residents in dental and podiatric programs.	1.50		11.00
12.00	Current year allowable FTE (see instructions)	157.93		12.00
13.00	Total allowable FTE count for the prior year.	150.65		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.	150.57		14.00
15.00	Sum of lines 12 through 14 divided by 3.	153.05		15.00
16.00	Adjustment for residents in initial years of the program (see instructions)	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	153.05		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.531885		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.510353		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.510353		21.00
22.00	IME payment adjustment (see instructions)	3,581,379	795,516	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	4,732,158	119,306	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	51.82		24.00
25.00	If the amount on line 24 is greater than 0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	0	28.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 6:12 pm
		Title XVIII	Hospital	PPS
		Before GEO Recl ass	On/After GEO Recl ass	
		1.00	1.01	
29.00	Total IME payment (sum of lines 22 and 28)	3,581,379	795,516	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	4,732,158	119,306	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	12.59		30.00
31.00	Percentage of Medicaid patient days (see instructions)	58.71		31.00
32.00	Sum of lines 30 and 31	71.30		32.00
33.00	Allowable disproportionate share percentage (see instructions)	48.04	48.04	33.00
34.00	Disproportionate share adjustment (see instructions)	1,752,981	389,382	34.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.002063040	0.002008288	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	14,837,401	13,805,780	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	11,097,560	3,479,816	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	14,577,376		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 GEO Recl ass	On/After GEO Recl ass	
		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)	35,161,151	7,474,276	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0	0	48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		47,486,891	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,341,580	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).		2,570,050	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		20,490	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		44,366	58.00
59.00	Total (sum of amounts on lines 49 through 58)		52,463,377	59.00
60.00	Primary payer payments		37,517	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		52,425,860	61.00
62.00	Deductibles billed to program beneficiaries		1,549,604	62.00
63.00	Coinurance billed to program beneficiaries		208,893	63.00
64.00	Allowable bad debts (see instructions)		439,308	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		285,550	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		205,280	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		50,952,913	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	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)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 6:12 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	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)			282,411	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			50,670,502	71.00
71.01	Sequestration adjustment (see instructions)			638,448	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs			0	71.03
72.00	Interim payments			43,076,942	72.00
72.01	Interim payments-PARHM or CHART			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			6,955,112	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			758,188	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0024

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2023 6:12 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	On/After 10/01	Urban	Rural
		line	E, Part A)	Entitlement	to 10/01			
		0	1.00	2.00	3.00	4.00	4.01	
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	17,838,156	0	17,838,156			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0	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	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	3,700,637	0	3,700,637			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	19,772,278	0	17,309,736	2,462,542	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.510353	0.510353	0.510353	0.510353	0.510353	5.00
6.00	IME payment adjustment (see instructions)	22.00	4,376,895	0	4,376,895	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,851,464	0	4,247,237	604,227	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,376,895	0	4,376,895	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,851,464	0	4,247,237	604,227	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4804	0.4804	0.4804	0.4804	0.4804	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,142,363	0	2,142,363	0	0	11.00
11.01	Uncompensated care payments	36.00	14,577,376	0	11,097,560	3,479,816	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,635,427	0	39,155,611	3,479,816	0	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	47,486,891	0	43,402,848	4,084,043	0	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,341,580	0	1,742,054	599,526	0	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0024

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2023 6:12 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	On/After 10/01	Urban	Rural
		0	1.00	2.00	3.00	4.00	4.01	
17.00	Special add-on payments for new technologies	54.00	20,490	0	13,980	6,509		0 17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0		0 17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0		0 18.00
19.00	SUBTOTAL			0	45,158,882	4,690,078		0 19.00
		W/S L, line	(Amounts from L)			Urban	Rural	
		0	1.00	2.00	3.00	4.00	4.01	
20.00	Capital DRG other than outlier	1.00	1,341,895	0	993,825	348,070		0 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	535,396	0	414,083	121,313		0 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	0.2186	0.2186	0.2186	0.2186	0.2186	0 22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	293,338	0	217,250	76,088		0 23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1553	0.1553	0.1553	0.1553	0.0000	0 24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	170,951	0	116,896	54,055		0 25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,341,580	0	1,742,054	599,526		0 26.00
		W/S E, Part A line	(Amounts to E, Part A)			Urban	Rural	
		0	1.00	2.00	3.00	4.00	4.01	
27.00	Low volume adjustment factor				0.000000	0.000000	0.000000	0 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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0024

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2023 6:12 pm

		Total (Col 2 through 4)	Title XVIII	Hospital	PPS
		5.00			
1.00	DRG amounts other than outlier payments	0			1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	17,838,156			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	0			1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	0			1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	0			1.04
2.00	Outlier payments for discharges (see instructions)				2.00
2.01	Outlier payments for discharges for Model 4 BPCI	0			2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	3,700,637			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	0			2.03
3.00	Operating outlier reconciliation	0			3.00
4.00	Managed care simulated payments	19,772,278			4.00
Indirect Medical Education Adjustment					
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)				5.00
6.00	IME payment adjustment (see instructions)	4,376,895			6.00
6.01	IME payment adjustment for managed care (see instructions)	4,851,464			6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
7.00	IME payment adjustment factor (see instructions)				7.00
8.00	IME adjustment (see instructions)	0			8.00
8.01	IME payment adjustment add on for managed care (see instructions)	0			8.01
9.00	Total IME payment (sum of lines 6 and 8)	4,376,895			9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	4,851,464			9.01
Disproportionate Share Adjustment					
10.00	Allowable disproportionate share percentage (see instructions)				10.00
11.00	Disproportionate share adjustment (see instructions)	2,142,363			11.00
11.01	Uncompensated care payments	14,577,376			11.01
Additional payment for high percentage of ESRD beneficiary discharges					
12.00	Total ESRD additional payment (see instructions)	0			12.00
13.00	Subtotal (see instructions)	42,635,427			13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	0			14.00
15.00	Total payment for inpatient operating costs (see instructions)	47,486,891			15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. 1, if applicable)	2,341,580			16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0024

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2023 6:12 pm

		Title XVIII		Hospital	PPS
		Total (Col 2 through 4)			
		5.00			
17.00	Special add-on payments for new technologies	20,489			17.00
17.01	Net organ acquisition cost				17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	0			17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0			18.00
19.00	SUBTOTAL	49,848,960			19.00
		5.00			
20.00	Capital DRG other than outlier	1,341,895			20.00
20.01	Model 4 BPCI Capital DRG other than outlier	0			20.01
21.00	Capital DRG outlier payments	535,396			21.00
21.01	Model 4 BPCI Capital DRG outlier payments	0			21.01
22.00	Indirect medical education percentage (see instructions)				22.00
23.00	Indirect medical education adjustment (see instructions)	293,338			23.00
24.00	Allowable disproportionate share percentage (see instructions)				24.00
25.00	Disproportionate share adjustment (see instructions)	170,951			25.00
26.00	Total prospective capital payments (see instructions)	2,341,580			26.00
		5.00			
27.00	Low volume adjustment factor				27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	0			28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	0			29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.				100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2023 6:12 pm	
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		Title XVIII			Hospital		PPS
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	On/After 10/01		
					Urban	Rural	
		0	1.00	2.00	3.00	3.01	
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	17,838,156	13,183,846		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0		4,654,311	0	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	3,700,637	2,739,134			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0		961,504	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	19,772,278	17,309,737	2,462,542	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.510353	0.510353	0.510353	0.510353	5.00
6.00	IME payment adjustment (see instructions)	22.00	4,376,895	3,234,881	1,142,014	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,851,464	4,247,237	604,227	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,376,895	3,234,881	1,142,014	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,851,464	4,247,237	604,227	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4804	0.4804	0.4804	0.4804	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,142,363	1,583,380	558,983	0	11.00
11.01	Uncompensated care payments	36.00	14,577,376	11,097,560	3,479,816	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,635,427	31,838,799	10,796,628	0	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	47,486,891	36,086,036	11,400,855	0	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,341,580	1,742,054	599,526	0	16.00
17.00	Special add-on payments for new technologies	54.00	20,490	13,981	6,509	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			37,842,071	12,006,890	0	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0024

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/30/2023 6:12 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)		Urban	Rural		
		0	1.00	2.00	3.00	3.01		
20.00	Capital DRG other than outlier	1.00	1,341,895	993,825	348,070	0	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	535,396	414,083	121,313	0	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	0.2186	0.2186	0.2186	0.2186	22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	293,338	217,250	76,088	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1553	0.1553	0.1553	0.0000	24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	170,951	116,896	54,055	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	2,341,580	1,742,054	599,526	0	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)		Urban	Rural		
		0	1.00	2.00	3.00	3.01		
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	0	0	0	0	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
		0	1.00	2.00	Urban 3.00	Rural 3.01		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		378,421	120,069	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2023 6:12 pm
		Title XVIII	Hospital	PPS
		Total (cols. 2 and 3) 4.00		
1.00	DRG amounts other than outlier payments			1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	13,183,846		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	4,654,311		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	0		1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	0		1.04
2.00	Outlier payments for discharges (see instructions)			2.00
2.01	Outlier payments for discharges for Model 4 BPCI	0		2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2,739,134		2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	961,504		2.03
3.00	Operating outlier reconciliation	0		3.00
4.00	Managed care simulated payments	19,772,279		4.00
Indirect Medical Education Adjustment				
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)			5.00
6.00	IME payment adjustment (see instructions)	4,376,895		6.00
6.01	IME payment adjustment for managed care (see instructions)	4,851,464		6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
7.00	IME payment adjustment factor (see instructions)			7.00
8.00	IME adjustment (see instructions)	0		8.00
8.01	IME payment adjustment add on for managed care (see instructions)	0		8.01
9.00	Total IME payment (sum of lines 6 and 8)	4,376,895		9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	4,851,464		9.01
Disproportionate Share Adjustment				
10.00	Allowable disproportionate share percentage (see instructions)			10.00
11.00	Disproportionate share adjustment (see instructions)	2,142,363		11.00
11.01	Uncompensated care payments	14,577,376		11.01
Additional payment for high percentage of ESRD beneficiary discharges				
12.00	Total ESRD additional payment (see instructions)	0		12.00
13.00	Subtotal (see instructions)	42,635,427		13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	0		14.00
15.00	Total payment for inpatient operating costs (see instructions)	47,486,891		15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	2,341,580		16.00
17.00	Special add-on payments for new technologies	20,490		17.00
17.01	Net organ acquisition cost			17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	0		17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0		18.00
19.00	SUBTOTAL	49,848,961		19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2023 6:12 pm
		Title XVIII	Hospital	PPS
		4.00		
20.00	Capital DRG other than outlier	1,341,895		20.00
20.01	Model 4 BPCI Capital DRG other than outlier	0		20.01
21.00	Capital DRG outlier payments	535,396		21.00
21.01	Model 4 BPCI Capital DRG outlier payments	0		21.01
22.00	Indirect medical education percentage (see instructions)			22.00
23.00	Indirect medical education adjustment (see instructions)	293,338		23.00
24.00	Allowable disproportionate share percentage (see instructions)			24.00
25.00	Disproportionate share adjustment (see instructions)	170,951		25.00
26.00	Total prospective capital payments (see instructions)	2,341,580		26.00
		4.00		
27.00				27.00
28.00	Low volume adjustment prior to October 1	0		28.00
29.00	Low volume adjustment on or after October 1	0		29.00
30.00	HVBP payment adjustment (see instructions)	0		30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	0		30.01
31.00	HRR adjustment (see instructions)	0		31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	0		31.01
		(Amt. to Wkst. E, Pt. A)		
		4.00		
32.00	HAC Reduction Program adjustment (see instructions)	498,490		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.			100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 6:12 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		50,467	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,012,557	2.00
3.00	OPPS payments		11,490,601	3.00
4.00	Outlier payment (see instructions)		188,403	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		31,622	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		50,467	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		156,673	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)		156,673	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)		156,673	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		106,206	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		50,467	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)		11,710,626	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)		2,296,940	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)		9,464,153	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,041,661	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)		10,505,814	30.00
31.00	Primary payer payments		1,701	31.00
32.00	Subtotal (line 30 minus line 31)		10,504,113	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)		372,543	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		242,153	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		74,845	36.00
37.00	Subtotal (see instructions)		10,746,266	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		10,746,266	40.00
40.01	Sequestration adjustment (see instructions)		135,403	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs		0	40.03
41.00	Interim payments		9,300,857	41.00
41.01	Interim payments-PARHM or CHART		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		1,310,006	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		14,959	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: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 6:12 pm
		Title XVIII	Hospital PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 6:12 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			87 2.00
3.00	OPPS payments			106 3.00
4.00	Outlier payment (see instructions)			0 4.00
4.01	Outlier reconciliation amount (see instructions)			0 4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			106 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)			21 26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			85 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			85 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			85 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			85 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)			0 39.75
39.97	Demonstration payment adjustment amount before sequestration			0 39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			85 40.00
40.01	Sequestration adjustment (see instructions)			1 40.01
40.02	Demonstration payment adjustment amount after sequestration			0 40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs			40.03
41.00	Interim payments			83 41.00
41.01	Interim payments-PARHM or CHART			41.01
42.00	Tentative settlement (for contractors use only)			0 42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)			1 43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 6:12 pm
	Title XVIII	Subprovider - IPF	PPS
			1.00
200.00 MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0024

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		43,076,942		9,300,857	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		43,076,942		9,300,857	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		6,955,112		1,310,006	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		50,032,054		10,610,863	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0024
Component CCN: 15-S024

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2023 6:12 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,262,287		83	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,262,287		83	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		42,162		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,304,449		84	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		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part II Date/Time Prepared: 5/30/2023 6:12 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,487,605 1.00
2.00	Net IPF PPS Outlier Payments			19,988 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			200.22 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			27.547945 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,507,593 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,507,593 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,507,593 18.00
19.00	Deductibles			161,608 19.00
20.00	Subtotal (line 18 minus line 19)			1,345,985 20.00
21.00	Coinsurance			69,242 21.00
22.00	Subtotal (line 20 minus line 21)			1,276,743 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			64,705 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			42,058 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			25,379 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,318,801 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			2,294 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,321,095 31.00
31.01	Sequestration adjustment (see instructions)			16,646 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,262,287 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			42,162 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			19,988 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/30/2023 6:12 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			149.29	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)				2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)				3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)				4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)			149.29	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			208.38	6.00
7.00	Enter the lesser of line 5 or line 6			149.29	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.	74.31	112.77	187.08	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	59.30	89.99	149.29	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.33		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		1.50		10.01
11.00	Total weighted FTE count	59.30	91.32		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	55.45	93.26		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	62.68	82.31		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	59.14	88.96		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	59.14	88.96		17.00
18.00	Per resident amount	102,136.30	96,714.09		18.00
18.01	Per resident amount under §131 of the CAA 2021				18.01
19.00	Approved amount for resident costs	6,040,341	8,603,685	14,644,026	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)			59.09	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)			14,644,026	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/30/2023 6:12 pm
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		Title XVIII		Hospital	PPS
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	11,556	12,338		26.00
27.00	Total Inpatient Days (see instructions)	89,812	89,812		27.00
28.00	Ratio of inpatient days to total inpatient days	0.128669	0.137376		28.00
29.00	Program direct GME amount	1,884,232	2,011,738	3,895,970	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		284,259	284,259	30.00
31.00	Net Program direct GME amount			3,611,711	31.00
				1.00	
DI RECT 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)			8,176,968	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)			42,210,525	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			37,517	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			42,173,008	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			17,094,733	42.00
43.00	Primary payer payments (see instructions)			1,701	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			17,093,032	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			59,266,040	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.711588	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.288412	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			3,611,711	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			2,570,050	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,041,661	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5
		Title XVIII		Date/Time Prepared: 5/30/2023 6:12 pm
				PPS
				1.00
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0024

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

Worksheet G

Date/Time Prepared:
5/30/2023 6:12 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	305,096,831	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	79,243,323	0	0	0	4.00
5.00	Other receivable	38,707,476	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	15,145,953	0	0	0	7.00
8.00	Prepaid expenses	13,020,355	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	451,213,938	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,224,207	0	0	0	12.00
13.00	Land improvements	84,377,902	0	0	0	13.00
14.00	Accumulated depreciation	-47,841,848	0	0	0	14.00
15.00	Buildings	450,486,695	0	0	0	15.00
16.00	Accumulated depreciation	-133,750,065	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	246,096,097	0	0	0	19.00
20.00	Accumulated depreciation	-161,911,082	0	0	0	20.00
21.00	Automobiles and trucks	6,850,419	0	0	0	21.00
22.00	Accumulated depreciation	-4,808,341	0	0	0	22.00
23.00	Major movable equipment	154,177,772	0	0	0	23.00
24.00	Accumulated depreciation	-106,686,001	0	0	0	24.00
25.00	Minor equipment depreciable	137,451,869	0	0	0	25.00
26.00	Accumulated depreciation	-85,379,027	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)	548,288,597	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	23,255,545	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	23,255,545	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,022,758,080	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	-46,587,141	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-79,737,900	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	-9,143,950	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-135,468,991	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-57,116,952	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-57,116,952	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-192,585,943	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-830,172,138				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-830,172,138	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	-1,022,758,081	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0024

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

Worksheet G-1

Date/Time Prepared:
5/30/2023 6:12 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		913,282,162		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-83,110,022				2.00
3.00	Total (sum of line 1 and line 2)		830,172,140		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		830,172,140		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		830,172,140		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0024

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2023 6:12 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	187,327,902		187,327,902	1.00
2.00	SUBPROVIDER - IPF	23,315,543		23,315,543	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	210,643,445		210,643,445	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	118,677,258		118,677,258	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	53,945,877		53,945,877	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	NEONATAL INTENSIVE CARE UNIT	25,100,067		25,100,067	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	197,723,202		197,723,202	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	408,366,647		408,366,647	17.00
18.00	Ancillary services	613,727,971	883,249,618	1,496,977,589	18.00
19.00	Outpatient services	95,936,044	422,009,822	517,945,866	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	215,914,938	215,914,938	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	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)	1,118,030,662	1,521,174,378	2,639,205,040	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		878,710,060		29.00
30.00	UNMAPPED	19,315,736			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)		19,315,736		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)		898,025,796		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0024

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

Worksheet G-3

Date/Time Prepared:
5/30/2023 6:12 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,639,205,040	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,076,861,763	2.00
3.00	Net patient revenues (line 1 minus line 2)	562,343,277	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	898,025,796	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-335,682,519	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	82,306,485	24.00
24.01	REVENUE - TAX	52,000,000	24.01
24.02	NRCC / UNMAPPED	118,266,012	24.02
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	252,572,497	25.00
26.00	Total (line 5 plus line 25)	-83,110,022	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-83,110,022	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0024	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/30/2023 6:12 pm	
		Title XVIII	Hospital	PPS	
			Urban	Rural	
			1.00	1.01	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		1,100,776	241,119	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	0	1.01
2.00	Capital DRG outlier payments		535,396		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)		218.51		3.00
4.00	Number of interns & residents (see instructions)		153.05		4.00
5.00	Indirect medical education percentage (see instructions)		21.86		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)		293,338		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		12.59		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		58.71		8.00
9.00	Sum of lines 7 and 8		71.30		9.00
10.00	Allowable disproportionate share percentage (see instructions)		15.53		10.00
11.00	Disproportionate share adjustment (see instructions)		170,951		11.00
12.00	Total prospective capital payments (see instructions)		2,341,580		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