

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: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/29/2023 3:22 pm
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically prepared cost report Date: 5/29/2023 Time: 3:22 pm  
 2.  Manually prepared cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

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

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH INDIANAPOLIS ( 15-0162 ) 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				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				2
3	Signatory Title	CFO			3
4	Date				4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	HOSPITAL	0	4,951,710	-479,670	0	86 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	-10,202	-32	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
200.00	TOTAL	0	4,941,508	-479,702	0	86 200.00

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: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/29/2023 3:22 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 8111 S. EMERSON AVENUE	PO Box:	Zip Code: 46237	County: MARION
2.00	City: INDIANAPOLIS	State: IN		2.00

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	FRANCSAN HEALTH INDIANAPOLIS	150162	26900	1	05/01/2006	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	REHAB UNIT	15T162	26900	5	01/01/2005	N	P	P	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	HOSPICE	151523	26900		01/01/2014				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2022		12/31/2022		20.00
21.00	Type of Control (see instructions)					1				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	N						22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N							23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0162			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/29/2023 3:22 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.	431	132	3	49	24,335	402	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	661		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					Y			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00

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	V	XVIII	XIX	
	1.00	2.00	3.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.			59.00

	NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
	1.00	2.00	3.00	
60.00	Y	Y		60.00
60.01		23.00	1	60.01
60.02		23.01	1	60.02
60.03		23.02	1	60.03
60.04		23.03	1	60.04
60.05		23.04	1	60.05

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00	Y			0.81	0.00	61.00
61.01						61.01
61.02						61.02
61.03						61.03
61.04						61.04
61.05						61.05
61.06						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

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			1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00		62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00		62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)		Y		63.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000 64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE GENERAL	1350	9.00	13.91	0.392842 65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000 66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE GENERAL 1350	0.00	22.92	0.000000		67.00
					1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?				N		68.00
					1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
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.			Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00
					1.00		
<b>Long Term Care Hospital PPS</b>							
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
<b>TEFRA Providers</b>							
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	88.00

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		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00		0	89.00
			V	XIX	
			1.00	2.00	
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.06
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					109.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/29/2023 3:22 pm
		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
<b>Miscellaneous Cost Reporting Information</b>				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2	118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,597,384	81,908	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	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.03	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
<b>Certified Transplant Center Information</b>				
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/29/2023 3:22 pm	
		1.00	2.00				
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		158014		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: SISTERS OF ST. FRANCIS HEALTH SERVICES	Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101		141.00	
142.00	Street: 1515 W DRAGOON TRL	PO Box: 1290				142.00	
143.00	City: MISHAWAKA	State: IN		Zip Code: 46544		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
		1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						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	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	
						169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/29/2023 3:22 pm
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/29/2023 3:22 pm	
		Y/N	Date				
		1.00	2.00				
<b>PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE</b>							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
<b>Financial Data and Reports</b>							
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	05/06/2022			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N			Legal Oper.		
		1.00			2.00		
<b>Approved Educational Activities</b>							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
<b>Bad Debts</b>							
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
<b>Bed Complement</b>							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
<b>PS&amp;R Data</b>							
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	04/27/2023	Y	04/27/2023		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/29/2023 3:22 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		21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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			N	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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		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.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y		40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
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.	HONG		YANG	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCSAN ALLIANCE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-407-6568		HONG.YANG@FRANCSANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0162

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/29/2023 3:22 pm

		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR 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: 15-0162

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2023 3:22 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V	
	Line No.				Visits / Trips		
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - STATISTICAL DATA</b>							
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	304	110,960	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)		304	110,960	0.00	0		7.00
8.00 INTENSIVE CARE UNIT	31.00	67	24,455	0.00	0		8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	31	11,315	0.00	0		8.01
9.00 CORONARY CARE UNIT	32.00	66	24,090	0.00	0		9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	31	11,315	0.00	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY	43.00				0		13.00
14.00 Total (see instructions)		499	182,135	0.00	0		14.00
15.00 CAH visits					0		15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0		17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	101.00				0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	116.00	0	0				24.00
24.10 HOSPICE (non-distinct part)	30.00						24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0		26.25
27.00 Total (sum of lines 14-26)		519			0		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				34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0162

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2023 3:22 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		
<b>PART I - STATISTICAL DATA</b>							
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)	21,019	604	56,962			1.00
2.00	HMO and other (see instructions)	27,447	23,640				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	979	661				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)	21,019	604	56,962			7.00
8.00	INTENSIVE CARE UNIT	2,684	337	19,865			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	49	7,302			8.01
9.00	CORONARY CARE UNIT	4,050	84	12,204			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	2,019	47	6,464			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		189	3,803			13.00
14.00	Total (see instructions)	29,772	1,310	106,600	22.92	2,104.52	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	2,795	0	5,248	0.00	0.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	51.51	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				22.92	2,156.03	27.00
28.00	Observation Bed Days		2,099	11,361			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	402	898			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: 15-0162

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2023 3:22 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
<b>PART I - STATISTICAL DATA</b>							
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	5,516	484	17,951	1.00
2.00	HMO and other (see instructions)			4,196	0		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
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	5,516	484	17,951	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	231	0	422	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0162

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2023 3:22 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	203,121,121	0	203,121,121	4,573,271.00	44.41
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		1,344,352	0	1,344,352	13,107.00	102.57
5.00	Physician and Non-Physician-Part B		1,985,983	0	1,985,983	12,671.58	156.73
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	5,447,968	-3,304,866	2,143,102	58,009.00	36.94
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		21,864,092	-282,166	21,581,926	463,667.00	46.55
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		12,070,392	0	12,070,392	114,510.74	105.41
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		442,907	0	442,907	3,815.52	116.08
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		24,041,922	0	24,041,922	598,696.00	40.16
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		43,347,029	0	43,347,029		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		5,326,595	0	5,326,595		
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		327,515	0	327,515		
23.00	Physician Part B		483,831	0	483,831		
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)		6,909,397	0	6,909,397		
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: 15-0162

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2023 3:22 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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	1,071,302	2,833	1,074,135	39,066.00	27.50	27.00
28.00	Administrative & General under contract (see inst.)	3,622,699	0	3,622,699	32,818.00	110.39	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	3,309,548	0	3,309,548	109,250.00	30.29	30.00
31.00	Laundry & Linen Service	218,801	0	218,801	10,620.00	20.60	31.00
32.00	Housekeeping	4,167,174	0	4,167,174	204,743.00	20.35	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,688,532	-1,745,241	943,291	47,053.00	20.05	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	805,325	1,745,241	2,550,566	125,405.00	20.34	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	4,207,172	0	4,207,172	87,216.00	48.24	38.00
39.00	Central Services and Supply	616,115	0	616,115	23,395.00	26.34	39.00
40.00	Pharmacy	7,070,995	10,253	7,081,248	160,841.00	44.03	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	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: 15-0162

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/29/2023 3:22 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	197,965,517	3,304,866	201,270,383	4,522,301.42	44.51	1.00
2.00	Excluded area salaries (see instructions)	21,864,092	-282,166	21,581,926	463,667.00	46.55	2.00
3.00	Subtotal salaries (line 1 minus line 2)	176,101,425	3,587,032	179,688,457	4,058,634.42	44.27	3.00
4.00	Subtotal other wages & related costs (see inst.)	36,555,221	0	36,555,221	717,022.26	50.98	4.00
5.00	Subtotal wage-related costs (see inst.)	50,256,426	0	50,256,426	0.00	27.97	5.00
6.00	Total (sum of lines 3 thru 5)	262,913,072	3,587,032	266,500,104	4,775,656.68	55.80	6.00
7.00	Total overhead cost (see instructions)	27,777,663	13,086	27,790,749	840,407.00	33.07	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2023 3:22 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	4,433,124	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)	8,194,985	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
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)	19,569,521	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	730,871	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	123,454	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)	914,122	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,936,867	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	13,582,027	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	49,484,971	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/29/2023 3:22 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	12,070,392	43,347,029	1.00
2.00	Hospital	12,070,392	43,347,029	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 15-0162 Hospice CCN: 15-1523	Period: From 01/01/2022 To 12/31/2022	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/29/2023 3:22 pm
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
<b>PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
<b>Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
<b>PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	14,109	739	1,340	16,188	11.00
12.00	Hospice Inpatient Respite Care	275	18	18	311	12.00
13.00	Hospice General Inpatient Care	15	2	1	18	13.00
14.00	Total Hospice Days	14,399	759	1,359	16,517	14.00
<b>PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/29/2023 3:22 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.160322	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		64,239,032	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		533,969,325	6.00	
7.00	Medicaid cost (line 1 times line 6)		85,607,030	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)		21,367,998	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		21,367,998	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	55,630,002	11,345,926	66,975,928	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	8,918,713	11,345,926	20,264,639	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,918,713	11,345,926	20,264,639	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)			9,404,610	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			454,968	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			699,951	27.01
28.00	Non-Medicare bad debt expense (see instructions)			8,704,659	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,640,531	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			21,905,170	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			43,273,168	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet A Date/Time Prepared: 5/29/2023 3:22 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)			
	1.00	2.00	3.00	4.00	5.00			
<b>GENERAL SERVICE COST CENTERS</b>								
1.00 00100	CAP REL COSTS-BLDG & FIXT		0	0	3,229,051	3,229,051	1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP		114	114	9,095,683	9,095,797	2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	62,464	62,464	4.00	
5.01 00570	ADMITTING	0	0	0	0	0	5.01	
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.02	
5.03 00590	OTHER ADMIN & GENERAL	1,071,302	44,352,409	45,423,711	-170,797	45,252,914	5.03	
7.00 00700	OPERATION OF PLANT	3,309,548	13,136,936	16,446,484	-1,326,391	15,120,093	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	218,801	1,563,833	1,782,634	-2,012	1,780,622	8.00	
9.00 00900	HOUSEKEEPING	4,167,174	3,681,765	7,848,939	-43,397	7,805,542	9.00	
10.00 01000	DIETARY	2,688,532	1,774,048	4,462,580	-3,143,569	1,319,011	10.00	
11.00 01100	CAFETERIA	805,325	1,127,937	1,933,262	2,709,362	4,642,624	11.00	
13.00 01300	NURSING ADMINISTRATION	4,207,172	488,069	4,695,241	-91,743	4,603,498	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	616,115	3,522,926	4,139,041	-1,174,348	2,964,693	14.00	
15.00 01500	PHARMACY	7,070,995	21,318,791	28,389,786	-21,027,011	7,362,775	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	5,447,968	1,136,709	6,584,677	-4,280,437	2,304,240	21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,547,295	1,547,295	22.00	
23.00 02300	MEDICAL LABORATORY SCIENTIST PRGM	88,816	11,217	100,033	102,905	202,938	23.00	
23.01 02302	PHARMACY PRGM	323,205	15,775	338,980	-18,121	320,859	23.01	
23.02 02301	EMERGENCY MEDICAL SERVICES	1,002,913	335,495	1,338,408	-1,120,363	218,045	23.02	
23.03 02303	PARAMEDIC PRGM	0	0	0	608,687	608,687	23.03	
23.04 02305	SURGICAL TECH PROGRAM	147,429	6,538	153,967	-1,073	152,894	23.04	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 03000	ADULTS & PEDIATRICS	35,836,685	21,665,687	57,502,372	-10,242,393	47,259,979	30.00	
31.00 03100	INTENSIVE CARE UNIT	8,282,450	4,961,914	13,244,364	-1,250,216	11,994,148	31.00	
31.01 02060	NEONATAL INTENSIVE CARE UNIT	5,304,829	2,171,455	7,476,284	-557,900	6,918,384	31.01	
32.00 03200	CORONARY CARE UNIT	9,976,789	5,427,683	15,404,472	-1,291,638	14,112,834	32.00	
34.00 03400	SURGICAL INTENSIVE CARE UNIT	5,295,275	1,794,349	7,089,624	-523,686	6,565,938	34.00	
41.00 04100	SUBPROVIDER - IRF	3,775,734	165,558	3,941,292	-120,764	3,820,528	41.00	
43.00 04300	NURSERY	0	0	0	2,044,750	2,044,750	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 05000	OPERATING ROOM	14,200,161	53,199,134	67,399,295	-42,663,772	24,735,523	50.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,130,715	917,518	5,048,233	-829,905	4,218,328	52.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,916,291	11,406,196	21,322,487	-5,962,848	15,359,639	54.00	
55.00 05500	RADIOLOGY-THERAPEUTIC	1,273,576	10,350,468	11,624,044	-876,097	10,747,947	55.00	
56.00 05600	RADIOISOTOPE	224,744	863,354	1,088,098	-846,093	242,005	56.00	
59.00 05900	CARDIAC CATHETERIZATION	3,184,887	23,554,475	26,739,362	-23,233,961	3,505,401	59.00	
60.00 06000	LABORATORY	575,822	29,449,188	30,025,010	-4,098,209	25,926,801	60.00	
64.00 06400	INTRAVENOUS THERAPY	3,069,305	40,650,206	43,719,511	-39,827,333	3,892,178	64.00	
65.00 06500	RESPIRATORY THERAPY	11,189,019	4,294,493	15,483,512	-2,518,676	12,964,836	65.00	
66.00 06600	PHYSICAL THERAPY	5,375,612	1,089,614	6,465,226	-113,975	6,351,251	66.00	
67.00 06700	OCCUPATIONAL THERAPY	2,781,913	152,479	2,934,392	-47,313	2,887,079	67.00	
68.00 06800	SPEECH PATHOLOGY	1,035,107	245,028	1,280,135	-167,031	1,113,104	68.00	
69.00 06900	ELECTROCARDIOLOGY	1,435,752	623,223	2,058,975	-400,407	1,658,568	69.00	
70.00 07000	ELECTROENCEPHALOGRAPHY	1,765,072	678,591	2,443,663	-282,557	2,161,106	70.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	49,372,009	49,372,009	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,360,437	34,360,437	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	65,609,171	65,609,171	73.00	
74.00 07400	RENAL DIALYSIS	0	1,025,131	1,025,131	-38,744	986,387	74.00	
76.97 07697	CARDIAC REHABILITATION	487,934	145,682	633,616	-32,427	601,189	76.97	
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	3,404,905	5,375,566	8,780,471	0	8,780,471	77.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00 09000	CLINIC	4,794,206	1,190,990	5,985,196	1,449,069	7,434,265	90.00	
90.01 09001	IBMT JOINT VENTURE	1,490,686	5,111,035	6,601,721	-70,356	6,531,365	90.01	
90.05 09005	CV DIAGNOSTIC SERVICES	8,237,851	3,510,370	11,748,221	-787,980	10,960,241	90.05	
91.00 09100	EMERGENCY	8,384,511	12,070,651	20,455,162	-988,474	19,466,688	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00 10100	HOME HEALTH AGENCY	2,833	0	2,833	-2,833	0	101.00	
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00 11300	INTEREST EXPENSE		0	0	0	0	113.00	
116.00 11600	HOSPICE	5,894,091	1,628,835	7,522,926	10,584	7,533,510	116.00	
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	192,492,050	336,191,435	528,683,485	26,617	528,710,102	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	384,774	430,768	815,542	653	816,195	190.00	
192.00 19200	PHYSICIANS' PRIVATE OFFICES	8,235,843	2,652,694	10,888,537	14,568	10,903,105	192.00	
194.00 07955	MARKETING & COMMUNITY RELATIONS	48,331	-11,975	36,356	155	36,511	194.00	
194.01 07952	WOMEN'S CENTER	0	3,674	3,674	0	3,674	194.01	
194.02 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02	
194.04 07954	OTHER NRCC	1,960,123	60,002,173	61,962,296	-41,993	61,920,303	194.04	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet A Date/Time Prepared: 5/29/2023 3:22 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	
194.05	07956	FOUNDATION	0	0	0	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	203,121,121	399,268,769	602,389,890	0	602,389,890	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0162

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

Worksheet A  
Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	9,103,951	12,333,002	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	9,095,797	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,504,152	9,566,616	4.00
5.01	00570	ADMINISTRATIVE	0	0	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.02
5.03	00590	OTHER ADMIN & GENERAL	38,217,784	83,470,698	5.03
7.00	00700	OPERATION OF PLANT	7,095,542	22,215,635	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-5,056	1,775,566	8.00
9.00	00900	HOUSEKEEPING	0	7,805,542	9.00
10.00	01000	DIETARY	29,021	1,348,032	10.00
11.00	01100	CAFETERIA	-2,059,941	2,582,683	11.00
13.00	01300	NURSING ADMINISTRATION	329,694	4,933,192	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-3,702,570	-737,877	14.00
15.00	01500	PHARMACY	1,179,551	8,542,326	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	166,491	166,491	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-90,099	2,214,141	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-322,008	1,225,287	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	-76,080	126,858	23.00
23.01	02302	PHARMACY PRGM	0	320,859	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	-141,521	76,524	23.02
23.03	02303	PARAMEDIC PRGM	-355,135	253,552	23.03
23.04	02305	SURGICAL TECH PROGRAM	-19,559	133,335	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-373,109	46,886,870	30.00
31.00	03100	INTENSIVE CARE UNIT	-46,125	11,948,023	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-376,519	6,541,865	31.01
32.00	03200	CORONARY CARE UNIT	0	14,112,834	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	6,565,938	34.00
41.00	04100	SUBPROVIDER - IRF	0	3,820,528	41.00
43.00	04300	NURSERY	0	2,044,750	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-4,617,408	20,118,115	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,091	4,217,237	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	232,188	15,591,827	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-3,029,656	7,718,291	55.00
56.00	05600	RADIOISOTOPE	0	242,005	56.00
59.00	05900	CARDIAC CATHETERIZATION	-212,450	3,292,951	59.00
60.00	06000	LABORATORY	79,250	26,006,051	60.00
64.00	06400	INTRAVENOUS THERAPY	-1,237,120	2,655,058	64.00
65.00	06500	RESPIRATORY THERAPY	3,514	12,968,350	65.00
66.00	06600	PHYSICAL THERAPY	-48,188	6,303,063	66.00
67.00	06700	OCCUPATIONAL THERAPY	-75,397	2,811,682	67.00
68.00	06800	SPEECH PATHOLOGY	-6,501	1,106,603	68.00
69.00	06900	ELECTROCARDIOLOGY	-159,408	1,499,160	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-148,208	2,012,898	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	49,372,009	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,360,437	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	65,609,171	73.00
74.00	07400	RENAL DIALYSIS	975	987,362	74.00
76.97	07697	CARDIAC REHABILITATION	-40	601,149	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	8,780,471	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-2,847,928	4,586,337	90.00
90.01	09001	IBMT JOINT VENTURE	-3,389,459	3,141,906	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	-782,985	10,177,256	90.05
91.00	09100	EMERGENCY	-336,721	19,129,967	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	7,533,510	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,481,831	570,191,933	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	816,195	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-90,532	10,812,573	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	25	36,536	194.00
194.01	07952	WOMEN'S CENTER	0	3,674	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.04	07954	OTHER NRCC	30,879,404	92,799,707	194.04
194.05	07956	FOUNDATION	8,767	8,767	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	72,279,495	674,669,385	200.00

RECLASSIFICATIONS

Provider CCN: 15-0162

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

Worksheet A-6

Date/Time Prepared:  
5/29/2023 3:22 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	49,372,009	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	34,360,437	2.00
3.00	OPERATION OF PLANT	7.00	0	364	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
	<b>O</b>		0	83,732,810	
<b>B - DRUG</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00		65,609,171	1.00
2.00	HOUSEKEEPING	9.00		8,100	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		414	3.00
4.00	SURGICAL INTENSIVE CARE UNIT	34.00		5,375	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
	<b>O</b>		0	65,623,060	
<b>C - EQUIPMENT LEASE</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		590,789	1.00
2.00	PHARMACY	15.00		99	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00		1,850	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

RECLASSIFICATIONS

Provider CCN: 15-0162

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

Worksheet A-6

Date/Time Prepared:  
5/29/2023 3:22 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	592,738	
<b>D - DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		3,229,051	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00		8,504,894	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
0			0	11,733,945	
<b>E - CAFETERIA</b>					
1.00	CAFETERIA	11.00	1,745,241	1,151,610	1.00
0			1,745,241	1,151,610	
<b>F - PARAMEDICAL ED</b>					
1.00	MEDICAL LABORATORY SCIENTIST PRGM	23.00	80,058	25,836	1.00
0			80,058	25,836	
<b>G - INTERNS AND RESIDENT</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,344,352	202,943	1.00
2.00	CLINIC	90.00	1,960,514	328,370	2.00
0			3,304,866	531,313	
<b>H - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		62,464	1.00
2.00	OPERATION OF PLANT	7.00		6,553	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00		471	3.00
4.00	HOUSEKEEPING	9.00		8,171	4.00
5.00	DIETARY	10.00		4,432	5.00
6.00	CAFETERIA	11.00		1,150	6.00
7.00	NURSING ADMINISTRATION	13.00		8,914	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00		1,173	8.00

RECLASSIFICATIONS

Provider CCN: 15-0162

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

Worksheet A-6

Date/Time Prepared:  
5/29/2023 3:22 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00	PHARMACY	15.00		10,657	9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00		10,962	10.00
11.00	MEDICAL LABORATORY SCIENTIST PRGM	23.00		249	11.00
12.00	PHARMACY PRGM	23.01		796	12.00
13.00	EMERGENCY MEDICAL SERVICES	23.02		394	13.00
14.00	SURGICAL TECH PROGRAM	23.04		392	14.00
15.00	ADULTS & PEDIATRICS	30.00		35,384	15.00
16.00	INTENSIVE CARE UNIT	31.00		7,434	16.00
17.00	CORONARY CARE UNIT	32.00		11,045	17.00
18.00	SURGICAL INTENSIVE CARE UNIT	34.00		568	18.00
19.00	SUBPROVIDER - IRF	41.00		5,792	19.00
20.00	OPERATING ROOM	50.00		19,694	20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00		1,495	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00		11,745	22.00
23.00	RADIOISOTOPE	56.00		454	23.00
24.00	CARDIAC CATHETERIZATION	59.00		5,482	24.00
25.00	LABORATORY	60.00		1,513	25.00
26.00	INTRAVENOUS THERAPY	64.00		5,200	26.00
27.00	RESPIRATORY THERAPY	65.00		10,059	27.00
28.00	PHYSICAL THERAPY	66.00		8,693	28.00
29.00	OCCUPATIONAL THERAPY	67.00		5,404	29.00
30.00	SPEECH PATHOLOGY	68.00		1,304	30.00
31.00	ELECTROCARDIOLOGY	69.00		4,012	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00		2,117	32.00
33.00	CLINIC	90.00		638	33.00
34.00	IBMT JOINT VENTURE	90.01		806	34.00
35.00	CV DIAGNOSTIC SERVICES	90.05		5,202	35.00
36.00	EMERGENCY	91.00		5,399	36.00
37.00	HOSPICE	116.00		10,584	37.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00		653	38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00		14,568	39.00
40.00	MARKETING & COMMUNITY RELATIONS	194.00		155	40.00
			0	292,178	
<b>I - PHARMACY RESIDENCY</b>					
1.00	PHARMACY	15.00	164,490	8,664	1.00
2.00	PHARMACY PRGM	23.01	154,237	0	2.00
			318,727	8,664	
<b>J - EMS &amp; PARAMEDIC RECLASS</b>					
1.00	PARAMEDIC PRGM	23.03	480,670	128,017	1.00
2.00	OTHER NRCC	194.04	1,024	266	2.00
3.00	EMERGENCY	91.00	349,138	152,065	3.00
			830,832	280,348	
<b>K - HOME HEALTH RECLASS</b>					
1.00	OTHER ADMIN & GENERAL	5.03	2,833	0	1.00
			2,833	0	
<b>L - NURSERY</b>					
1.00	NURSERY	43.00	1,876,679	168,071	1.00
			1,876,679	168,071	
<b>M - SURGICAL TECH TRAINING PROGRAM</b>					
1.00		0.00	0	0	1.00
			0	0	
500.00	Grand Total: Increases		8,159,236	164,140,573	500.00

RECLASSIFICATIONS

Provider CCN: 15-0162

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

Worksheet A-6  
Date/Time Prepared:  
5/29/2023 3:22 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
<b>A - MEDICAL SUPPLIES</b>							
1.00	OTHER ADMIN & GENERAL	5.03	0	88,159	9		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	584	0		2.00
3.00	HOUSEKEEPING	9.00	0	8,958	0		3.00
4.00	DIETARY	10.00	0	158,883	0		4.00
5.00	CAFETERIA	11.00	0	151,987	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	524	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	866,334	0		7.00
8.00	PHARMACY	15.00	0	590,632	0		8.00
9.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	42,920	0		9.00
10.00	MEDICAL LABORATORY SCIENTIST PRGM	23.00	0	11	0		10.00
11.00	EMERGENCY MEDICAL SERVICES	23.02	0	6,133	0		11.00
12.00	SURGICAL TECH PROGRAM	23.04	0	454	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	2,393,312	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	1,031,543	0		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	365,109	0		15.00
16.00	CORONARY CARE UNIT	32.00	0	834,299	0		16.00
17.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	342,061	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	76,630	0		18.00
19.00	OPERATING ROOM	50.00	0	39,641,014	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	715,431	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,065,636	0		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,869	0		22.00
23.00	RADIOISOTOPE	56.00	0	58,132	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	22,252,825	0		24.00
25.00	LABORATORY	60.00	0	3,589,978	0		25.00
26.00	INTRAVENOUS THERAPY	64.00	0	2,020,031	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	1,685,164	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	79,135	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	41,341	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	15,196	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	371,341	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	88,340	0		32.00
33.00	RENAL DIALYSIS	74.00	0	24,592	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	5,916	0		34.00
35.00	CLINIC	90.00	0	453,385	0		35.00
36.00	IBMT JOINT VENTURE	90.01	0	57,201	0		36.00
37.00	CV DIAGNOSTIC SERVICES	90.05	0	368,917	0		37.00
38.00	EMERGENCY	91.00	0	1,237,833	0		38.00
	<b>O</b>		0	83,732,810			
<b>B - DRUG</b>							
1.00	OTHER ADMIN & GENERAL	5.03	0	49,820	0		1.00
2.00	PHARMACY	15.00	0	20,369,761	0		2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	191,148	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	5,327,562	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	36,486	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,023	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	30,234	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	166	0		8.00
9.00	OPERATING ROOM	50.00	0	134,513	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,823	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	433,983	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	4	0		12.00
13.00	RADIOISOTOPE	56.00	0	667,167	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	26,606	0		14.00
15.00	LABORATORY	60.00	0	47,545	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	37,619,775	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	348,748	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	12,211	0		18.00
19.00	RENAL DIALYSIS	74.00	0	7,080	0		19.00
20.00	CLINIC	90.00	0	1,984	0		20.00
21.00	IBMT JOINT VENTURE	90.01	0	640	0		21.00
22.00	CV DIAGNOSTIC SERVICES	90.05	0	229,932	0		22.00
23.00	EMERGENCY	91.00	0	83,849	0		23.00
	<b>O</b>		0	65,623,060			
<b>C - EQUIPMENT LEASE</b>							
1.00	OTHER ADMIN & GENERAL	5.03	0	5,015	10		1.00
2.00	OPERATION OF PLANT	7.00	0	4,941	0		2.00
3.00	DIETARY	10.00	0	14,057	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	272	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	649	0		5.00

RECLASSIFICATIONS

Provider CCN: 15-0162

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

Worksheet A-6  
Date/Time Prepared:  
5/29/2023 3:22 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
6.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00		10		0	6.00
7.00	EMERGENCY MEDICAL SERVICES	23.02		261		0	7.00
8.00	ADULTS & PEDIATRICS	30.00		13,220		0	8.00
9.00	INTENSIVE CARE UNIT	31.00		2,082		0	9.00
10.00	CORONARY CARE UNIT	32.00		285,779		0	10.00
11.00	SUBPROVIDER - IRF	41.00		6,415		0	11.00
12.00	OPERATING ROOM	50.00		22,818		0	12.00
13.00	RESPIRATORY THERAPY	65.00		222,313		0	13.00
14.00	PHYSICAL THERAPY	66.00		215		0	14.00
15.00	CLINIC	90.00		6,971		0	15.00
16.00	CV DIAGNOSTIC SERVICES	90.05		4,020		0	16.00
17.00	EMERGENCY	91.00		3,700		0	17.00
	O		0	592,738			
<b>D - DEPRECIATION</b>							
1.00	OTHER ADMIN & GENERAL	5.03		464		9	1.00
2.00	OPERATION OF PLANT	7.00		1,328,367		9	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00		1,899		0	3.00
4.00	HOUSEKEEPING	9.00		50,710		0	4.00
5.00	DIETARY	10.00		78,210		0	5.00
6.00	CAFETERIA	11.00		36,652		0	6.00
7.00	NURSING ADMINISTRATION	13.00		99,861		0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00		308,952		0	8.00
9.00	PHARMACY	15.00		96,291		0	9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00		221,142		0	10.00
11.00	MEDICAL LABORATORY SCIENTIST PRGM	23.00		3,227		0	11.00
12.00	EMERGENCY MEDICAL SERVICES	23.02		3,183		0	12.00
13.00	SURGICAL TECH PROGRAM	23.04		1,011		0	13.00
14.00	ADULTS & PEDIATRICS	30.00		498,933		0	14.00
15.00	INTENSIVE CARE UNIT	31.00		187,539		0	15.00
16.00	NEONATAL INTENSIVE CARE UNIT	31.01		187,595		0	16.00
17.00	CORONARY CARE UNIT	32.00		152,371		0	17.00
18.00	SURGICAL INTENSIVE CARE UNIT	34.00		187,568		0	18.00
19.00	SUBPROVIDER - IRF	41.00		43,345		0	19.00
20.00	OPERATING ROOM	50.00		2,885,121		0	20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00		114,996		0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00		1,474,974		0	22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00		660,750		0	23.00
24.00	RADIOISOTOPE	56.00		121,248		0	24.00
25.00	CARDIAC CATHETERIZATION	59.00		960,012		0	25.00
26.00	LABORATORY	60.00		356,305		0	26.00
27.00	INTRAVENOUS THERAPY	64.00		192,727		0	27.00
28.00	RESPIRATORY THERAPY	65.00		272,510		0	28.00
29.00	PHYSICAL THERAPY	66.00		43,318		0	29.00
30.00	OCCUPATIONAL THERAPY	67.00		11,376		0	30.00
31.00	SPEECH PATHOLOGY	68.00		153,139		0	31.00
32.00	ELECTROCARDIOLOGY	69.00		20,867		0	32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00		196,334		0	33.00
34.00	RENAL DIALYSIS	74.00		7,072		0	34.00
35.00	CARDIAC REHABILITATION	76.97		24,435		0	35.00
36.00	CLINIC	90.00		378,113		0	36.00
37.00	IBMT JOINT VENTURE	90.01		13,321		0	37.00
38.00	CV DIAGNOSTIC SERVICES	90.05		190,313		0	38.00
39.00	EMERGENCY	91.00		169,694		0	39.00
	O		0	11,733,945			
<b>E - CAFETERIA</b>							
1.00	DIETARY	10.00	1,745,241	1,151,610		0	1.00
	O		1,745,241	1,151,610			
<b>F - PARAMEDICAL ED</b>							
1.00	LABORATORY	60.00	80,058	25,836		0	1.00
	O		80,058	25,836			
<b>G - INTERNS AND RESIDENT</b>							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	3,304,866	531,313		0	1.00
2.00		0.00	0	0		0	2.00
	O		3,304,866	531,313			
<b>H - EMPLOYEE BENEFITS</b>							
1.00	OTHER ADMIN & GENERAL	5.03		30,172		0	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	31.01		4,173		0	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00		212,474		0	3.00
4.00	CARDIAC REHABILITATION	76.97		2,076		0	4.00
5.00	OTHER NRCC	194.04		43,283		0	5.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
6.00	0.00	0	0	0	0		6.00
7.00	0.00	0	0	0	0		7.00
8.00	0.00	0	0	0	0		8.00
9.00	0.00	0	0	0	0		9.00
10.00	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
14.00	0.00	0	0	0	0		14.00
15.00	0.00	0	0	0	0		15.00
16.00	0.00	0	0	0	0		16.00
17.00	0.00	0	0	0	0		17.00
18.00	0.00	0	0	0	0		18.00
19.00	0.00	0	0	0	0		19.00
20.00	0.00	0	0	0	0		20.00
21.00	0.00	0	0	0	0		21.00
22.00	0.00	0	0	0	0		22.00
23.00	0.00	0	0	0	0		23.00
24.00	0.00	0	0	0	0		24.00
25.00	0.00	0	0	0	0		25.00
26.00	0.00	0	0	0	0		26.00
27.00	0.00	0	0	0	0		27.00
28.00	0.00	0	0	0	0		28.00
29.00	0.00	0	0	0	0		29.00
30.00	0.00	0	0	0	0		30.00
31.00	0.00	0	0	0	0		31.00
32.00	0.00	0	0	0	0		32.00
33.00	0.00	0	0	0	0		33.00
34.00	0.00	0	0	0	0		34.00
35.00	0.00	0	0	0	0		35.00
36.00	0.00	0	0	0	0		36.00
37.00	0.00	0	0	0	0		37.00
38.00	0.00	0	0	0	0		38.00
39.00	0.00	0	0	0	0		39.00
40.00	0.00	0	0	0	0		40.00
0		0	292,178				
I - PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	154,237	0	0		1.00
2.00	PHARMACY PRGM	23.01	164,490	8,664	0		2.00
0			318,727	8,664			
J - EMS & PARAMEDIC RECLASS							
1.00	EMERGENCY MEDICAL SERVICES	23.02	830,832	280,348	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
0			830,832	280,348			
K - HOME HEALTH RECLASS							
1.00	HOME HEALTH AGENCY	101.00	2,833	0	0		1.00
0			2,833	0			
L - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,876,679	168,071	0		1.00
0			1,876,679	168,071			
M - SURGICAL TECH TRAINING PROGRAM							
1.00		0.00	0	0	0		1.00
0	TOTALS		0	0			
500.00	Grand Total : Decreases		8,159,236	164,140,573			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0162

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/29/2023 3:22 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	22,254,404	16,145	0	16,145	1,073,869	1.00
2.00	Land Improvements	35,144,228	94,793	0	94,793	4,453	2.00
3.00	Buildings and Fixtures	247,845,582	3,334,138	0	3,334,138	117,620	3.00
4.00	Building Improvements	19,989,515	2,961,600	0	2,961,600	4,019,512	4.00
5.00	Fixed Equipment	281,604,483	2,438,374	0	2,438,374	391,040	5.00
6.00	Movable Equipment	192,994,277	12,861,963	0	12,861,963	14,073,209	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	799,832,489	21,707,013	0	21,707,013	19,679,703	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	799,832,489	21,707,013	0	21,707,013	19,679,703	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	21,196,680	0				1.00
2.00	Land Improvements	35,234,568	0				2.00
3.00	Buildings and Fixtures	251,062,100	0				3.00
4.00	Building Improvements	18,931,603	0				4.00
5.00	Fixed Equipment	283,651,817	0				5.00
6.00	Movable Equipment	191,783,031	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	801,859,799	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	801,859,799	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0162

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	114	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	114	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	114				2.00
3.00	Total (sum of lines 1-2)	0	114				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0162

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/29/2023 3:22 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	305,228,272	0	305,228,272	0.390986	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	475,434,848	0	475,434,848	0.609014	0	2.00
3.00	Total (sum of lines 1-2)	780,663,120	0	780,663,120	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 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	3,753,145	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,505,008	590,789	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,258,153	590,789	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	8,579,857	0	0	0	12,333,002	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,095,797	2.00
3.00	Total (sum of lines 1-2)	8,579,857	0	0	0	21,428,799	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0162

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

Worksheet A-8

Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B		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	-13,578,444				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	135,170,595				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-2,280,134	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
19.01 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.01
20.00 Vending machines	B	-43,938	CAFETERIA		11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MI SCCELLANEOUS INCOME	B	-1,456,789	OTHER ADMIN & GENERAL	5.03	0	33.00
33.01	MI SCCELLANEOUS INCOME	B	0		0.00	0	33.01
33.02	MI SCCELLANEOUS INCOME	B	-5,056	LAUNDRY & LINEN SERVICE	8.00	0	33.02
33.03	MI SCCELLANEOUS INCOME	B	0		0.00	0	33.03
33.04	MI SCCELLANEOUS INCOME	B	-91,798	DIETARY	10.00	0	33.04
33.05	MI SCCELLANEOUS INCOME	B	264,131	CAFETERIA	11.00	0	33.05
33.06	MI SCCELLANEOUS INCOME	B	0		0.00	0	33.06
33.07	MI SCCELLANEOUS INCOME	B	-102	CENTRAL SERVICES & SUPPLY	14.00	0	33.07
33.08	MI SCCELLANEOUS INCOME	B	-4,558	PHARMACY	15.00	0	33.08
33.09	MI SCCELLANEOUS INCOME	B	-13	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.09
33.10	MI SCCELLANEOUS INCOME	B	-76,080	MEDICAL LABORATORY SCIENTIST PRGM	23.00	0	33.10
33.11	MI SCCELLANEOUS INCOME	B	-19,000	SURGICAL TECH PROGRAM	23.04	0	33.11
33.12	MI SCCELLANEOUS INCOME	B	-46	ADULTS & PEDIATRICS	30.00	0	33.12
33.13	MI SCCELLANEOUS INCOME	B	0		0.00	0	33.13
33.14	MI SCCELLANEOUS INCOME	B	-24	NEONATAL INTENSIVE CARE UNIT	31.01	0	33.14
33.15	MI SCCELLANEOUS INCOME	B	0		0.00	0	33.15
33.16	MI SCCELLANEOUS INCOME	B	0		0.00	0	33.16
33.17	MI SCCELLANEOUS INCOME	B	0		0.00	0	33.17
33.18	MI SCCELLANEOUS INCOME	B	0		0.00	0	33.18
33.19	MI SCCELLANEOUS INCOME	B	-2	DELIVERY ROOM & LABOR ROOM	52.00	0	33.19
33.20	MI SCCELLANEOUS INCOME	B	-53,597	RADIOLOGY-DIAGNOSTIC	54.00	0	33.20
33.21	MI SCCELLANEOUS INCOME	B	-3,029,218	RADIOLOGY-THERAPEUTIC	55.00	0	33.21
33.22	MI SCCELLANEOUS INCOME	B	0		0.00	0	33.22
33.23	MI SCCELLANEOUS INCOME	B	0		0.00	0	33.23
33.24	MI SCCELLANEOUS INCOME	B	0		0.00	0	33.24
33.25	MI SCCELLANEOUS INCOME	B	-40	RESPIRATORY THERAPY	65.00	11	33.25
33.26	MI SCCELLANEOUS INCOME	B	-31,917	PHYSICAL THERAPY	66.00	0	33.26
33.27	MI SCCELLANEOUS INCOME	B	-75,397	OCCUPATIONAL THERAPY	67.00	0	33.27
33.28	MI SCCELLANEOUS INCOME	B	-6,501	SPEECH PATHOLOGY	68.00	0	33.28
33.29	MI SCCELLANEOUS INCOME	B	0		0.00	0	33.29
33.30	MI SCCELLANEOUS INCOME	B	-159,164	ELECTROENCEPHALOGRAPHY	70.00	0	33.30
33.31	MI SCCELLANEOUS INCOME	B	-40	CARDIAC REHABILITATION	76.97	0	33.31
33.32	MI SCCELLANEOUS INCOME	B	-298,144	CLINIC	90.00	0	33.32
33.33	MI SCCELLANEOUS INCOME	B	-148,353	CV DIAGNOSTIC SERVICES	90.05	0	33.33
33.34	MI SCCELLANEOUS INCOME	B	-208,332	EMERGENCY	91.00	0	33.34
33.35	MI SCCELLANEOUS INCOME	B	-141,521	EMERGENCY MEDICAL SERVICES	23.02	0	33.35
33.36	MI SCCELLANEOUS INCOME	B	-355,135	PARAMEDIC PRGM	23.03	0	33.36
33.37	ADVERTISING	A	-19,311	OTHER ADMIN & GENERAL	5.03	0	33.37
33.38	ADVERTISING	A	0		0.00	0	33.38
33.39	ADVERTISING	A	0		0.00	0	33.39
33.40	ADVERTISING	A	0		0.00	0	33.40
33.41	ADVERTISING	A	0		0.00	0	33.41
33.42	ADVERTISING	A	0		0.00	0	33.42
33.43	ADVERTISING	A	0		0.00	0	33.43
33.44	ADVERTISING	A	0		0.00	0	33.44
33.45	ADVERTISING	A	0		0.00	0	33.45
33.46	ADVERTISING	A	0		0.00	0	33.46
33.47	ADVERTISING	A	0		0.00	0	33.47
33.48	ADVERTISING	A	-15,696	CV DIAGNOSTIC SERVICES	90.05	0	33.48
33.49	REFUNDS AND REBATES OF EXPENSES	B	-3,677,512	CENTRAL SERVICES & SUPPLY	14.00	0	33.49
33.50	REFUNDS AND REBATES OF EXPENSES	B	0		0.00	0	33.50
33.51	REFUNDS AND REBATES OF EXPENSES	B	-7,226	OPERATING ROOM	50.00	0	33.51
33.52	REFUNDS AND REBATES OF EXPENSES	B	0		0.00	0	33.52
33.53	REFUNDS AND REBATES OF EXPENSES	B	-1,027	RADIOLOGY-DIAGNOSTIC	54.00	0	33.53
33.54	REFUNDS AND REBATES OF EXPENSES	B	-61,250	CARDIAC CATHETERIZATION	59.00	0	33.54
33.55	REFUNDS AND REBATES OF EXPENSES	B	-1,237,179	INTRAVENOUS THERAPY	64.00	0	33.55
33.56	CAFETERIA	B		HOUSEKEEPING	9.00	0	33.56
33.57	CAFETERIA	B		DIETARY	10.00	0	33.57

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	
33.58 CAFETERIA	B		0ADULTS & PEDIATRICS		30.00	0 33.58
33.59 CAFETERIA	B		0SUBPROVIDER - IRF		41.00	0 33.59
33.60 CAFETERIA	B		0OPERATING ROOM		50.00	0 33.60
33.61 CAFETERIA	B		0DELIVERY ROOM & LABOR ROOM		52.00	0 33.61
33.62 CAFETERIA	B		0RADIOLOGY-DIAGNOSTIC		54.00	0 33.62
33.63 CAFETERIA	B		0CLINIC		90.00	0 33.63
33.64 CAFETERIA	B		0EMERGENCY		91.00	0 33.64
33.65 VENDING MACHINES	B		0DIETARY		10.00	0 33.65
33.66 NON ALLOWABLE INTEREST	A		0		0.00	11 33.66
33.67 PHYSICIAN RECRUITMENT	A	-90,086	0I&R SERVICES-SALARY & FRINGES APPRV		21.00	0 33.67
33.68 OTHER ADJUSTMENTS (SPECIFY (3))			0		0.00	0 33.68
33.69 ON CALL COVERAGE	A	-36,800	0ADULTS & PEDIATRICS		30.00	0 33.69
33.70 ON CALL COVERAGE	A	-12,500	0RADIOLOGY-DIAGNOSTIC		54.00	0 33.70
33.71 HAF OFFSET	A	-43,506,527	0OTHER ADMIN & GENERAL		5.03	0 33.71
33.72 PENSION ADJ PER REGS 2142.5	A	7,899,746	0EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.72
34.00 OTHER HOSP FACILITIES	B		0EMPLOYEE BENEFITS DEPARTMENT		4.00	0 34.00
34.01 OTHER HOSP FACILITIES	B		0DIETARY		10.00	0 34.01
34.02 OTHER HOSP FACILITIES	B		0PHARMACY		15.00	0 34.02
34.03 OTHER HOSP FACILITIES	B		0INTRAVENOUS THERAPY		64.00	0 34.03
34.04 OTHER HOSP FACILITIES	B		0OTHER NRCC		194.04	0 34.04
34.05 OTHER HOSP FACILITIES	A		0CAP REL COSTS-BLDG & FIXT		1.00	11 34.05
34.06 OTHER HOSP FACILITIES	A	-338	0OTHER ADMIN & GENERAL		5.03	0 34.06
34.07 OTHER HOSP FACILITIES	A		0OPERATION OF PLANT		7.00	0 34.07
34.08 OTHER HOSP FACILITIES	A		0HOUSEKEEPING		9.00	0 34.08
34.09 OTHER HOSP FACILITIES	A		0PHARMACY		15.00	0 34.09
34.10 OTHER HOSP FACILITIES	A	-559	0SURGICAL TECH PROGRAM		23.04	0 34.10
34.11 OTHER HOSP FACILITIES	A	-120,029	0ADULTS & PEDIATRICS		30.00	0 34.11
34.12 OTHER HOSP FACILITIES	A	-438	0RADIOLOGY-THERAPEUTIC		55.00	0 34.12
34.13 OTHER HOSP FACILITIES	A	59	0INTRAVENOUS THERAPY		64.00	0 34.13
34.14 OTHER HOSP FACILITIES	A	-16,271	0PHYSICAL THERAPY		66.00	0 34.14
34.15 OTHER HOSP FACILITIES	A		0CLINIC		90.00	0 34.15
34.16 OTHER HOSP FACILITIES	A		0PHYSICIANS' PRIVATE OFFICES		192.00	0 34.16
34.17 OTHER HOSP FACILITIES	A	-71,717	0OTHER NRCC		194.04	0 34.17
35.00 NON-HOSP FACILITIES	B		0OTHER ADMIN & GENERAL		5.03	0 35.00
35.01 NON-HOSP FACILITIES	B	-442	0CV DIAGNOSTIC SERVICES		90.05	0 35.01
35.02 NON-HOSP FACILITIES	B		0PHYSICIANS' PRIVATE OFFICES		192.00	0 35.02
35.03 NON-HOSP FACILITIES	B		0WOMEN'S CENTER		194.01	0 35.03
35.04 NON-HOSP FACILITIES	A		0ADMITTING		5.01	0 35.04
35.05 NON-HOSP FACILITIES	A	-2,119	0OTHER ADMIN & GENERAL		5.03	0 35.05
35.06 NON-HOSP FACILITIES	A	-24,956	0CENTRAL SERVICES & SUPPLY		14.00	0 35.06
35.07 NON-HOSP FACILITIES	A		0RADIOLOGY-DIAGNOSTIC		54.00	0 35.07
35.08 NON-HOSP FACILITIES	A		0IMPL. DEV. CHARGED TO PATIENTS		72.00	0 35.08
35.09 NON-HOSP FACILITIES	A	72	0CLINIC		90.00	0 35.09
35.10 NON-HOSP FACILITIES	A	-90,532	0PHYSICIANS' PRIVATE OFFICES		192.00	0 35.10
35.11 NON-HOSP FACILITIES	A	750	0OTHER NRCC		194.04	0 35.11
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		72,279,495				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0162

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2023 3:22 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	524,094	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	1,604,406	0	2.00
3.00	5.03	OTHER ADMIN & GENERAL	92,995,046	0	3.00
4.00	7.00	OPERATION OF PLANT	7,100,597	0	4.00
4.01	10.00	DIETARY	120,819	0	4.01
4.02	13.00	NURSING ADMINISTRATION	329,694	0	4.02
4.03	16.00	MEDICAL RECORDS & LIBRARY	166,491	0	4.03
4.04	54.00	RADIOLOGY-DIAGNOSTIC	1,370,285	0	4.04
4.05	0.00		0	0	4.05
4.06	194.00	MARKETING & COMMUNITY RELATI	25	0	4.06
4.07	194.04	OTHER NRCC	30,950,371	0	4.07
4.08	194.05	FOUNDATION	8,767	0	4.08
4.09	5.03	OTHER ADMIN & GENERAL	6,794,758	0	4.09
4.10	1.00	CAP REL COSTS-BLDG & FIXT	8,579,857	0	4.10
4.11	5.03	OTHER ADMIN & GENERAL	108,115,868	128,440,786	4.11
4.12	5.03	OTHER ADMIN & GENERAL	3,737,982	0	4.12
4.13	15.00	PHARMACY	1,212,321	0	4.13
4.14	0.00		0	0	4.14
4.15	0.00		0	0	4.15
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		263,611,381	128,440,786	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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

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

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

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

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

Provider CCN: 15-0162

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

Worksheet A-8-1

Date/Time Prepared:  
5/29/2023 3:22 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	524,094	9		1.00
2.00	1,604,406	0		2.00
3.00	92,995,046	0		3.00
4.00	7,100,597	0		4.00
4.01	120,819	0		4.01
4.02	329,694	0		4.02
4.03	166,491	0		4.03
4.04	1,370,285	0		4.04
4.05	0	0		4.05
4.06	25	0		4.06
4.07	30,950,371	0		4.07
4.08	8,767	0		4.08
4.09	6,794,758	0		4.09
4.10	8,579,857	11		4.10
4.11	-20,324,918	0		4.11
4.12	3,737,982	0		4.12
4.13	1,212,321	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
5.00	135,170,595			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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	SHARED LAB		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: 15-0162

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2023 3:22 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	7.00	OPERATION OF PLANT	5,055	5,055	0	211,500	0	1.00
2.00	15.00	PHARMACY	28,212	28,212	0	211,500	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,654,763	0	1,654,763	211,500	13,107	3.00
4.00	30.00	ADULTS & PEDIATRICS	216,234	216,234	0	211,500	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	46,125	46,125	0	211,500	0	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	376,495	376,495	0	246,400	0	6.00
7.00	50.00	OPERATING ROOM	4,610,182	4,610,182	0	271,900	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	1,089	1,089	0	271,900	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	1,070,973	1,070,973	0	271,900	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	151,200	151,200	0	271,900	0	10.00
11.00	60.00	LABORATORY	-79,250	-79,250	0	260,300	0	11.00
12.00	65.00	RESPIRATORY THERAPY	-3,554	-3,554	0	211,500	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	159,408	159,408	0	211,500	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	-10,956	-10,956	0	211,500	0	14.00
15.00	74.00	RENAL DIALYSIS	-975	-975	0	211,500	0	15.00
16.00	90.00	CLINIC	2,549,856	2,549,856	0	211,500	0	16.00
17.00	90.01	IBMT JOINT VENTURE	3,389,459	3,389,459	0	211,500	0	17.00
18.00	90.05	CV DIAGNOSTIC SERVICES	618,494	618,494	0	211,500	0	18.00
19.00	91.00	EMERGENCY	128,389	128,389	0	0	0	19.00
200.00			14,911,199	13,256,436	1,654,763		13,107	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0162

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2023 3:22 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	7.00	OPERATION OF PLANT	0	0	0	0	0	1.00
2.00	15.00	PHARMACY	0	0	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,332,755	66,638	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	14.00
15.00	74.00	RENAL DIALYSIS	0	0	0	0	0	15.00
16.00	90.00	CLINIC	0	0	0	0	0	16.00
17.00	90.01	IBMT JOINT VENTURE	0	0	0	0	0	17.00
18.00	90.05	CV DIAGNOSTIC SERVICES	0	0	0	0	0	18.00
19.00	91.00	EMERGENCY	0	0	0	0	0	19.00
200.00			1,332,755	66,638	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0162

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2023 3:22 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	7.00	OPERATION OF PLANT	0	0	0	5,055		1.00
2.00	15.00	PHARMACY	0	0	0	28,212		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,332,755	322,008	322,008		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	216,234		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	46,125		5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	376,495		6.00
7.00	50.00	OPERATING ROOM	0	0	0	4,610,182		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,089		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,070,973		9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	151,200		10.00
11.00	60.00	LABORATORY	0	0	0	-79,250		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	-3,554		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	159,408		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	-10,956		14.00
15.00	74.00	RENAL DIALYSIS	0	0	0	-975		15.00
16.00	90.00	CLINIC	0	0	0	2,549,856		16.00
17.00	90.01	IBMT JOINT VENTURE	0	0	0	3,389,459		17.00
18.00	90.05	CV DIAGNOSTIC SERVICES	0	0	0	618,494		18.00
19.00	91.00	EMERGENCY	0	0	0	128,389		19.00
200.00			0	1,332,755	322,008	13,578,444		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	12,333,002	12,333,002			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,095,797		9,095,797		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,566,616		0	9,566,616	4.00
5.01 00570	ADMITTING	0	34,969	25,790	0	60,759 5.01
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	14,551	10,731	0	0 5.02
5.03 00590	OTHER ADMIN & GENERAL	83,470,698	7,601	5,606	50,590	0 5.03
7.00 00700	OPERATION OF PLANT	22,215,635	1,540,106	1,135,855	155,873	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,775,566	120,851	89,129	10,305	0 8.00
9.00 00900	HOUSEKEEPING	7,805,542	98,951	72,978	196,266	0 9.00
10.00 01000	DIETARY	1,348,032	131,356	96,878	44,427	0 10.00
11.00 01100	CAFETERIA	2,582,683	224,573	165,626	120,127	0 11.00
13.00 01300	NURSING ADMINISTRATION	4,933,192	0	0	198,149	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	-737,877	420,696	310,270	29,018	0 14.00
15.00 01500	PHARMACY	8,542,326	163,066	120,264	333,513	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	166,491	0	0	0	0 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2,214,141	13,573	10,010	100,936	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,225,287	0	0	63,316	0 22.00
23.00 02300	MEDICAL LABORATORY SCIENTIST PRGM	126,858	0	0	7,954	0 23.00
23.01 02302	PHARMACY PRGM	320,859	0	0	14,739	0 23.01
23.02 02301	EMERGENCY MEDICAL SERVICES	76,524	0	0	8,105	0 23.02
23.03 02303	PARAMEDIC PRGM	253,552	0	0	22,639	0 23.03
23.04 02305	SURGICAL TECH PROGRAM	133,335	0	0	6,944	0 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	46,886,870	2,557,084	1,885,893	1,599,465	6,619 30.00
31.00 03100	INTENSIVE CARE UNIT	11,948,023	304,379	224,485	390,087	1,459 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	6,541,865	217,297	160,260	249,847	1,581 31.01
32.00 03200	CORONARY CARE UNIT	14,112,834	710,376	523,914	469,887	1,464 32.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	6,565,938	357,989	264,023	249,397	934 34.00
41.00 04100	SUBPROVIDER - IRF	3,820,528	252,296	186,073	177,830	635 41.00
43.00 04300	NURSERY	2,044,750	32,169	23,725	88,388	413 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	20,118,115	1,299,250	958,218	668,799	6,502 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,217,237	406,545	299,834	194,548	1,972 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,591,827	818,825	603,897	467,037	3,812 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,718,291	56,958	42,008	59,983	205 55.00
56.00 05600	RADIOISOTOPE	242,005	17,336	12,786	10,585	95 56.00
59.00 05900	CARDIAC CATHETERIZATION	3,292,951	348,283	256,865	150,002	2,804 59.00
60.00 06000	LABORATORY	26,006,051	371,472	273,967	23,349	5,103 60.00
64.00 06400	INTRAVENOUS THERAPY	2,655,058	161,658	119,225	144,558	212 64.00
65.00 06500	RESPIRATORY THERAPY	12,968,350	61,626	45,450	526,980	2,207 65.00
66.00 06600	PHYSICAL THERAPY	6,303,063	109,456	80,726	253,181	836 66.00
67.00 06700	OCCUPATIONAL THERAPY	2,811,682	0	0	131,023	688 67.00
68.00 06800	SPEECH PATHOLOGY	1,106,603	0	0	48,751	205 68.00
69.00 06900	ELECTROCARDIOLOGY	1,499,160	215,015	158,577	67,621	1,128 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,012,898	0	0	83,131	321 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,372,009	0	0	0	4,597 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	34,360,437	0	0	0	4,118 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	65,609,171	0	0	0	6,886 73.00
74.00 07400	RENAL DIALYSIS	987,362	56,217	41,461	0	311 74.00
76.97 07697	CARDIAC REHABILITATION	601,149	0	0	22,981	6 76.97
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	8,780,471	0	0	160,364	1,376 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	4,586,337	281,175	207,371	318,134	33 90.00
90.01 09001	IBMT JOINT VENTURE	3,141,906	39,399	29,058	70,208	20 90.01
90.05 09005	CV DIAGNOSTIC SERVICES	10,177,256	0	0	387,986	14 90.05
91.00 09100	EMERGENCY	19,129,967	698,715	515,314	411,337	4,200 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	7,533,510	0	0	277,600	3 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	570,191,933	12,143,813	8,956,267	9,065,960	60,759 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	816,195	72,102	53,176	18,122	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	10,812,573	73,450	54,171	387,892	0 192.00
194.00 07955	MARKETING & COMMUNITY RELATIONS	36,536	0	0	2,276	0 194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.01 07952 WOMEN'S CENTER	3,674	43,637	32,183	0	0	194.01
194.02 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.04 07954 OTHER NRCC	92,799,707	0	0	92,366	0	194.04
194.05 07956 FOUNDATION	8,767	0	0	0	0	194.05
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)	674,669,385	12,333,002	9,095,797	9,566,616	60,759	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/29/2023 3:22 pm	
Cost Center Description			Subtotal	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	
			5A.01	5.02	5A.02	5.03	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	00570	ADMINITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	25,282	25,282				5.02
5.03	00590	OTHER ADMIN & GENERAL	83,534,495	3,091	83,537,586	83,537,586		5.03
7.00	00700	OPERATION OF PLANT	25,047,469	927	25,048,396	3,539,789	28,588,185	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,995,851	74	1,995,925	282,060	321,812	8.00
9.00	00900	HOUSEKEEPING	8,173,737	302	8,174,039	1,155,139	263,495	9.00
10.00	01000	DIETARY	1,620,693	60	1,620,753	229,042	349,787	10.00
11.00	01100	CAFETERIA	3,093,009	114	3,093,123	437,114	598,012	11.00
13.00	01300	NURSING ADMINISTRATION	5,131,341	190	5,131,531	725,178	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,107	1	22,108	3,124	1,120,267	14.00
15.00	01500	PHARMACY	9,159,169	339	9,159,508	1,294,403	434,226	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	166,491	6	166,497	23,529	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,338,660	87	2,338,747	330,507	36,143	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,288,603	48	1,288,651	182,110	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	134,812	5	134,817	19,052	0	23.00
23.01	02302	PHARMACY PRGM	335,598	12	335,610	47,428	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	84,629	3	84,632	11,960	0	23.02
23.03	02303	PARAMEDIC PRGM	276,191	10	276,201	39,032	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	140,279	5	140,284	19,825	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	52,935,931	1,959	52,937,890	7,481,077	6,809,237	30.00
31.00	03100	INTENSIVE CARE UNIT	12,868,433	476	12,868,909	1,818,608	810,528	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	7,170,850	265	7,171,115	1,013,408	578,639	31.01
32.00	03200	CORONARY CARE UNIT	15,818,475	585	15,819,060	2,235,518	1,891,653	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,438,281	275	7,438,556	1,051,202	953,284	34.00
41.00	04100	SUBPROVIDER - I RF	4,437,362	164	4,437,526	627,102	671,836	41.00
43.00	04300	NURSERY	2,189,445	81	2,189,526	309,419	85,661	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,050,884	853	23,051,737	3,257,625	3,459,758	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,120,136	189	5,120,325	723,594	1,082,585	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,485,398	647	17,486,045	2,471,093	2,180,440	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,877,445	291	7,877,736	1,113,266	151,673	55.00
56.00	05600	RADIOISOTOPE	282,807	10	282,817	39,967	46,165	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,050,905	150	4,051,055	572,487	927,440	59.00
60.00	06000	LABORATORY	26,679,942	987	26,680,929	3,770,496	989,190	60.00
64.00	06400	INTRAVENOUS THERAPY	3,080,711	114	3,080,825	435,376	430,477	64.00
65.00	06500	RESPIRATORY THERAPY	13,604,613	503	13,605,116	1,922,648	164,102	65.00
66.00	06600	PHYSICAL THERAPY	6,747,262	250	6,747,512	953,545	291,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,943,393	109	2,943,502	415,970	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,155,559	43	1,155,602	163,307	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,941,501	72	1,941,573	274,379	572,562	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,096,350	78	2,096,428	296,263	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,376,606	1,827	49,378,433	6,978,061	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,364,555	1,271	34,365,826	4,856,510	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	65,616,057	2,428	65,618,485	9,273,073	0	73.00
74.00	07400	RENAL DIALYSIS	1,085,351	40	1,085,391	153,385	149,700	74.00
76.97	07697	CARDIAC REHABILITATION	624,136	23	624,159	88,205	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	8,942,211	331	8,942,542	1,263,742	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	5,393,050	200	5,393,250	762,163	748,738	90.00
90.01	09001	IBMT JOINT VENTURE	3,280,591	121	3,280,712	463,624	104,916	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	10,565,256	391	10,565,647	1,493,116	0	90.05
91.00	09100	EMERGENCY	20,759,533	768	20,760,301	2,933,804	1,860,601	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,811,113	289	7,811,402	1,103,892	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	569,362,558	21,064	569,358,340	68,655,217	28,084,397	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	959,595	36	959,631	135,613	191,998	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,328,086	419	11,328,505	1,600,922	195,589	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	38,812	1	38,813	5,485	0	194.00
194.01	07952	WOMEN'S CENTER	79,494	3	79,497	11,234	116,201	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.04	07954	OTHER NRCC	92,892,073	3,759	92,895,832	13,127,876	0	194.04
194.05	07956	FOUNDATION	8,767	0	8,767	1,239	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	
		5A.01	5.02	5A.02	5.03	7.00	
200.00	Cross Foot Adjustments	0		0			200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	674,669,385	25,282	674,669,385	83,537,586	28,588,185	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/29/2023 3:22 pm	
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	00570	ADMINISTRATIVE						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,599,797					8.00
9.00	00900	HOUSEKEEPING	0	9,592,673				9.00
10.00	01000	DIETARY	0	119,823	2,319,405			10.00
11.00	01100	CAFETERIA	0	204,855	0	4,333,104		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	96,666	5,953,375	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	383,759	0	25,286	0	14.00
15.00	01500	PHARMACY	0	148,748	0	161,337	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	12,381	0	64,261	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	5,264	0	23.00
23.01	02302	PHARMACY PRGM	0	0	0	11,275	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0	0	7,257	0	23.02
23.03	02303	PARAMEDIC PRGM	0	0	0	20,271	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	0	0	0	4,600	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	992,183	2,332,575	1,181,228	925,006	3,031,937	30.00
31.00	03100	INTENSIVE CARE UNIT	137,707	277,655	411,943	182,801	1,057,362	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	15,919	198,219	151,422	116,219	388,666	31.01
32.00	03200	CORONARY CARE UNIT	174,583	648,005	253,076	228,972	649,587	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	123,900	326,557	134,045	126,134	344,062	34.00
41.00	04100	SUBPROVIDER - IIRF	50,260	230,144	108,828	90,307	279,337	41.00
43.00	04300	NURSERY	7,712	29,344	78,863	0	202,424	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	243,879	1,185,176	0	305,954	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	122,533	370,851	0	94,278	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	172,317	746,932	0	234,386	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	51,957	0	36,939	0	55.00
56.00	05600	RADIOISOTOPE	6,172	15,814	0	5,435	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	60,218	317,704	0	71,503	0	59.00
60.00	06000	LABORATORY	110	338,857	0	12,003	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,275	147,464	0	63,954	0	64.00
65.00	06500	RESPIRATORY THERAPY	601	56,215	0	217,106	0	65.00
66.00	06600	PHYSICAL THERAPY	26,754	99,846	0	140,414	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	74,875	0	67.00
68.00	06800	SPEECH PATHOLOGY	669	0	0	25,714	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,038	196,137	0	46,999	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,664	0	0	54,597	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	62	0	73.00
74.00	07400	RENAL DIALYSIS	8,118	51,281	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	16,823	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	6,441	256,488	0	198,614	0	90.00
90.01	09001	IBMT JOINT VENTURE	8,011	35,940	0	40,509	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	54,567	0	90.05
91.00	09100	EMERGENCY	397,786	637,368	0	193,758	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	118,776	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,574,850	9,420,095	2,319,405	4,072,922	5,953,375	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	65,771	0	18,719	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,198	67,001	0	121,939	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	2,306	0	194.00
194.01	07952	WOMEN'S CENTER	15,749	39,806	0	0	0	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.04	07954	OTHER NRCC	0	0	0	117,218	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,599,797	9,592,673	2,319,405	4,333,104	5,953,375	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Line	Code	Cost Center Description	INTERNS & RESIDENTS					
			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SERVICES-SALARY & FRINGES APPRV		SERVICES-OTHER PRGM COSTS APPRV
						14.00		15.00
<b>GENERAL SERVICE COST CENTERS</b>								
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	00570	ADMITTING					5.01	
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02	
5.03	00590	OTHER ADMIN & GENERAL					5.03	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	1,554,544				14.00	
15.00	01500	PHARMACY	0	11,198,222			15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	7	0	190,033		16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	338	0	0	2,782,377	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00	
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	53	0	0	1,470,761	23.00	
23.01	02302	PHARMACY PRGM	0	0	0		23.01	
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0	0		23.02	
23.03	02303	PARAMEDIC PRGM	0	0	0		23.03	
23.04	02305	SURGICAL TECH PROGRAM	0	0	0		23.04	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,196	0	12,419	1,955,213	1,033,525	30.00
31.00	03100	INTENSIVE CARE UNIT	399	0	2,057	65,918	34,844	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	256	0	2,229	4,253	2,248	31.01
32.00	03200	CORONARY CARE UNIT	524	0	2,065	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	316	0	1,318	0	0	34.00
41.00	04100	SUBPROVIDER - I RF	144	0	895	0	0	41.00
43.00	04300	NURSERY	0	0	583	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	10,065	0	18,391	164,795	87,110	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	315	0	2,794	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,492	0	17,717	4,253	2,248	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	105	0	4,901	0	0	55.00
56.00	05600	RADIOISOTOPE	4	0	511	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,369	0	9,632	0	0	59.00
60.00	06000	LABORATORY	158	0	15,752	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	428	0	2,485	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	277	0	3,676	15,948	8,430	65.00
66.00	06600	PHYSICAL THERAPY	205	0	2,606	156,289	82,614	66.00
67.00	06700	OCCUPATIONAL THERAPY	81	0	1,511	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	175	0	599	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	387	0	2,453	82,929	43,836	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	88	0	1,465	19,137	10,116	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	926,299	0	11,808	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	596,221	0	9,677	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,208	11,198,222	33,831	0	0	73.00
74.00	07400	RENAL DIALYSIS	17	0	468	49,970	26,414	74.00
76.97	07697	CARDIAC REHABILITATION	52	0	231	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	1,942	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	126	0	986	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	134	0	647	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	779	0	5,046	183,932	97,226	90.05
91.00	09100	EMERGENCY	822	0	18,445	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	299	0	893			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,546,339	11,198,222	190,033	2,702,637	1,428,611	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,126	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,505	0	0	79,740	42,150	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01	07952	WOMEN'S CENTER	0	0	0	0	0	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	574	0	0	0	0	194.02

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
				14.00	15.00		16.00
194.04 07954 OTHER NRCC	0	0	0	0	0	0	194.04
194.05 07956 FOUNDATION	0	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1,554,544	11,198,222	190,033	2,782,377	1,470,761		202.00

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Cost Center Description		MEDICAL LABORATORY SCIENTIST PRGM 23.00	PHARMACY PRGM 23.01	EMERGENCY MEDICAL SERVICES 23.02	PARAMEDIC PRGM 23.03	SURGICAL TECH PROGRAM 23.04	
<b>GENERAL SERVICE COST CENTERS</b>							
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	00570	ADMITTING					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	OTHER ADMIN & GENERAL					5.03
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
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	MEDICAL LABORATORY SCIENTIST PRGM	159,186				23.00
23.01	02302	PHARMACY PRGM		394,313			23.01
23.02	02301	EMERGENCY MEDICAL SERVICES			103,849		23.02
23.03	02303	PARAMEDIC PRGM				335,504	23.03
23.04	02305	SURGICAL TECH PROGRAM				164,709	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	164,709	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	159,186	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
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	394,313	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	103,849	335,504	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	159,186	394,313	103,849	335,504	164,709
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	0	194.00
194.01	07952	WOMEN'S CENTER	0	0	0	0	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
194.04	07954	OTHER NRCC	0	0	0	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

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

Worksheet B  
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Cost Center Description		MEDICAL LABORATORY SCIENTIST PRGM 23.00	PHARMACY PRGM 23.01	EMERGENCY MEDICAL SERVICES 23.02	PARAMEDIC PRGM 23.03	SURGICAL TECH PROGRAM 23.04	
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)	159,186	394,313	103,849	335,504	164,709	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00570				5.01
5.02	00580				5.02
5.03	00590				5.03
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02302				23.01
23.02	02301				23.02
23.03	02303				23.03
23.04	02305				23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	78,695,486	-2,988,738	75,706,748	30.00
31.00	03100	17,668,731	-100,762	17,567,969	31.00
31.01	02060	9,642,593	-6,501	9,636,092	31.01
32.00	03200	21,903,043	0	21,903,043	32.00
34.00	03400	10,499,374	0	10,499,374	34.00
41.00	04100	6,496,379	0	6,496,379	41.00
43.00	04300	2,903,532	0	2,903,532	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	31,949,199	-251,905	31,697,294	50.00
52.00	05200	7,517,275	0	7,517,275	52.00
54.00	05400	23,316,923	-6,501	23,310,422	54.00
55.00	05500	9,236,577	0	9,236,577	55.00
56.00	05600	396,885	0	396,885	56.00
59.00	05900	6,011,408	0	6,011,408	59.00
60.00	06000	31,966,681	0	31,966,681	60.00
64.00	06400	4,162,284	0	4,162,284	64.00
65.00	06500	15,994,119	-24,378	15,969,741	65.00
66.00	06600	8,501,255	-238,903	8,262,352	66.00
67.00	06700	3,435,939	0	3,435,939	67.00
68.00	06800	1,346,066	0	1,346,066	68.00
69.00	06900	3,173,293	-126,765	3,046,528	69.00
70.00	07000	2,483,758	-29,253	2,454,505	70.00
71.00	07100	57,294,601	0	57,294,601	71.00
72.00	07200	39,828,234	0	39,828,234	72.00
73.00	07300	86,519,194	0	86,519,194	73.00
74.00	07400	1,524,744	-76,384	1,448,360	74.00
76.97	07697	729,470	0	729,470	76.97
77.00	07700	10,208,226	0	10,208,226	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	7,366,806	0	7,366,806	90.00
90.01	09001	3,934,493	0	3,934,493	90.01
90.05	09005	12,400,313	-281,158	12,119,155	90.05
91.00	09100	27,242,238	0	27,242,238	91.00
92.00	09200		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	0	0	0	101.00
102.00	10200	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300				113.00
116.00	11600	9,035,262	0	9,035,262	116.00
118.00		553,384,381	-4,131,248	549,253,133	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	1,372,858	0	1,372,858	190.00
192.00	19200	13,451,549	-121,890	13,329,659	192.00
194.00	07955	46,604	0	46,604	194.00
194.01	07952	262,487	0	262,487	194.01
194.02	07950	574	0	574	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

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

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
194.04	07954	OTHER NRCC	106,140,926	0	106,140,926	194.04
194.05	07956	FOUNDATION	10,006	0	10,006	194.05
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	674,669,385	-4,253,138	670,416,247	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/29/2023 3:22 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.01 00570	ADMINISTRATIVE	0	34,969	25,790	5.01
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	14,551	10,731	5.02
5.03 00590	OTHER ADMIN & GENERAL	0	7,601	5,606	5.03
7.00 00700	OPERATION OF PLANT	0	1,540,106	1,135,855	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	120,851	89,129	8.00
9.00 00900	HOUSEKEEPING	0	98,951	72,978	9.00
10.00 01000	DIETARY	0	131,356	96,878	10.00
11.00 01100	CAFETERIA	0	224,573	165,626	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	420,696	310,270	14.00
15.00 01500	PHARMACY	0	163,066	120,264	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	13,573	10,010	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00 02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	23.00
23.01 02302	PHARMACY PRGM	0	0	0	23.01
23.02 02301	EMERGENCY MEDICAL SERVICES	0	0	0	23.02
23.03 02303	PARAMEDIC PRGM	0	0	0	23.03
23.04 02305	SURGICAL TECH PROGRAM	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	2,557,084	1,885,893	30.00
31.00 03100	INTENSIVE CARE UNIT	0	304,379	224,485	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	217,297	160,260	31.01
32.00 03200	CORONARY CARE UNIT	0	710,376	523,914	32.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	357,989	264,023	34.00
41.00 04100	SUBPROVIDER - IIRF	0	252,296	186,073	41.00
43.00 04300	NURSERY	0	32,169	23,725	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	1,299,250	958,218	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	406,545	299,834	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	818,825	603,897	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	56,958	42,008	55.00
56.00 05600	RADIOISOTOPE	0	17,336	12,786	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	348,283	256,865	59.00
60.00 06000	LABORATORY	0	371,472	273,967	60.00
64.00 06400	INTRAVENOUS THERAPY	0	161,658	119,225	64.00
65.00 06500	RESPIRATORY THERAPY	0	61,626	45,450	65.00
66.00 06600	PHYSICAL THERAPY	0	109,456	80,726	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	0	215,015	158,577	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
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	56,217	41,461	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	281,175	207,371	90.00
90.01 09001	IBMT JOINT VENTURE	0	39,399	29,058	90.01
90.05 09005	CV DIAGNOSTIC SERVICES	0	0	0	90.05
91.00 09100	EMERGENCY	0	698,715	515,314	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				113.00
116.00 11600	HOSPICE	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	12,143,813	8,956,267	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	72,102	53,176	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	73,450	54,171	192.00
194.00 07955	MARKETING & COMMUNITY RELATIONS	0	0	0	194.00
194.01 07952	WOMEN'S CENTER	0	43,637	32,183	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

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

Worksheet B  
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5/29/2023 3:22 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
194.02 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0
194.04 07954 OTHER NRCC	0	0	0	0	0	0
194.05 07956 FOUNDATION	0	0	0	0	0	0
200.00 Cross Foot Adjustments				0		0
201.00 Negative Cost Centers		0	0	0		0
202.00 TOTAL (sum lines 118 through 201)	0	12,333,002	9,095,797	21,428,799		0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/29/2023 3:22 pm	
Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	5.03	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	00570	ADMINISTRATIVE	60,759					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	25,282				5.02
5.03	00590	OTHER ADMIN & GENERAL	0	3,091	16,298			5.03
7.00	00700	OPERATION OF PLANT	0	927	701	2,677,589		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	74	56	30,141	240,251	8.00
9.00	00900	HOUSEKEEPING	0	302	229	24,679	0	9.00
10.00	01000	DIETARY	0	60	45	32,761	0	10.00
11.00	01100	CAFETERIA	0	114	87	56,010	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	190	144	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1	1	104,925	0	14.00
15.00	01500	PHARMACY	0	339	256	40,670	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6	5	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	87	65	3,385	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	48	36	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	5	4	0	0	23.00
23.01	02302	PHARMACY PRGM	0	12	9	0	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	3	2	0	0	23.02
23.03	02303	PARAMEDIC PRGM	0	10	8	0	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	0	5	4	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,619	1,959	1,482	637,756	91,690	30.00
31.00	03100	INTENSIVE CARE UNIT	1,459	476	360	75,915	12,726	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,581	265	201	54,196	1,471	31.01
32.00	03200	CORONARY CARE UNIT	1,464	585	443	177,174	16,134	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	934	275	208	89,285	11,450	34.00
41.00	04100	SUBPROVIDER - I RF	635	164	124	62,925	4,645	41.00
43.00	04300	NURSERY	413	81	61	8,023	713	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,502	853	645	324,043	22,537	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,972	189	143	101,396	11,323	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,812	647	490	204,222	15,924	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	205	291	221	14,206	0	55.00
56.00	05600	RADIOISOTOPE	95	10	8	4,324	570	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,804	150	113	86,865	5,565	59.00
60.00	06000	LABORATORY	5,103	987	747	92,648	10	60.00
64.00	06400	INTRAVENOUS THERAPY	212	114	86	40,319	118	64.00
65.00	06500	RESPIRATORY THERAPY	2,207	503	381	15,370	56	65.00
66.00	06600	PHYSICAL THERAPY	836	250	189	27,299	2,472	66.00
67.00	06700	OCCUPATIONAL THERAPY	688	109	82	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	205	43	32	0	62	68.00
69.00	06900	ELECTROCARDIOLOGY	1,128	72	54	53,627	1,112	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	321	78	59	321	523	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,597	1,827	1,383	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,118	1,271	962	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,886	2,428	1,837	0	0	73.00
74.00	07400	RENAL DIALYSIS	311	40	30	14,021	750	74.00
76.97	07697	CARDIAC REHABILITATION	6	23	17	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,376	331	250	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	33	200	151	70,127	595	90.00
90.01	09001	IBMT JOINT VENTURE	20	121	92	9,827	740	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	14	391	296	0	0	90.05
91.00	09100	EMERGENCY	4,200	768	581	174,265	36,760	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3	289	219	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,759	21,064	13,599	2,630,404	237,946	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	36	27	17,983	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	419	317	18,319	850	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	1	1	0	0	194.00
194.01	07952	WOMEN'S CENTER	0	3	2	10,883	1,455	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.04	07954	OTHER NRCC	0	3,759	2,352	0	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/29/2023 3:22 pm	
Cost Center Description		ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.01	5.02	5.03	7.00	8.00	
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)	60,759	25,282	16,298	2,677,589	240,251	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/29/2023 3:22 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	197,139					9.00
10.00	01000	DIETARY	2,462	263,562				10.00
11.00	01100	CAFETERIA	4,210	0	450,620			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	10,053	10,387		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,887	0	2,630	0	573,970	14.00
15.00	01500	PHARMACY	3,057	0	16,778	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	254	0	6,683	0	125	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	547	0	20	23.00
23.01	02302	PHARMACY PRGM	0	0	1,173	0	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0	755	0	0	23.02
23.03	02303	PARAMEDIC PRGM	0	0	2,108	0	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	0	0	478	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	47,935	134,226	96,194	5,291	1,180	30.00
31.00	03100	INTENSIVE CARE UNIT	5,706	46,810	19,010	1,845	147	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,074	17,207	12,086	678	94	31.01
32.00	03200	CORONARY CARE UNIT	13,317	28,758	23,812	1,133	193	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,711	15,232	13,117	600	117	34.00
41.00	04100	SUBPROVIDER - IRF	4,730	12,367	9,392	487	53	41.00
43.00	04300	NURSERY	603	8,962	0	353	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	24,357	0	31,818	0	3,716	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,621	0	9,804	0	116	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,350	0	24,375	0	551	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,068	0	3,841	0	39	55.00
56.00	05600	RADIOISOTOPE	325	0	565	0	1	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,529	0	7,436	0	505	59.00
60.00	06000	LABORATORY	6,964	0	1,248	0	58	60.00
64.00	06400	INTRAVENOUS THERAPY	3,031	0	6,651	0	158	64.00
65.00	06500	RESPIRATORY THERAPY	1,155	0	22,578	0	102	65.00
66.00	06600	PHYSICAL THERAPY	2,052	0	14,602	0	76	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	7,787	0	30	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,674	0	64	68.00
69.00	06900	ELECTROCARDIOLOGY	4,031	0	4,888	0	143	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,678	0	33	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	342,017	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	220,131	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6	0	446	73.00
74.00	07400	RENAL DIALYSIS	1,054	0	0	0	6	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,750	0	19	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	5,271	0	20,655	0	47	90.00
90.01	09001	IBMT JOINT VENTURE	739	0	4,213	0	49	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	5,675	0	287	90.05
91.00	09100	EMERGENCY	13,099	0	20,150	0	304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	12,352	0	110	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	193,592	263,562	423,562	10,387	570,940	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,352	0	1,947	0	416	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,377	0	12,681	0	2,402	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	240	0	0	194.00
194.01	07952	WOMEN'S CENTER	818	0	0	0	0	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	212	194.02
194.04	07954	OTHER NRCC	0	0	12,190	0	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0162			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/29/2023 3:22 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	272,440		201.00
202.00	TOTAL (sum lines 118 through 201)	197,139	263,562	450,620	10,387	846,410		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

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

Worksheet B  
Part II  
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5/29/2023 3:22 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		MEDICAL LABORATORY SCIENTIST PRGM
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>					
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 00570 ADMITTING					5.01
5.02 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03 00590 OTHER ADMIN & GENERAL					5.03
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY	344,430				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	14			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	34,182		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	84	22.00
23.00 02300 MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	0	23.00
23.01 02302 PHARMACY PRGM	0	0	0	0	23.01
23.02 02301 EMERGENCY MEDICAL SERVICES	0	0	0	0	23.02
23.03 02303 PARAMEDIC PRGM	0	0	0	0	23.03
23.04 02305 SURGICAL TECH PROGRAM	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
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	344,430	14	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0	0	0	0	90.00
90.01 09001 IBMT JOINT VENTURE	0	0	0	0	90.01
90.05 09005 CV DIAGNOSTIC SERVICES	0	0	0	0	90.05
91.00 09100 EMERGENCY	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300 INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600 HOSPICE	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	344,430	14	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07955 MARKETING & COMMUNITY RELATIONS	0	0	0	0	194.00
194.01 07952 WOMEN'S CENTER	0	0	0	0	194.01
194.02 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

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

Worksheet B  
Part II  
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5/29/2023 3:22 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		MEDICAL LABORATORY SCIENTIST PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			15.00	16.00		
194.04 07954 OTHER NRCC FOUNDATION	0	0	0	0	0	194.04
194.05 07956 FOUNDATION	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments			34,182	84	576	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	344,430	14	34,182	84	576	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/29/2023 3:22 pm	
Cost Center Description			PHARMACY PRGM	EMERGENCY MEDICAL SERVICES	PARAMEDIC PRGM	SURGICAL TECH PROGRAM	Subtotal	
			23.01	23.02	23.03	23.04	24.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
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	MEDICAL LABORATORY SCIENTIST PRGM						23.00
23.01	02302	PHARMACY PRGM	1,194					23.01
23.02	02301	EMERGENCY MEDICAL SERVICES		760				23.02
23.03	02303	PARAMEDIC PRGM			2,126			23.03
23.04	02305	SURGICAL TECH PROGRAM				487		23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS					5,467,309	30.00
31.00	03100	INTENSIVE CARE UNIT					693,318	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT					469,410	31.01
32.00	03200	CORONARY CARE UNIT					1,497,303	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					759,941	34.00
41.00	04100	SUBPROVIDER - I RF					533,891	41.00
43.00	04300	NURSERY					75,103	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM					2,671,939	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					838,943	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					1,688,093	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					118,837	55.00
56.00	05600	RADIOISOTOPE					36,020	56.00
59.00	05900	CARDIAC CATHETERIZATION					715,115	59.00
60.00	06000	LABORATORY					753,204	60.00
64.00	06400	INTRAVENOUS THERAPY					331,572	64.00
65.00	06500	RESPIRATORY THERAPY					149,428	65.00
66.00	06600	PHYSICAL THERAPY					237,958	66.00
67.00	06700	OCCUPATIONAL THERAPY					8,696	67.00
68.00	06800	SPEECH PATHOLOGY					3,080	68.00
69.00	06900	ELECTROCARDIOLOGY					438,647	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					6,692	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					349,824	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					226,482	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					356,047	73.00
74.00	07400	RENAL DIALYSIS					113,890	74.00
76.97	07697	CARDIAC REHABILITATION					1,815	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION					1,957	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC					585,625	90.00
90.01	09001	IBMT JOINT VENTURE					84,258	90.01
90.05	09005	CV DIAGNOSTIC SERVICES					6,663	90.05
91.00	09100	EMERGENCY					1,464,156	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY					0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM					0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE					12,973	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	20,698,189	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					147,039	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					163,986	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS					242	194.00
194.01	07952	WOMEN'S CENTER					88,981	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS					212	194.02
194.04	07954	OTHER NRCC					18,301	194.04
194.05	07956	FOUNDATION					0	194.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/29/2023 3:22 pm	
Cost Center Description		PHARMACY PRGM	EMERGENCY MEDICAL SERVICES	PARAMEDIC PRGM	SURGICAL TECH PROGRAM	Subtotal	
		23.01	23.02	23.03	23.04	24.00	
200.00	Cross Foot Adjustments	1,194	760	2,126	487	39,409	200.00
201.00	Negative Cost Centers	0	0	0	0	272,440	201.00
202.00	TOTAL (sum lines 118 through 201)	1,194	760	2,126	487	21,428,799	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/29/2023 3:22 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>					
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	00570	ADMITTING		5.01	
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.02	
5.03	00590	OTHER ADMIN & GENERAL		5.03	
7.00	00700	OPERATION OF PLANT		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		8.00	
9.00	00900	HOUSEKEEPING		9.00	
10.00	01000	DIETARY		10.00	
11.00	01100	CAFETERIA		11.00	
13.00	01300	NURSING ADMINISTRATION		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00	
15.00	01500	PHARMACY		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00	
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	MEDICAL LABORATORY SCIENTIST PRGM		23.00	
23.01	02302	PHARMACY PRGM		23.01	
23.02	02301	EMERGENCY MEDICAL SERVICES		23.02	
23.03	02303	PARAMEDIC PRGM		23.03	
23.04	02305	SURGICAL TECH PROGRAM		23.04	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	5,467,309	30.00
31.00	03100	INTENSIVE CARE UNIT	0	693,318	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	469,410	31.01
32.00	03200	CORONARY CARE UNIT	0	1,497,303	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	759,941	34.00
41.00	04100	SUBPROVIDER - I RF	0	533,891	41.00
43.00	04300	NURSERY	0	75,103	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	2,671,939	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	838,943	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,688,093	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	118,837	55.00
56.00	05600	RADIOISOTOPE	0	36,020	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	715,115	59.00
60.00	06000	LABORATORY	0	753,204	60.00
64.00	06400	INTRAVENOUS THERAPY	0	331,572	64.00
65.00	06500	RESPIRATORY THERAPY	0	149,428	65.00
66.00	06600	PHYSICAL THERAPY	0	237,958	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,696	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,080	68.00
69.00	06900	ELECTROCARDIOLOGY	0	438,647	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,692	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	349,824	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	226,482	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	356,047	73.00
74.00	07400	RENAL DIALYSIS	0	113,890	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,815	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,957	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	585,625	90.00
90.01	09001	IBMT JOINT VENTURE	0	84,258	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	6,663	90.05
91.00	09100	EMERGENCY	0	1,464,156	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	12,973	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	20,698,189	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	147,039	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	163,986	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	242	194.00
194.01	07952	WOMEN'S CENTER	0	88,981	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	212	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/29/2023 3:22 pm	
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total			
			25.00	26.00			
194.04	07954	OTHER NRCC	0	18,301			194.04
194.05	07956	FOUNDATION	0	0			194.05
200.00		Cross Foot Adjustments	0	39,409			200.00
201.00		Negative Cost Centers	0	272,440			201.00
202.00		TOTAL (sum lines 118 through 201)	0	21,428,799			202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (INPATIENT CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00	4.00	5.01	5A.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	832,332					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		832,332				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	203,121,121			4.00
5.01 00570 ADMITTING	2,360	2,360	0	1,565,222,861		5.01
5.02 00580 CASHIERING/ACCOUNTS RECEIVABLE	982	982	0	0	-25,282	5.02
5.03 00590 OTHER ADMIN & GENERAL	513	513	1,074,135	0	0	5.03
7.00 00700 OPERATION OF PLANT	103,939	103,939	3,309,548	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	8,156	8,156	218,801	0	0	8.00
9.00 00900 HOUSEKEEPING	6,678	6,678	4,167,174	0	0	9.00
10.00 01000 DIETARY	8,865	8,865	943,291	0	0	10.00
11.00 01100 CAFETERIA	15,156	15,156	2,550,566	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	0	0	4,207,172	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	28,392	28,392	616,115	0	0	14.00
15.00 01500 PHARMACY	11,005	11,005	7,081,248	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	916	916	2,143,102	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,344,352	0	0	22.00
23.00 02300 MEDICAL LABORATORY SCIENTIST PRGM	0	0	168,874	0	0	23.00
23.01 02302 PHARMACY PRGM	0	0	312,952	0	0	23.01
23.02 02301 EMERGENCY MEDICAL SERVICES	0	0	172,081	0	0	23.02
23.03 02303 PARAMEDIC PRGM	0	0	480,670	0	0	23.03
23.04 02305 SURGICAL TECH PROGRAM	0	0	147,429	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	172,573	172,573	33,960,006	177,032,652	0	30.00
31.00 03100 INTENSIVE CARE UNIT	20,542	20,542	8,282,450	37,398,663	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	14,665	14,665	5,304,829	40,535,471	0	31.01
32.00 03200 CORONARY CARE UNIT	47,942	47,942	9,976,789	37,541,713	0	32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	24,160	24,160	5,295,275	23,960,012	0	34.00
41.00 04100 SUBPROVIDER - IRF	17,027	17,027	3,775,734	16,274,834	0	41.00
43.00 04300 NURSERY	2,171	2,171	1,876,679	10,595,988	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	87,684	87,684	14,200,161	166,728,545	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	27,437	27,437	4,130,715	50,576,736	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	55,261	55,261	9,916,291	97,734,796	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	3,844	3,844	1,273,576	5,243,853	0	55.00
56.00 05600 RADIOISOTOPE	1,170	1,170	224,744	2,445,740	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	23,505	23,505	3,184,887	71,910,140	0	59.00
60.00 06000 LABORATORY	25,070	25,070	495,764	130,844,864	0	60.00
64.00 06400 INTRAVENOUS THERAPY	10,910	10,910	3,069,305	5,435,890	0	64.00
65.00 06500 RESPIRATORY THERAPY	4,159	4,159	11,189,019	56,579,524	0	65.00
66.00 06600 PHYSICAL THERAPY	7,387	7,387	5,375,612	21,448,183	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	2,781,913	17,640,372	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	1,035,107	5,259,911	0	68.00
69.00 06900 ELECTROCARDIOLOGY	14,511	14,511	1,435,752	28,920,215	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,765,072	8,223,958	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	117,859,942	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	105,584,408	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	176,573,759	0	73.00
74.00 07400 RENAL DIALYSIS	3,794	3,794	0	7,981,755	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	487,934	142,960	0	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	3,404,905	35,283,607	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	18,976	18,976	6,754,720	842,824	0	90.00
90.01 09001 IBMT JOINT VENTURE	2,659	2,659	1,490,686	517,135	0	90.01
90.05 09005 CV DIAGNOSTIC SERVICES	0	0	8,237,851	347,040	0	90.05
91.00 09100 EMERGENCY	47,155	47,155	8,733,649	107,686,736	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	5,894,091	70,635	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	819,564	819,564	192,491,026	1,565,222,861	-25,282	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,866	4,866	384,774	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	4,957	4,957	8,235,843	0	0	192.00
194.00 07955 MARKETING & COMMUNITY RELATIONS	0	0	48,331	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (INPATIENT CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
194.01 07952 WOMEN'S CENTER	2,945	2,945	0	0	0	194.01
194.02 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.04 07954 OTHER NRCC	0	0	1,961,147	0	0	194.04
194.05 07956 FOUNDATION	0	0	0	0	0	194.05
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)	12,333,002	9,095,797	9,566,616	60,759		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	14.817407	10.928088	0.047098	0.000039		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			0	60,759		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000039		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: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)		
		5.02	5A.03	5.03	7.00	8.00		
<b>GENERAL SERVICE COST CENTERS</b>								
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	00570	ADMINITING					5.01	
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	674,644,103				5.02	
5.03	00590	OTHER ADMIN & GENERAL	83,534,495	-83,537,586	591,131,799		5.03	
7.00	00700	OPERATION OF PLANT	25,047,469	0	25,048,396	724,538	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,995,851	0	1,995,925	8,156	2,770,370	8.00
9.00	00900	HOUSEKEEPING	8,173,737	0	8,174,039	6,678	0	9.00
10.00	01000	DIETARY	1,620,693	0	1,620,753	8,865	0	10.00
11.00	01100	CAFETERIA	3,093,009	0	3,093,123	15,156	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,131,341	0	5,131,531	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,107	0	22,108	28,392	0	14.00
15.00	01500	PHARMACY	9,159,169	0	9,159,508	11,005	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	166,491	0	166,497	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,338,660	0	2,338,747	916	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,288,603	0	1,288,651	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	134,812	0	134,817	0	0	23.00
23.01	02302	PHARMACY PRGM	335,598	0	335,610	0	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	84,629	0	84,632	0	0	23.02
23.03	02303	PARAMEDIC PRGM	276,191	0	276,201	0	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	140,279	0	140,284	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	52,935,931	0	52,937,890	172,573	1,057,280	30.00
31.00	03100	INTENSIVE CARE UNIT	12,868,433	0	12,868,909	20,542	146,742	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	7,170,850	0	7,171,115	14,665	16,963	31.01
32.00	03200	CORONARY CARE UNIT	15,818,475	0	15,819,060	47,942	186,037	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,438,281	0	7,438,556	24,160	132,029	34.00
41.00	04100	SUBPROVIDER - IRF	4,437,362	0	4,437,526	17,027	53,558	41.00
43.00	04300	NURSERY	2,189,445	0	2,189,526	2,171	8,218	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,050,884	0	23,051,737	87,684	259,880	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,120,136	0	5,120,325	27,437	130,572	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,485,398	0	17,486,045	55,261	183,623	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,877,445	0	7,877,736	3,844	0	55.00
56.00	05600	RADIOISOTOPE	282,807	0	282,817	1,170	6,577	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,050,905	0	4,051,055	23,505	64,169	59.00
60.00	06000	LABORATORY	26,679,942	0	26,680,929	25,070	117	60.00
64.00	06400	INTRAVENOUS THERAPY	3,080,711	0	3,080,825	10,910	1,359	64.00
65.00	06500	RESPIRATORY THERAPY	13,604,613	0	13,605,116	4,159	640	65.00
66.00	06600	PHYSICAL THERAPY	6,747,262	0	6,747,512	7,387	28,509	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,943,393	0	2,943,502	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,155,559	0	1,155,602	0	713	68.00
69.00	06900	ELECTROCARDIOLOGY	1,941,501	0	1,941,573	14,511	12,828	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,096,350	0	2,096,428	0	6,036	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,376,606	0	49,378,433	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,364,555	0	34,365,826	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	65,616,057	0	65,618,485	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,085,351	0	1,085,391	3,794	8,651	74.00
76.97	07697	CARDIAC REHABILITATION	624,136	0	624,159	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	8,942,211	0	8,942,542	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	5,393,050	0	5,393,250	18,976	6,864	90.00
90.01	09001	IBMT JOINT VENTURE	3,280,591	0	3,280,712	2,659	8,537	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	10,565,256	0	10,565,647	0	0	90.05
91.00	09100	EMERGENCY	20,759,533	0	20,760,301	47,155	423,885	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,811,113	0	7,811,402	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	569,337,276	-83,537,586	485,820,754	711,770	2,743,787	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	959,595	0	959,631	4,866	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,328,086	0	11,328,505	4,957	9,801	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	38,812	0	38,813	0	0	194.00
194.01	07952	WOMEN'S CENTER	79,494	0	79,497	2,945	16,782	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.04	07954	OTHER NRCC	92,892,073	0	92,895,832	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.02	5A.03	5.03	7.00	8.00	
194.05	07956 FOUNDATION	8,767	0	8,767	0	0	194.05
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)	25,282		83,537,586	28,588,185	2,599,797	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000037		0.141318	39.457123	0.938430	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	25,282		16,298	2,677,589	240,251	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000037		0.000028	3.695581	0.086722	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: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00570						5.01
5.02	00580						5.02
5.03	00590						5.03
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	709,704					10.00
11.00	01100	8,865	111,848				11.00
13.00	01300	15,156	0	3,908,347			13.00
14.00	01400	0	0	87,190	111,848		14.00
15.00	01500	28,392	0	22,807	0	92,083,730	15.00
16.00	01600	11,005	0	145,522	0	0	16.00
21.00	02100	0	0	0	0	438	21.00
22.00	02200	916	0	57,962	0	19,997	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02302	0	0	4,748	0	3,153	23.01
23.02	02301	0	0	10,170	0	20	23.02
23.03	02303	0	0	6,546	0	0	23.03
23.04	02305	0	0	18,284	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	172,573	56,962	834,328	56,962	189,306	30.00
31.00	03100	20,542	19,865	164,882	19,865	23,649	31.00
31.01	02060	14,665	7,302	104,827	7,302	15,159	31.01
32.00	03200	47,942	12,204	206,527	12,204	31,029	32.00
34.00	03400	24,160	6,464	113,770	6,464	18,701	34.00
41.00	04100	17,027	5,248	81,455	5,248	8,558	41.00
43.00	04300	2,171	3,803	0	3,803	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	87,684	0	275,963	0	596,208	50.00
52.00	05200	27,437	0	85,036	0	18,668	52.00
54.00	05400	55,261	0	211,410	0	88,407	54.00
55.00	05500	3,844	0	33,318	0	6,226	55.00
56.00	05600	1,170	0	4,902	0	221	56.00
59.00	05900	23,505	0	64,494	0	81,077	59.00
60.00	06000	25,070	0	10,826	0	9,376	60.00
64.00	06400	10,910	0	57,685	0	25,336	64.00
65.00	06500	4,159	0	195,824	0	16,390	65.00
66.00	06600	7,387	0	126,650	0	12,127	66.00
67.00	06700	0	0	67,535	0	4,781	67.00
68.00	06800	0	0	23,193	0	10,342	68.00
69.00	06900	14,511	0	42,392	0	22,910	69.00
70.00	07000	0	0	49,245	0	5,233	70.00
71.00	07100	0	0	0	0	54,869,835	71.00
72.00	07200	0	0	0	0	35,316,972	72.00
73.00	07300	0	0	56	0	71,571	73.00
74.00	07400	3,794	0	0	0	1,022	74.00
76.97	07697	0	0	15,174	0	3,054	76.97
77.00	07700	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	18,976	0	179,145	0	7,479	90.00
90.01	09001	2,659	0	36,538	0	7,941	90.01
90.05	09005	0	0	49,218	0	46,121	90.05
91.00	09100	47,155	0	174,765	0	48,709	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	0	0	0	0	101.00
102.00	10200	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	0	0	107,133	0	17,718	116.00
118.00		696,936	111,848	3,673,669	111,848	91,597,734	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	4,866	0	16,884	0	66,715	190.00
192.00	19200	4,957	0	109,986	0	385,298	192.00
194.00	07955	0	0	2,080	0	0	194.00
194.01	07952	2,945	0	0	0	0	194.01
194.02	07950	0	0	0	0	33,983	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
194.04	07954	OTHER NRCC	0	0	105,728	0	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,592,673	2,319,405	4,333,104	5,953,375	1,554,544	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.516442	20.737116	1.108679	53.227371	0.016882	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	197,139	263,562	450,620	10,387	846,410	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.277776	2.356430	0.115297	0.092867	0.006233	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: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		MEDICAL LABORATORY SCIENTIST PRGM  (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	15.00	16.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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 00570 ADMITTING						5.01
5.02 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03 00590 OTHER ADMIN & GENERAL						5.03
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	100					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	3,425,940,025				16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,617			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		2,617		22.00
23.00 02300 MEDICAL LABORATORY SCIENTIST PRGM	0	0			100	23.00
23.01 02302 PHARMACY PRGM	0	0				23.01
23.02 02301 EMERGENCY MEDICAL SERVICES	0	0				23.02
23.03 02303 PARAMEDIC PRGM	0	0				23.03
23.04 02305 SURGICAL TECH PROGRAM	0	0				23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	225,795,089	1,839	1,839	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	37,398,663	62	62	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	40,535,471	4	4	0	31.01
32.00 03200 CORONARY CARE UNIT	0	37,541,713	0	0	0	32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	23,960,012	0	0	0	34.00
41.00 04100 SUBPROVIDER - I&R	0	16,274,834	0	0	0	41.00
43.00 04300 NURSERY	0	10,595,988	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	334,384,097	155	155	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	50,798,041	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	322,124,936	4	4	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	89,116,059	0	0	0	55.00
56.00 05600 RADIO SOTOPE	0	9,295,714	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	175,118,428	0	0	0	59.00
60.00 06000 LABORATORY	0	286,396,860	0	0	100	60.00
64.00 06400 INTRAVENOUS THERAPY	0	45,183,984	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	66,839,341	15	15	0	65.00
66.00 06600 PHYSICAL THERAPY	0	47,378,809	147	147	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	27,471,907	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	10,893,693	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	44,604,045	78	78	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	26,635,915	18	18	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	214,687,709	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	175,944,341	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	100	585,915,408	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	8,506,754	47	47	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	4,204,988	0	0	0	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	35,301,310	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	17,933,145	0	0	0	90.00
90.01 09001 IBMT JOINT VENTURE	0	11,769,455	0	0	0	90.01
90.05 09005 CV DIAGNOSTIC SERVICES	0	91,737,503	173	173	0	90.05
91.00 09100 EMERGENCY	0	335,363,795	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	16,232,018			0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	100	3,425,940,025	2,542	2,542	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	75	75	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		MEDICAL LABORATORY SCIENTIST PRGM  (ASSIGNED TIME)		
			SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
			15.00	16.00			21.00
194.00 07955	MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01 07952	WOMEN'S CENTER	0	0	0	0	0	194.01
194.02 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.04 07954	OTHER NRCC	0	0	0	0	0	194.04
194.05 07956	FOUNDATION	0	0	0	0	0	194.05
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)	11,198,222	190,033	2,782,377	1,470,761	159,186	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	111,982.220000	0.000055	1,063.193351	562.002675	1,591.860000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	344,430	14	34,182	84	576	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3,444.300000	0.000000	13.061521	0.032098	5.760000	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)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description		PHARMACY PRGM (ASSIGNED TIME)	EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)	PARAMEDIC PRGM (ASSIGNED TIME)	SURGICAL TECH PROGRAM (ASSIGNED TIME)	
		23.01	23.02	23.03	23.04	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00570					5.01
5.02	00580					5.02
5.03	00590					5.03
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
21.00	02100					21.00
22.00	02200					22.00
23.00	02300					23.00
23.01	02302	100				23.01
23.02	02301		100			23.02
23.03	02303			100		23.03
23.04	02305				100	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	0	0	0	30.00
31.00	03100	0	0	0	0	31.00
31.01	02060	0	0	0	0	31.01
32.00	03200	0	0	0	0	32.00
34.00	03400	0	0	0	0	34.00
41.00	04100	0	0	0	0	41.00
43.00	04300	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	0	0	0	100	50.00
52.00	05200	0	0	0	0	52.00
54.00	05400	0	0	0	0	54.00
55.00	05500	0	0	0	0	55.00
56.00	05600	0	0	0	0	56.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	0	0	0	60.00
64.00	06400	0	0	0	0	64.00
65.00	06500	0	0	0	0	65.00
66.00	06600	0	0	0	0	66.00
67.00	06700	0	0	0	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	0	0	0	0	69.00
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	100	0	0	0	73.00
74.00	07400	0	0	0	0	74.00
76.97	07697	0	0	0	0	76.97
77.00	07700	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	0	0	0	0	90.00
90.01	09001	0	0	0	0	90.01
90.05	09005	0	0	0	0	90.05
91.00	09100	0	100	100	0	91.00
92.00	09200	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100	0	0	0	0	101.00
102.00	10200	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	0	0	0	0	113.00
116.00	11600	0	0	0	0	116.00
118.00		100	100	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	0	0	0	0	190.00
192.00	19200	0	0	0	0	192.00
194.00	07955	0	0	0	0	194.00
194.01	07952	0	0	0	0	194.01
194.02	07950	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description			PHARMACY PRGM (ASSIGNED TIME)	EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)	PARAMEDIC PRGM (ASSIGNED TIME)	SURGICAL TECH PROGRAM (ASSIGNED TIME)	
			23.01	23.02	23.03	23.04	
194.04	07954	OTHER NRCC	0	0	0	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	194.05
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)	394,313	103,849	335,504	164,709	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,943.130000	1,038.490000	3,355.040000	1,647.090000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,194	760	2,126	487	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	11.940000	7.600000	21.260000	4.870000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/29/2023 3:22 pm		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	75,706,748	75,706,748	0	75,706,748	30.00
31.00	03100	INTENSIVE CARE UNIT	17,567,969	17,567,969	0	17,567,969	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	9,636,092	9,636,092	0	9,636,092	31.01
32.00	03200	CORONARY CARE UNIT	21,903,043	21,903,043	0	21,903,043	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,499,374	10,499,374	0	10,499,374	34.00
41.00	04100	SUBPROVIDER - IRF	6,496,379	6,496,379	0	6,496,379	41.00
43.00	04300	NURSERY	2,903,532	2,903,532	0	2,903,532	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	31,697,294	31,697,294	0	31,697,294	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,517,275	7,517,275	0	7,517,275	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,310,422	23,310,422	0	23,310,422	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,236,577	9,236,577	0	9,236,577	55.00
56.00	05600	RADIOISOTOPE	396,885	396,885	0	396,885	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,011,408	6,011,408	0	6,011,408	59.00
60.00	06000	LABORATORY	31,966,681	31,966,681	0	31,966,681	60.00
64.00	06400	INTRAVENOUS THERAPY	4,162,284	4,162,284	0	4,162,284	64.00
65.00	06500	RESPIRATORY THERAPY	15,969,741	15,969,741	0	15,969,741	65.00
66.00	06600	PHYSICAL THERAPY	8,262,352	8,262,352	0	8,262,352	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,435,939	3,435,939	0	3,435,939	67.00
68.00	06800	SPEECH PATHOLOGY	1,346,066	1,346,066	0	1,346,066	68.00
69.00	06900	ELECTROCARDIOLOGY	3,046,528	3,046,528	0	3,046,528	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,454,505	2,454,505	0	2,454,505	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57,294,601	57,294,601	0	57,294,601	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,828,234	39,828,234	0	39,828,234	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	86,519,194	86,519,194	0	86,519,194	73.00
74.00	07400	RENAL DIALYSIS	1,448,360	1,448,360	0	1,448,360	74.00
76.97	07697	CARDIAC REHABILITATION	729,470	729,470	0	729,470	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	10,208,226	10,208,226	0	10,208,226	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	7,366,806	7,366,806	0	7,366,806	90.00
90.01	09001	IBMT JOINT VENTURE	3,934,493	3,934,493	0	3,934,493	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	12,119,155	12,119,155	0	12,119,155	90.05
91.00	09100	EMERGENCY	27,242,238	27,242,238	0	27,242,238	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,588,783	12,588,783	0	12,588,783	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	9,035,262	9,035,262	0	9,035,262	116.00
200.00		Subtotal (see instructions)	561,841,916	561,841,916	0	561,841,916	200.00
201.00		Less Observation Beds	12,588,783	12,588,783	0	12,588,783	201.00
202.00		Total (see instructions)	549,253,133	549,253,133	0	549,253,133	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/29/2023 3:22 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	166,535,211		166,535,211			30.00
31.00	03100	INTENSIVE CARE UNIT	37,398,663		37,398,663			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	40,535,471		40,535,471			31.01
32.00	03200	CORONARY CARE UNIT	37,541,713		37,541,713			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	23,960,012		23,960,012			34.00
41.00	04100	SUBPROVIDER - IRF	16,274,834		16,274,834			41.00
43.00	04300	NURSERY	10,595,988		10,595,988			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	166,728,545	167,655,552	334,384,097	0.094793	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,576,736	221,305	50,798,041	0.147984	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	97,734,796	224,390,140	322,124,936	0.072365	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,243,853	83,872,206	89,116,059	0.103647	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,445,740	6,849,974	9,295,714	0.042695	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	71,910,140	103,208,288	175,118,428	0.034328	0.000000	59.00
60.00	06000	LABORATORY	130,844,864	155,551,996	286,396,860	0.111617	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	5,435,890	39,748,094	45,183,984	0.092119	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	56,579,524	10,259,817	66,839,341	0.238927	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	21,448,183	25,930,626	47,378,809	0.174389	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,640,372	9,831,535	27,471,907	0.125071	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	5,259,911	5,633,782	10,893,693	0.123564	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	28,920,215	15,683,830	44,604,045	0.068302	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,223,958	18,411,957	26,635,915	0.092150	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	117,859,942	96,827,767	214,687,709	0.266874	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	105,584,408	70,359,933	175,944,341	0.226368	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	176,573,759	409,341,649	585,915,408	0.147665	0.000000	73.00
74.00	07400	RENAL DIALYSIS	7,981,755	524,999	8,506,754	0.170260	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	142,960	4,062,028	4,204,988	0.173477	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	35,283,607	17,703	35,301,310	0.289174	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	842,824	17,090,321	17,933,145	0.410793	0.000000	90.00
90.01	09001	IBMT JOINT VENTURE	517,135	11,252,320	11,769,455	0.334297	0.000000	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	347,040	91,390,463	91,737,503	0.132107	0.000000	90.05
91.00	09100	EMERGENCY	107,686,736	227,677,059	335,363,795	0.081232	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,497,441	48,762,437	59,259,878	0.212433	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	70,635	16,161,383	16,232,018			116.00
200.00		Subtotal (see instructions)	1,565,222,861	1,860,717,164	3,425,940,025			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,565,222,861	1,860,717,164	3,425,940,025			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/29/2023 3:22 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.094793		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.147984		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072365		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.103647		55.00
56.00	05600	RADIOISOTOPE	0.042695		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.034328		59.00
60.00	06000	LABORATORY	0.111617		60.00
64.00	06400	INTRAVENOUS THERAPY	0.092119		64.00
65.00	06500	RESPIRATORY THERAPY	0.238927		65.00
66.00	06600	PHYSICAL THERAPY	0.174389		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.125071		67.00
68.00	06800	SPEECH PATHOLOGY	0.123564		68.00
69.00	06900	ELECTROCARDIOLOGY	0.068302		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.092150		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.266874		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.226368		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.147665		73.00
74.00	07400	RENAL DIALYSIS	0.170260		74.00
76.97	07697	CARDIAC REHABILITATION	0.173477		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.289174		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.410793		90.00
90.01	09001	IBMT JOINT VENTURE	0.334297		90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.132107		90.05
91.00	09100	EMERGENCY	0.081232		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.212433		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/29/2023 3:22 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	75,706,748	75,706,748	0	75,706,748	30.00
31.00	03100	INTENSIVE CARE UNIT	17,567,969	17,567,969	0	17,567,969	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	9,636,092	9,636,092	0	9,636,092	31.01
32.00	03200	CORONARY CARE UNIT	21,903,043	21,903,043	0	21,903,043	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,499,374	10,499,374	0	10,499,374	34.00
41.00	04100	SUBPROVIDER - IRF	6,496,379	6,496,379	0	6,496,379	41.00
43.00	04300	NURSERY	2,903,532	2,903,532	0	2,903,532	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	31,697,294	31,697,294	0	31,697,294	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,517,275	7,517,275	0	7,517,275	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,310,422	23,310,422	0	23,310,422	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,236,577	9,236,577	0	9,236,577	55.00
56.00	05600	RADIOISOTOPE	396,885	396,885	0	396,885	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,011,408	6,011,408	0	6,011,408	59.00
60.00	06000	LABORATORY	31,966,681	31,966,681	0	31,966,681	60.00
64.00	06400	INTRAVENOUS THERAPY	4,162,284	4,162,284	0	4,162,284	64.00
65.00	06500	RESPIRATORY THERAPY	15,969,741	15,969,741	0	15,969,741	65.00
66.00	06600	PHYSICAL THERAPY	8,262,352	8,262,352	0	8,262,352	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,435,939	3,435,939	0	3,435,939	67.00
68.00	06800	SPEECH PATHOLOGY	1,346,066	1,346,066	0	1,346,066	68.00
69.00	06900	ELECTROCARDIOLOGY	3,046,528	3,046,528	0	3,046,528	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,454,505	2,454,505	0	2,454,505	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57,294,601	57,294,601	0	57,294,601	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,828,234	39,828,234	0	39,828,234	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	86,519,194	86,519,194	0	86,519,194	73.00
74.00	07400	RENAL DIALYSIS	1,448,360	1,448,360	0	1,448,360	74.00
76.97	07697	CARDIAC REHABILITATION	729,470	729,470	0	729,470	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	10,208,226	10,208,226	0	10,208,226	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	7,366,806	7,366,806	0	7,366,806	90.00
90.01	09001	IBMT JOINT VENTURE	3,934,493	3,934,493	0	3,934,493	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	12,119,155	12,119,155	0	12,119,155	90.05
91.00	09100	EMERGENCY	27,242,238	27,242,238	0	27,242,238	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,588,783	12,588,783	0	12,588,783	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	9,035,262	9,035,262	0	9,035,262	116.00
200.00		Subtotal (see instructions)	561,841,916	561,841,916	0	561,841,916	200.00
201.00		Less Observation Beds	12,588,783	12,588,783	0	12,588,783	201.00
202.00		Total (see instructions)	549,253,133	549,253,133	0	549,253,133	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/29/2023 3:22 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	166,535,211		166,535,211			30.00
31.00	03100	INTENSIVE CARE UNIT	37,398,663		37,398,663			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	40,535,471		40,535,471			31.01
32.00	03200	CORONARY CARE UNIT	37,541,713		37,541,713			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	23,960,012		23,960,012			34.00
41.00	04100	SUBPROVIDER - IRF	16,274,834		16,274,834			41.00
43.00	04300	NURSERY	10,595,988		10,595,988			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	166,728,545	167,655,552	334,384,097	0.094793	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,576,736	221,305	50,798,041	0.147984	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	97,734,796	224,390,140	322,124,936	0.072365	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,243,853	83,872,206	89,116,059	0.103647	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,445,740	6,849,974	9,295,714	0.042695	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	71,910,140	103,208,288	175,118,428	0.034328	0.000000	59.00
60.00	06000	LABORATORY	130,844,864	155,551,996	286,396,860	0.111617	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	5,435,890	39,748,094	45,183,984	0.092119	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	56,579,524	10,259,817	66,839,341	0.238927	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	21,448,183	25,930,626	47,378,809	0.174389	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,640,372	9,831,535	27,471,907	0.125071	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	5,259,911	5,633,782	10,893,693	0.123564	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	28,920,215	15,683,830	44,604,045	0.068302	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,223,958	18,411,957	26,635,915	0.092150	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	117,859,942	96,827,767	214,687,709	0.266874	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	105,584,408	70,359,933	175,944,341	0.226368	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	176,573,759	409,341,649	585,915,408	0.147665	0.000000	73.00
74.00	07400	RENAL DIALYSIS	7,981,755	524,999	8,506,754	0.170260	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	142,960	4,062,028	4,204,988	0.173477	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	35,283,607	17,703	35,301,310	0.289174	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	842,824	17,090,321	17,933,145	0.410793	0.000000	90.00
90.01	09001	IBMT JOINT VENTURE	517,135	11,252,320	11,769,455	0.334297	0.000000	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	347,040	91,390,463	91,737,503	0.132107	0.000000	90.05
91.00	09100	EMERGENCY	107,686,736	227,677,059	335,363,795	0.081232	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,497,441	48,762,437	59,259,878	0.212433	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	70,635	16,161,383	16,232,018			116.00
200.00		Subtotal (see instructions)	1,565,222,861	1,860,717,164	3,425,940,025			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,565,222,861	1,860,717,164	3,425,940,025			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/29/2023 3:22 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.094793		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.147984		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072365		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.103647		55.00
56.00	05600	RADIOISOTOPE	0.042695		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.034328		59.00
60.00	06000	LABORATORY	0.111617		60.00
64.00	06400	INTRAVENOUS THERAPY	0.092119		64.00
65.00	06500	RESPIRATORY THERAPY	0.238927		65.00
66.00	06600	PHYSICAL THERAPY	0.174389		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.125071		67.00
68.00	06800	SPEECH PATHOLOGY	0.123564		68.00
69.00	06900	ELECTROCARDIOLOGY	0.068302		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.092150		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.266874		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.226368		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.147665		73.00
74.00	07400	RENAL DIALYSIS	0.170260		74.00
76.97	07697	CARDIAC REHABILITATION	0.173477		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.289174		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.410793		90.00
90.01	09001	IBMT JOINT VENTURE	0.334297		90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.132107		90.05
91.00	09100	EMERGENCY	0.081232		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.212433		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 15-0162

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

Worksheet C Part II Date/Time Prepared: 5/29/2023 3:22 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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	31,697,294	2,671,939	29,025,355	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,517,275	838,943	6,678,332	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,310,422	1,688,093	21,622,329	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,236,577	118,837	9,117,740	0	0	55.00
56.00	05600	RADIOISOTOPE	396,885	36,020	360,865	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,011,408	715,115	5,296,293	0	0	59.00
60.00	06000	LABORATORY	31,966,681	753,204	31,213,477	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	4,162,284	331,572	3,830,712	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,969,741	149,428	15,820,313	0	0	65.00
66.00	06600	PHYSICAL THERAPY	8,262,352	237,958	8,024,394	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,435,939	8,696	3,427,243	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,346,066	3,080	1,342,986	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,046,528	438,647	2,607,881	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,454,505	6,692	2,447,813	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57,294,601	349,824	56,944,777	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,828,234	226,482	39,601,752	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	86,519,194	356,047	86,163,147	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,448,360	113,890	1,334,470	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	729,470	1,815	727,655	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	10,208,226	1,957	10,206,269	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	7,366,806	585,625	6,781,181	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	3,934,493	84,258	3,850,235	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	12,119,155	6,663	12,112,492	0	0	90.05
91.00	09100	EMERGENCY	27,242,238	1,464,156	25,778,082	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,588,783	909,124	11,679,659	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,035,262	12,973	9,022,289	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	417,128,779	12,111,038	405,017,741	0	0	200.00
201.00		Less Observation Beds	12,588,783	909,124	11,679,659	0	0	201.00
202.00		Total (line 200 minus line 201)	404,539,996	11,201,914	393,338,082	0	0	202.00

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

Provider CCN: 15-0162

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

Worksheet C Part II Date/Time Prepared: 5/29/2023 3:22 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		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	31,697,294	334,384,097	0.094793		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,517,275	50,798,041	0.147984		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	23,310,422	322,124,936	0.072365		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	9,236,577	89,116,059	0.103647		55.00
56.00	05600 RADIOISOTOPE	396,885	9,295,714	0.042695		56.00
59.00	05900 CARDIAC CATHETERIZATION	6,011,408	175,118,428	0.034328		59.00
60.00	06000 LABORATORY	31,966,681	286,396,860	0.111617		60.00
64.00	06400 INTRAVENOUS THERAPY	4,162,284	45,183,984	0.092119		64.00
65.00	06500 RESPIRATORY THERAPY	15,969,741	66,839,341	0.238927		65.00
66.00	06600 PHYSICAL THERAPY	8,262,352	47,378,809	0.174389		66.00
67.00	06700 OCCUPATIONAL THERAPY	3,435,939	27,471,907	0.125071		67.00
68.00	06800 SPEECH PATHOLOGY	1,346,066	10,893,693	0.123564		68.00
69.00	06900 ELECTROCARDIOLOGY	3,046,528	44,604,045	0.068302		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,454,505	26,635,915	0.092150		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	57,294,601	214,687,709	0.266874		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	39,828,234	175,944,341	0.226368		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	86,519,194	585,915,408	0.147665		73.00
74.00	07400 RENAL DIALYSIS	1,448,360	8,506,754	0.170260		74.00
76.97	07697 CARDIAC REHABILITATION	729,470	4,204,988	0.173477		76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	10,208,226	35,301,310	0.289174		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	7,366,806	17,933,145	0.410793		90.00
90.01	09001 IBMT JOINT VENTURE	3,934,493	11,769,455	0.334297		90.01
90.05	09005 CV DIAGNOSTIC SERVICES	12,119,155	91,737,503	0.132107		90.05
91.00	09100 EMERGENCY	27,242,238	335,363,795	0.081232		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	12,588,783	59,259,878	0.212433		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE	9,035,262	16,232,018	0.556632		116.00
200.00	Subtotal (sum of lines 50 thru 199)	417,128,779	3,093,098,133			200.00
201.00	Less Observation Beds	12,588,783	0			201.00
202.00	Total (line 200 minus line 201)	404,539,996	3,093,098,133			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/29/2023 3:22 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,467,309	0	5,467,309	68,323	80.02	30.00
31.00	INTENSIVE CARE UNIT	693,318		693,318	19,865	34.90	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	469,410		469,410	7,302	64.29	31.01
32.00	CORONARY CARE UNIT	1,497,303		1,497,303	12,204	122.69	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	759,941		759,941	6,464	117.57	34.00
41.00	SUBPROVIDER - IRF	533,891	0	533,891	5,248	101.73	41.00
43.00	NURSERY	75,103		75,103	3,803	19.75	43.00
200.00	Total (lines 30 through 199)	9,496,275		9,496,275	123,209		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	21,019	1,681,940				
31.00	INTENSIVE CARE UNIT	2,684	93,672				
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				
32.00	CORONARY CARE UNIT	4,050	496,895				
34.00	SURGICAL INTENSIVE CARE UNIT	2,019	237,374				
41.00	SUBPROVIDER - IRF	2,795	284,335				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	32,567	2,794,216				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/29/2023 3:22 pm
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,671,939	334,384,097	0.007991	54,265,573	433,636	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	838,943	50,798,041	0.016515	58,175	961	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,688,093	322,124,936	0.005240	33,057,526	173,221	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	118,837	89,116,059	0.001334	1,569,921	2,094	55.00
56.00	05600	RADIOISOTOPE	36,020	9,295,714	0.003875	1,053,874	4,084	56.00
59.00	05900	CARDIAC CATHETERIZATION	715,115	175,118,428	0.004084	16,774,391	68,507	59.00
60.00	06000	LABORATORY	753,204	286,396,860	0.002630	40,970,360	107,752	60.00
64.00	06400	INTRAVENOUS THERAPY	331,572	45,183,984	0.007338	52,390	384	64.00
65.00	06500	RESPIRATORY THERAPY	149,428	66,839,341	0.002236	15,209,165	34,008	65.00
66.00	06600	PHYSICAL THERAPY	237,958	47,378,809	0.005022	6,000,286	30,133	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,696	27,471,907	0.000317	4,830,527	1,531	67.00
68.00	06800	SPEECH PATHOLOGY	3,080	10,893,693	0.000283	1,249,176	354	68.00
69.00	06900	ELECTROCARDIOLOGY	438,647	44,604,045	0.009834	8,935,021	87,867	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,692	26,635,915	0.000251	2,345,268	589	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	349,824	214,687,709	0.001629	50,207,732	81,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	226,482	175,944,341	0.001287	28,387,114	36,534	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	356,047	585,915,408	0.000608	50,057,923	30,435	73.00
74.00	07400	RENAL DIALYSIS	113,890	8,506,754	0.013388	3,198,960	42,828	74.00
76.97	07697	CARDIAC REHABILITATION	1,815	4,204,988	0.000432	567	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,957	35,301,310	0.000055	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	585,625	17,933,145	0.032656	126,485	4,130	90.00
90.01	09001	IBMT JOINT VENTURE	84,258	11,769,455	0.007159	95,856	686	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	6,663	91,737,503	0.000073	23,571	2	90.05
91.00	09100	EMERGENCY	1,464,156	335,363,795	0.004366	35,497,525	154,982	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	909,124	59,259,878	0.015341	5,183,753	79,524	92.00
200.00		Total (lines 50 through 199)	12,098,065	3,076,866,115		359,151,139	1,376,030	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/29/2023 3:22 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	68,323	0.00	21,019	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	19,865	0.00	2,684	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	7,302	0.00	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	12,204	0.00	4,050	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	6,464	0.00	2,019	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,248	0.00	2,795	41.00	
43.00	04300	NURSERY	0	0	3,803	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	123,209		32,567	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
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0						31.01
32.00	03200	CORONARY CARE UNIT	0						32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/29/2023 3:22 pm
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Cost Center Description	Title XVIII			Hospital		Allied Health Post-Stepdown Adjustments	Allied Health PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program					
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	164,709	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	159,186	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	394,313	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	439,353	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,157,561	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/29/2023 3:22 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XVIII	
							Hospital	PPS
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	164,709	164,709	334,384,097	0.000493	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	50,798,041	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	322,124,936	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	89,116,059	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,295,714	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	175,118,428	0.000000	59.00
60.00	06000	LABORATORY	0	159,186	159,186	286,396,860	0.000556	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	45,183,984	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	66,839,341	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	47,378,809	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	27,471,907	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	10,893,693	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	44,604,045	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	26,635,915	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	214,687,709	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	175,944,341	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	394,313	394,313	585,915,408	0.000673	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,506,754	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,204,988	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	35,301,310	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	17,933,145	0.000000	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	11,769,455	0.000000	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	91,737,503	0.000000	90.05
91.00	09100	EMERGENCY	0	439,353	439,353	335,363,795	0.001310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	59,259,878	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,157,561	1,157,561	3,076,866,115		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/29/2023 3:22 pm
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Cost Center Description		Title XVIII					
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000493	54,265,573	26,753	45,189,762	22,279	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	58,175	0	4,731	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	33,057,526	0	46,788,028	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,569,921	0	27,097,518	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	1,053,874	0	800,212	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	16,774,391	0	30,327,128	0	59.00
60.00	06000 LABORATORY	0.000556	40,970,360	22,780	10,214,020	5,679	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	52,390	0	9,773,093	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	15,209,165	0	2,231,818	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	6,000,286	0	108,541	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	4,830,527	0	35,918	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,249,176	0	43,768	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,935,021	0	6,261,063	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,345,268	0	2,460,439	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	50,207,732	0	36,337,660	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	28,387,114	0	13,096,660	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000673	50,057,923	33,689	137,386,527	92,461	73.00
74.00	07400 RENAL DIALYSIS	0.000000	3,198,960	0	275,134	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	567	0	1,269,977	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	126,485	0	1,258,301	0	90.00
90.01	09001 IBMT JOINT VENTURE	0.000000	95,856	0	1,960,999	0	90.01
90.05	09005 CV DIAGNOSTIC SERVICES	0.000000	23,571	0	26,890,401	0	90.05
91.00	09100 EMERGENCY	0.001310	35,497,525	46,502	30,441,266	39,878	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	5,183,753	0	1,539,794	0	92.00
200.00	Total (lines 50 through 199)		359,151,139	129,724	431,792,758	160,297	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/29/2023 3:22 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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.094793	45,189,762	0	0	4,283,673	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.147984	4,731	0	0	700	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072365	46,788,028	1	0	3,385,816	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.103647	27,097,518	0	0	2,808,576	55.00
56.00	05600	RADIOISOTOPE	0.042695	800,212	0	0	34,165	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.034328	30,327,128	0	0	1,041,070	59.00
60.00	06000	LABORATORY	0.111617	10,214,020	0	0	1,140,058	60.00
64.00	06400	INTRAVENOUS THERAPY	0.092119	9,773,093	0	0	900,288	64.00
65.00	06500	RESPIRATORY THERAPY	0.238927	2,231,818	0	0	533,242	65.00
66.00	06600	PHYSICAL THERAPY	0.174389	108,541	0	0	18,928	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.125071	35,918	0	0	4,492	67.00
68.00	06800	SPEECH PATHOLOGY	0.123564	43,768	0	0	5,408	68.00
69.00	06900	ELECTROCARDIOLOGY	0.068302	6,261,063	0	0	427,643	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.092150	2,460,439	0	0	226,729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.266874	36,337,660	728	0	9,697,577	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.226368	13,096,660	0	0	2,964,665	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.147665	137,386,527	95,694	64,893	20,287,182	73.00
74.00	07400	RENAL DIALYSIS	0.170260	275,134	0	0	46,844	74.00
76.97	07697	CARDIAC REHABILITATION	0.173477	1,269,977	0	0	220,312	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.289174	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.410793	1,258,301	0	0	516,901	90.00
90.01	09001	IBMT JOINT VENTURE	0.334297	1,960,999	0	19,336	655,556	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.132107	26,890,401	0	0	3,552,410	90.05
91.00	09100	EMERGENCY	0.081232	30,441,266	0	0	2,472,805	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.212433	1,539,794	0	0	327,103	92.00
200.00		Subtotal (see instructions)		431,792,758	96,423	84,229	55,552,143	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		431,792,758	96,423	84,229	55,552,143	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/29/2023 3:22 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	194	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	14,131	9,582		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 IBMT JOINT VENTURE	0	6,464		90.01
90.05 09005 CV DIAGNOSTIC SERVICES	0	0		90.05
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	14,325	16,046		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	14,325	16,046		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/29/2023 3:22 pm	
			Title XVIII		Subprovider - IRF		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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,671,939	334,384,097	0.007991	69,917	559	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	838,943	50,798,041	0.016515	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,688,093	322,124,936	0.005240	206,535	1,082	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	118,837	89,116,059	0.001334	0	0	55.00
56.00	05600	RADIOISOTOPE	36,020	9,295,714	0.003875	7,552	29	56.00
59.00	05900	CARDIAC CATHETERIZATION	715,115	175,118,428	0.004084	0	0	59.00
60.00	06000	LABORATORY	753,204	286,396,860	0.002630	698,987	1,838	60.00
64.00	06400	INTRAVENOUS THERAPY	331,572	45,183,984	0.007338	7,496	55	64.00
65.00	06500	RESPIRATORY THERAPY	149,428	66,839,341	0.002236	353,213	790	65.00
66.00	06600	PHYSICAL THERAPY	237,958	47,378,809	0.005022	2,067,068	10,381	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,696	27,471,907	0.000317	1,925,186	610	67.00
68.00	06800	SPEECH PATHOLOGY	3,080	10,893,693	0.000283	989,004	280	68.00
69.00	06900	ELECTROCARDIOLOGY	438,647	44,604,045	0.009834	45,843	451	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,692	26,635,915	0.000251	4,280	1	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	349,824	214,687,709	0.001629	800,530	1,304	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	226,482	175,944,341	0.001287	5,839	8	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	356,047	585,915,408	0.000608	643,510	391	73.00
74.00	07400	RENAL DIALYSIS	113,890	8,506,754	0.013388	122,148	1,635	74.00
76.97	07697	CARDIAC REHABILITATION	1,815	4,204,988	0.000432	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,957	35,301,310	0.000055	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	585,625	17,933,145	0.032656	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	84,258	11,769,455	0.007159	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	6,663	91,737,503	0.000073	0	0	90.05
91.00	09100	EMERGENCY	1,464,156	335,363,795	0.004366	5,686	25	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	59,259,878	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	11,188,941	3,076,866,115		7,952,794	19,439	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/29/2023 3:22 pm
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	164,709 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	159,186 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	394,313 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	0 90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0 90.05
91.00	09100	EMERGENCY	0	0	0	0	439,353 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,157,561 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/29/2023 3:22 pm
	Title XVIII	Subprovider - IRF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	164,709	164,709	334,384,097	0.000493	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	50,798,041	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	322,124,936	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	89,116,059	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	9,295,714	0.000000	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	175,118,428	0.000000	59.00
60.00 06000 LABORATORY	0	159,186	159,186	286,396,860	0.000556	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	45,183,984	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	66,839,341	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	47,378,809	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	27,471,907	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	10,893,693	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	44,604,045	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	26,635,915	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	214,687,709	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	175,944,341	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	394,313	394,313	585,915,408	0.000673	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	8,506,754	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,204,988	0.000000	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	35,301,310	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	17,933,145	0.000000	90.00
90.01 09001 IBMT JOINT VENTURE	0	0	0	11,769,455	0.000000	90.01
90.05 09005 CV DIAGNOSTIC SERVICES	0	0	0	91,737,503	0.000000	90.05
91.00 09100 EMERGENCY	0	439,353	439,353	335,363,795	0.001310	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	59,259,878	0.000000	92.00
200.00 Total (lines 50 through 199)	0	1,157,561	1,157,561	3,076,866,115		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/29/2023 3:22 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000493	69,917		34	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0		0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	206,535		0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0		0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	7,552		0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0		0	0	59.00
60.00	06000 LABORATORY	0.000556	698,987		389	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	7,496		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	353,213		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,067,068		0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,925,186		0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	989,004		0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	45,843		0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	4,280		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	800,530		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,839		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000673	643,510		433	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	122,148		0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0		0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0		0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0		0	1,128	90.00
90.01	09001 IBMT JOINT VENTURE	0.000000	0		0	0	90.01
90.05	09005 CV DIAGNOSTIC SERVICES	0.000000	0		0	0	90.05
91.00	09100 EMERGENCY	0.001310	5,686		7	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0		0	0	92.00
200.00	Total (lines 50 through 199)		7,952,794		863	1,128	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/29/2023 3:22 pm
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.094793	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.147984	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072365	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.103647	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.042695	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.034328	0	0	0	0	59.00
60.00	06000	LABORATORY	0.111617	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.092119	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.238927	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.174389	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.125071	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.123564	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.068302	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.092150	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.266874	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.226368	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.147665	0	0	625	0	73.00
74.00	07400	RENAL DIALYSIS	0.170260	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.173477	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.289174	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.410793	1,128	0	0	463	90.00
90.01	09001	IBMT JOINT VENTURE	0.334297	0	0	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.132107	0	0	0	0	90.05
91.00	09100	EMERGENCY	0.081232	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.212433	0	0	0	0	92.00
200.00		Subtotal (see instructions)		1,128	0	625	463	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)		1,128	0	625	463	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/29/2023 3:22 pm
	Title XVIII	Subprovider - IRF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO 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	92	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 IBMT JOINT VENTURE	0	0	90.01
90.05 09005 CV DIAGNOSTIC SERVICES	0	0	90.05
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	0	92	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	92	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/29/2023 3:22 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	5,467,309	0	5,467,309	68,323	80.02	30.00	
31.00	INTENSIVE CARE UNIT	693,318		693,318	19,865	34.90	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	469,410		469,410	7,302	64.29	31.01	
32.00	CORONARY CARE UNIT	1,497,303		1,497,303	12,204	122.69	32.00	
34.00	SURGICAL INTENSIVE CARE UNIT	759,941		759,941	6,464	117.57	34.00	
41.00	SUBPROVIDER - IRF	533,891	0	533,891	5,248	101.73	41.00	
43.00	NURSERY	75,103		75,103	3,803	19.75	43.00	
200.00	Total (lines 30 through 199)	9,496,275		9,496,275	123,209		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	604	48,332					30.00
31.00	INTENSIVE CARE UNIT	337	11,761					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	49	3,150					31.01
32.00	CORONARY CARE UNIT	84	10,306					32.00
34.00	SURGICAL INTENSIVE CARE UNIT	47	5,526					34.00
41.00	SUBPROVIDER - IRF	0	0					41.00
43.00	NURSERY	189	3,733					43.00
200.00	Total (lines 30 through 199)	1,310	82,808					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/29/2023 3:22 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,671,939	334,384,097	0.007991	3,340,592	26,695	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	838,943	50,798,041	0.016515	2,710,220	44,759	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,688,093	322,124,936	0.005240	2,557,182	13,400	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	118,837	89,116,059	0.001334	22,921	31	55.00
56.00	05600	RADIOISOTOPE	36,020	9,295,714	0.003875	33,289	129	56.00
59.00	05900	CARDIAC CATHETERIZATION	715,115	175,118,428	0.004084	913,705	3,732	59.00
60.00	06000	LABORATORY	753,204	286,396,860	0.002630	3,918,538	10,306	60.00
64.00	06400	INTRAVENOUS THERAPY	331,572	45,183,984	0.007338	151,066	1,109	64.00
65.00	06500	RESPIRATORY THERAPY	149,428	66,839,341	0.002236	1,470,114	3,287	65.00
66.00	06600	PHYSICAL THERAPY	237,958	47,378,809	0.005022	373,410	1,875	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,696	27,471,907	0.000317	294,387	93	67.00
68.00	06800	SPEECH PATHOLOGY	3,080	10,893,693	0.000283	70,867	20	68.00
69.00	06900	ELECTROCARDIOLOGY	438,647	44,604,045	0.009834	658,572	6,476	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,692	26,635,915	0.000251	156,372	39	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	349,824	214,687,709	0.001629	5,348,719	8,713	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	226,482	175,944,341	0.001287	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	356,047	585,915,408	0.000608	3,916,029	2,381	73.00
74.00	07400	RENAL DIALYSIS	113,890	8,506,754	0.013388	121,814	1,631	74.00
76.97	07697	CARDIAC REHABILITATION	1,815	4,204,988	0.000432	2,273	1	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,957	35,301,310	0.000055	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	585,625	17,933,145	0.032656	51,695	1,688	90.00
90.01	09001	IBMT JOINT VENTURE	84,258	11,769,455	0.007159	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	6,663	91,737,503	0.000073	8,077	1	90.05
91.00	09100	EMERGENCY	1,464,156	335,363,795	0.004366	2,361,382	10,310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	909,124	59,259,878	0.015341	17,466	268	92.00
200.00		Total (lines 50 through 199)	12,098,065	3,076,866,115		28,498,690	136,944	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/29/2023 3:22 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	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	68,323	0.00	604 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	19,865	0.00	337 31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	7,302	0.00	49 31.01	
32.00	03200	CORONARY CARE UNIT	0	0	12,204	0.00	84 32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	6,464	0.00	47 34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,248	0.00	0 41.00	
43.00	04300	NURSERY	0	0	3,803	0.00	189 43.00	
200.00		Total (lines 30 through 199)	0	0	123,209		1,310 200.00	
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
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0					31.01
32.00	03200	CORONARY CARE UNIT	0					32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	164,709	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	159,186	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	394,313	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	439,353	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,157,561	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/29/2023 3:22 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XIX	
						Hospital	PPS
	4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	164,709	164,709	334,384,097	0.000493		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	50,798,041	0.000000		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	322,124,936	0.000000		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	89,116,059	0.000000		55.00
56.00 05600 RADIOISOTOPE	0	0	0	9,295,714	0.000000		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	175,118,428	0.000000		59.00
60.00 06000 LABORATORY	0	159,186	159,186	286,396,860	0.000556		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	45,183,984	0.000000		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	66,839,341	0.000000		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	47,378,809	0.000000		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	27,471,907	0.000000		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	10,893,693	0.000000		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	44,604,045	0.000000		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	26,635,915	0.000000		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	214,687,709	0.000000		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	175,944,341	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	394,313	394,313	585,915,408	0.000673		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	8,506,754	0.000000		74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,204,988	0.000000		76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	35,301,310	0.000000		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	17,933,145	0.000000		90.00
90.01 09001 IBMT JOINT VENTURE	0	0	0	11,769,455	0.000000		90.01
90.05 09005 CV DIAGNOSTIC SERVICES	0	0	0	91,737,503	0.000000		90.05
91.00 09100 EMERGENCY	0	439,353	439,353	335,363,795	0.001310		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	59,259,878	0.000000		92.00
200.00 Total (lines 50 through 199)	0	1,157,561	1,157,561	3,076,866,115			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/29/2023 3:22 pm
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Cost Center Description		Title XIX			Hospital	PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000493	3,340,592	1,647	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	2,710,220	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,557,182	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	22,921	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	33,289	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	913,705	0	0	0	59.00
60.00	06000 LABORATORY	0.000556	3,918,538	2,179	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	151,066	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,470,114	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	373,410	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	294,387	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	70,867	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	658,572	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	156,372	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,348,719	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	0.000673	3,916,029	2,635	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	121,814	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	2,273	0	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	51,695	0	0	0	90.00
90.01	09001 IBMT JOINT VENTURE	0.000000	0	0	0	0	90.01
90.05	09005 CV DIAGNOSTIC SERVICES	0.000000	8,077	0	0	0	90.05
91.00	09100 EMERGENCY	0.001310	2,361,382	3,093	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	17,466	0	0	0	92.00
200.00	Total (lines 50 through 199)		28,498,690	9,554	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/29/2023 3:22 pm		
Title XIX				Subprovider - IRF		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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,671,939	334,384,097	0.007991	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	838,943	50,798,041	0.016515	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,688,093	322,124,936	0.005240	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	118,837	89,116,059	0.001334	0	0	55.00
56.00	05600	RADIOISOTOPE	36,020	9,295,714	0.003875	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	715,115	175,118,428	0.004084	0	0	59.00
60.00	06000	LABORATORY	753,204	286,396,860	0.002630	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	331,572	45,183,984	0.007338	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	149,428	66,839,341	0.002236	0	0	65.00
66.00	06600	PHYSICAL THERAPY	237,958	47,378,809	0.005022	341,819	1,717	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,696	27,471,907	0.000317	315,010	100	67.00
68.00	06800	SPEECH PATHOLOGY	3,080	10,893,693	0.000283	162,453	46	68.00
69.00	06900	ELECTROCARDIOLOGY	438,647	44,604,045	0.009834	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,692	26,635,915	0.000251	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	349,824	214,687,709	0.001629	788	1	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	226,482	175,944,341	0.001287	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	356,047	585,915,408	0.000608	0	0	73.00
74.00	07400	RENAL DIALYSIS	113,890	8,506,754	0.013388	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1,815	4,204,988	0.000432	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,957	35,301,310	0.000055	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	585,625	17,933,145	0.032656	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	84,258	11,769,455	0.007159	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	6,663	91,737,503	0.000073	0	0	90.05
91.00	09100	EMERGENCY	1,464,156	335,363,795	0.004366	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	59,259,878	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	11,188,941	3,076,866,115		820,070	1,864	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/29/2023 3:22 pm
	Title XIX	Subprovider - IRF	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	164,709 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	159,186 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	394,313 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	0 90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0 90.05
91.00	09100	EMERGENCY	0	0	0	0	439,353 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,157,561 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/29/2023 3:22 pm
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	Title XIX	Subprovider - IRF	PPS
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	164,709	164,709	334,384,097	0.000493	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	50,798,041	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	322,124,936	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	89,116,059	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	9,295,714	0.000000	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	175,118,428	0.000000	59.00
60.00 06000 LABORATORY	0	159,186	159,186	286,396,860	0.000556	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	45,183,984	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	66,839,341	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	47,378,809	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	27,471,907	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	10,893,693	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	44,604,045	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	26,635,915	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	214,687,709	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	175,944,341	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	394,313	394,313	585,915,408	0.000673	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	8,506,754	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,204,988	0.000000	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	35,301,310	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	17,933,145	0.000000	90.00
90.01 09001 IBMT JOINT VENTURE	0	0	0	11,769,455	0.000000	90.01
90.05 09005 CV DIAGNOSTIC SERVICES	0	0	0	91,737,503	0.000000	90.05
91.00 09100 EMERGENCY	0	439,353	439,353	335,363,795	0.001310	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	59,259,878	0.000000	92.00
200.00 Total (lines 50 through 199)	0	1,157,561	1,157,561	3,076,866,115		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/29/2023 3:22 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000493	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
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
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000556	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	341,819	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	315,010	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	162,453	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	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	0.000000	788	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	0.000673	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 IBMT JOINT VENTURE	0.000000	0	0	0	0	90.01
90.05	09005 CV DIAGNOSTIC SERVICES	0.000000	0	0	0	0	90.05
91.00	09100 EMERGENCY	0.001310	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		820,070	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2023 3:22 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		68,323	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		68,323	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)		56,962	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)		21,019	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
<b>SWING BED ADJUSTMENT</b>				
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)		75,706,748	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)		75,706,748	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		75,706,748	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,108.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,290,523	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)		23,290,523	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162		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	17,567,969	19,865	884.37	2,684	2,373,649	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	9,636,092	7,302	1,319.65	0	0	43.01	
44.00	CORONARY CARE UNIT	21,903,043	12,204	1,794.74	4,050	7,268,697	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	10,499,374	6,464	1,624.28	2,019	3,279,421	46.00	
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)						51,004,824	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)						87,217,114	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)						2,509,881	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,505,754	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						4,015,635	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						83,201,479	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)						11,361	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,108.07	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/29/2023 3:22 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						12,588,783 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	5,467,309	75,706,748	0.072217	12,588,783	909,124	90.00
91.00	Nursing Program cost	0	75,706,748	0.000000	12,588,783	0	91.00
92.00	Allied health cost	0	75,706,748	0.000000	12,588,783	0	92.00
93.00	All other Medical Education	0	75,706,748	0.000000	12,588,783	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/29/2023 3:22 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,248 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,248 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)			5,248 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)			2,795 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
<b>SWING BED ADJUSTMENT</b>				
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)			6,496,379 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)			6,496,379 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			6,496,379 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,237.88 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,459,875 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)			3,459,875 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-T162		Date/Time Prepared: 5/29/2023 3:22 pm	
				Title XVIII	Subprovider - IRF	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
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,243,233		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)					4,703,108		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					284,335		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					20,302		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					304,637		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,398,471		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00		71.00
72.00 Program routine service cost (line 9 x line 71)					72.00		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00		76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00		80.00
81.00 Inpatient routine service cost per diem limitation					81.00		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00		83.00
84.00 Program inpatient ancillary services (see instructions)					84.00		84.00
85.00 Utilization review - physician compensation (see instructions)					85.00		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00		86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/29/2023 3:22 pm
		Title XVIII	Subprovider - IRF	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	533,891	6,496,379	0.082183	0	0	90.00
91.00	Nursing Program cost	0	6,496,379	0.000000	0	0	91.00
92.00	Allied health cost	0	6,496,379	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,496,379	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2023 3:22 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		68,323	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		68,323	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)		56,962	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)		604	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)		3,803	15.00
16.00	Nursery days (title V or XIX only)		189	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		75,706,748	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)		75,706,748	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		75,706,748	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,108.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		669,274	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)		669,274	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162		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)	2,903,532	3,803	763.48	189	144,298	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	17,567,969	19,865	884.37	337	298,033	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	9,636,092	7,302	1,319.65	49	64,663	43.01
44.00	CORONARY CARE UNIT	21,903,043	12,204	1,794.74	84	150,758	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	10,499,374	6,464	1,624.28	47	76,341	46.00
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)					4,155,236	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)					5,558,603	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)					82,808	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					146,498	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					229,306	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,329,297	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)					11,361	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,108.07	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/29/2023 3:22 pm	
Cost Center Description		Title XIX		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						12,588,783 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	5,467,309	75,706,748	0.072217	12,588,783	909,124	90.00
91.00	Nursing Program cost	0	75,706,748	0.000000	12,588,783	0	91.00
92.00	Allied health cost	0	75,706,748	0.000000	12,588,783	0	92.00
93.00	All other Medical Education	0	75,706,748	0.000000	12,588,783	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/29/2023 3:22 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,248 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,248 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)			5,248 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)			0 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)			3,803 15.00
16.00	Nursery days (title V or XIX only)			189 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			6,496,379 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)			6,496,379 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			6,496,379 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,237.88 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-T162		Date/Time Prepared: 5/29/2023 3:22 pm	
				Title XIX	Subprovider - IRF	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
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					119,291		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)					119,291		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,864		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,864		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					117,427		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00		71.00
72.00 Program routine service cost (line 9 x line 71)					72.00		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00		76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00		80.00
81.00 Inpatient routine service cost per diem limitation					81.00		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00		83.00
84.00 Program inpatient ancillary services (see instructions)					84.00		84.00
85.00 Utilization review - physician compensation (see instructions)					85.00		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00		86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/29/2023 3:22 pm
		Title XIX	Subprovider - IRF	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	533,891	6,496,379	0.082183	0	0	90.00
91.00	Nursing Program cost	0	6,496,379	0.000000	0	0	91.00
92.00	Allied health cost	0	6,496,379	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,496,379	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/29/2023 3:22 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		65,269,282	30.00
31.00	03100	INTENSIVE CARE UNIT		13,553,008	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		4,719,020	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		6,304,265	34.00
41.00	04100	SUBPROVIDER - IRF		1,032	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.094793	54,265,573	5,143,996 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.147984	58,175	8,609 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072365	33,057,526	2,392,208 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.103647	1,569,921	162,718 55.00
56.00	05600	RADIOISOTOPE	0.042695	1,053,874	44,995 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.034328	16,774,391	575,831 59.00
60.00	06000	LABORATORY	0.111617	40,970,360	4,572,989 60.00
64.00	06400	INTRAVENOUS THERAPY	0.092119	52,390	4,826 64.00
65.00	06500	RESPIRATORY THERAPY	0.238927	15,209,165	3,633,880 65.00
66.00	06600	PHYSICAL THERAPY	0.174389	6,000,286	1,046,384 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.125071	4,830,527	604,159 67.00
68.00	06800	SPEECH PATHOLOGY	0.123564	1,249,176	154,353 68.00
69.00	06900	ELECTROCARDIOLOGY	0.068302	8,935,021	610,280 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.092150	2,345,268	216,116 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.266874	50,207,732	13,399,138 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.226368	28,387,114	6,425,934 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.147665	50,057,923	7,391,803 73.00
74.00	07400	RENAL DIALYSIS	0.170260	3,198,960	544,655 74.00
76.97	07697	CARDIAC REHABILITATION	0.173477	567	98 76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.289174	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.410793	126,485	51,959 90.00
90.01	09001	IBMT JOINT VENTURE	0.334297	95,856	32,044 90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.132107	23,571	3,114 90.05
91.00	09100	EMERGENCY	0.081232	35,497,525	2,883,535 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.212433	5,183,753	1,101,200 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		359,151,139	51,004,824 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		359,151,139	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/29/2023 3:22 pm	
		Title XVIII	Subprovider - IRF	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200 CORONARY CARE UNIT				32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
41.00	04100 SUBPROVIDER - IRF		8,668,642		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.094793	69,917	6,628	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.147984	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.072365	206,535	14,946	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.103647	0	0	55.00
56.00	05600 RADIOISOTOPE	0.042695	7,552	322	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.034328	0	0	59.00
60.00	06000 LABORATORY	0.111617	698,987	78,019	60.00
64.00	06400 INTRAVENOUS THERAPY	0.092119	7,496	691	64.00
65.00	06500 RESPIRATORY THERAPY	0.238927	353,213	84,392	65.00
66.00	06600 PHYSICAL THERAPY	0.174389	2,067,068	360,474	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.125071	1,925,186	240,785	67.00
68.00	06800 SPEECH PATHOLOGY	0.123564	989,004	122,205	68.00
69.00	06900 ELECTROCARDIOLOGY	0.068302	45,843	3,131	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.092150	4,280	394	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.266874	800,530	213,641	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.226368	5,839	1,322	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.147665	643,510	95,024	73.00
74.00	07400 RENAL DIALYSIS	0.170260	122,148	20,797	74.00
76.97	07697 CARDIAC REHABILITATION	0.173477	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.289174	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.410793	0	0	90.00
90.01	09001 IBMT JOINT VENTURE	0.334297	0	0	90.01
90.05	09005 CV DIAGNOSTIC SERVICES	0.132107	0	0	90.05
91.00	09100 EMERGENCY	0.081232	5,686	462	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.212433	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		7,952,794	1,243,233	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		7,952,794		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/29/2023 3:22 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		4,629,714	30.00
31.00	03100	INTENSIVE CARE UNIT		1,233,024	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		2,591,610	31.01
32.00	03200	CORONARY CARE UNIT		723,287	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		513,743	34.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		628,552	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.094793	3,340,592	316,665 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.147984	2,710,220	401,069 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072365	2,557,182	185,050 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.103647	22,921	2,376 55.00
56.00	05600	RADIOISOTOPE	0.042695	33,289	1,421 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.034328	913,705	31,366 59.00
60.00	06000	LABORATORY	0.111617	3,918,538	437,375 60.00
64.00	06400	INTRAVENOUS THERAPY	0.092119	151,066	13,916 64.00
65.00	06500	RESPIRATORY THERAPY	0.238927	1,470,114	351,250 65.00
66.00	06600	PHYSICAL THERAPY	0.174389	373,410	65,119 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.125071	294,387	36,819 67.00
68.00	06800	SPEECH PATHOLOGY	0.123564	70,867	8,757 68.00
69.00	06900	ELECTROCARDIOLOGY	0.068302	658,572	44,982 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.092150	156,372	14,410 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.266874	5,348,719	1,427,434 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.226368	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.147665	3,916,029	578,260 73.00
74.00	07400	RENAL DIALYSIS	0.170260	121,814	20,740 74.00
76.97	07697	CARDIAC REHABILITATION	0.173477	2,273	394 76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.289174	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.410793	51,695	21,236 90.00
90.01	09001	IBMT JOINT VENTURE	0.334297	0	0 90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.132107	8,077	1,067 90.05
91.00	09100	EMERGENCY	0.081232	2,361,382	191,820 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.212433	17,466	3,710 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		28,498,690	4,155,236 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		28,498,690	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/29/2023 3:22 pm
		Title XIX	Subprovider - IRF	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - IRF		1,349,395	41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.094793	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.147984	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.072365	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.103647	0	55.00
56.00	05600 RADIOISOTOPE	0.042695	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.034328	0	59.00
60.00	06000 LABORATORY	0.111617	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.092119	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.238927	0	65.00
66.00	06600 PHYSICAL THERAPY	0.174389	341,819	59,609 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.125071	315,010	39,399 67.00
68.00	06800 SPEECH PATHOLOGY	0.123564	162,453	20,073 68.00
69.00	06900 ELECTROCARDIOLOGY	0.068302	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.092150	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.266874	788	210 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.226368	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.147665	0	73.00
74.00	07400 RENAL DIALYSIS	0.170260	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.173477	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.289174	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.410793	0	90.00
90.01	09001 IBMT JOINT VENTURE	0.334297	0	90.01
90.05	09005 CV DIAGNOSTIC SERVICES	0.132107	0	90.05
91.00	09100 EMERGENCY	0.081232	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.212433	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		820,070	119,291 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net charges (line 200 minus line 201)		820,070	202.00

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS

Provider CCN: 15-0162

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

Worksheet D-6  
Parts I - IV  
Date/Time Prepared:  
5/29/2023 3:22 pm

Inpatient Routine Services Acquisition Costs		D-1	Routine Services Acquisition Charges	Per Diem Costs (see instructions)	Inpatient Acquisition Days	Acquisition Costs (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
<b>PART I - INPATIENT ROUTINE AND ANCILLARY SERVICES CELLULAR THERAPY ACQUISITION COSTS</b>							
1.00	ADULTS & PEDIATRICS	38.00	0	1,108.07	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	884.37	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,319.65	0	0	2.01
3.00	CORONARY CARE UNIT	44.00					3.00
4.00	BURN INTENSIVE CARE UNIT	45.00					4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	1,624.28	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Ancillary Services Acquisition Costs		C	Ratio of Cost to Charges (from Wkst. C, Pt. 1, col. 9)	Inpatient Ancillary Services Acquisition Charges	Outpatient Ancillary Services Acquisition Charges	Inpatient Ancillary Services Acquisition Cost	
		0	1.00	2.00	3.00	4.00	
8.00	OPERATING ROOM	50.00	0.094793	1,454	0	138	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00					10.00
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.072365	1,585,015	0	114,700	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.103647	11,330	0	1,174	13.00
14.00	RADIOISOTOPE	56.00	0.042695	0	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.034328	0	0	0	17.00
18.00	LABORATORY	60.00	0.111617	795,943	0	88,841	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.092119	14,996	0	1,381	22.00
23.00	ELECTROCARDIOLOGY	69.00	0.068302	0	0	0	23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.266874	2,656	0	709	24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	0.147665	106,896	0	15,785	25.00
26.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	0	26.00
27.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	0	27.00
27.97	CARDIAC REHABILITATION	76.97	0.173477	0	0	0	27.97
28.00	CLINIC	90.00	0.410793	0	0	0	28.00
28.01	IBMT JOINT VENTURE	90.01	0.334297	30,956	0	10,348	28.01
28.05	CV DIAGNOSTIC SERVICES	90.05	0.132107	34,801	0	4,597	28.05
30.00	TOTAL (sum of lines 8 through 28)			2,584,047	0	237,673	30.00
Ancillary Services Acquisition Costs		Outpatient Ancillary Services Acquisition Cost					
		5.00					
8.00	OPERATING ROOM	0					8.00
9.00	RECOVERY ROOM	0					9.00
10.00	DELIVERY ROOM & LABOR ROOM	0					10.00
11.00	ANESTHESIOLOGY	0					11.00
12.00	RADIOLOGY-DIAGNOSTIC	0					12.00
13.00	RADIOLOGY-THERAPEUTIC	0					13.00
14.00	RADIOISOTOPE	0					14.00
15.00	CT SCAN	0					15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	0					16.00
17.00	CARDIAC CATHETERIZATION	0					17.00
18.00	LABORATORY	0					18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	0					21.00
22.00	INTRAVENOUS THERAPY	0					22.00
23.00	ELECTROCARDIOLOGY	0					23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0					24.00
25.00	DRUGS CHARGED TO PATIENTS	0					25.00
26.00	ASC (NON-DISTINCT PART)	0					26.00
27.00	OTHER ANCILLARY SERVICE COST CENTERS	0					27.00
27.97	CARDIAC REHABILITATION	0					27.97
28.00	CLINIC	0					28.00
28.01	IBMT JOINT VENTURE	0					28.01
28.05	CV DIAGNOSTIC SERVICES	0					28.05
30.00	TOTAL (sum of lines 8 through 28)	0					30.00

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS		Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet D-6 Parts I - IV Date/Time Prepared: 5/29/2023 3:22 pm	
Interns and Residents Not in Approved Teaching Program Acquisition Costs		D-2	Average Cost Per Day (from Wkst. D-2, Pt. 1, col. 4)	Inpatient Acquisition Days	Inpatient Part B Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
<b>PART II - INTERNS AND RESIDENTS NOT IN AN APPROVED TEACHING PROGRAM CELLULAR THERAPY ACQUISITION COSTS</b>							
1.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	1.00
2.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	0	2.01
3.00	CORONARY CARE UNIT	4.00					3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
7.00	TOTAL (sum of lines 1 through 6)			0	0	0	7.00
					Amount		
					1.00		
<b>PART III - SUMMARY OF CELLULAR THERAPY ACQUISITION COSTS</b>							
1.00	Acquisition cost from Worksheet B, col. 26 (see instructions)				10,208,226		1.00
Acquisition Services Total Costs				Inpatient	Outpatient		
				1.00	2.00		
2.00	Routine and ancillary			237,673	0	0	2.00
3.00	Interns and residents			0			3.00
4.00	Apportionment of acquisition cost from line 1			10,208,226	0	0	4.00
5.00	Cost of physicians' services in a teaching hospital (see instructions)			0	0	0	5.00
6.00	Total acquisition cost (sum of lines 2 through 5)			10,445,899	0	0	6.00
Determine Ratio of Medicare Transplants to Total Transplants				Inpatient	Outpatient	Total	
				1.00	2.00	3.00	
7.00	Total transplants (see instructions)			37	0	37	7.00
8.00	Medicare transplants (see instructions)			7	0		8.00
9.00	Medicare ratio (line 8 ÷ line 7)			0.189189	0.000000		9.00
10.00	Medicare cost (see instructions)			1,976,249	0		10.00
					Amount		
					1.00		
<b>PART IV - STATISTICS</b>							
1.00	Number of recipients intended for allogeneic HSCT where the acquisition cost was incurred but the transplant did not occur (see instructions)					0	1.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/29/2023 3:22 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		52,855,306	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		19,360,784	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		4,381,233	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,371,720	2.04
3.00	Managed Care Simulated Payments		59,968,346	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		467.87	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		21.78	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)		0.32	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.		0.81	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)		22.27	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		22.92	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		22.27	12.00
13.00	Total allowable FTE count for the prior year.		22.27	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.		17.87	14.00
15.00	Sum of lines 12 through 14 divided by 3.		20.80	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		20.80	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.044457	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.047676	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.044457	21.00
22.00	IME payment adjustment (see instructions)		1,732,608	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,438,761	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.65	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		1,732,608	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,438,761	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.04	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.58	31.00
32.00	Sum of lines 30 and 31		26.62	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.18	33.00
34.00	Disproportionate share adjustment (see instructions)		2,018,440	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/29/2023 3:22 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Payment Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		8,843,657	7,673,313 35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		6,614,569	1,934,097 35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		8,548,666	36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		90,268,757	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		91,707,518	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,470,439	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).		872,077	52.00
53.00	Nursing and Allied Health Managed Care payment		228,558	53.00
54.00	Special add-on payments for new technologies		431,891	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)		1,976,249	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)		129,724	58.00
59.00	Total (sum of amounts on lines 49 through 58)		101,816,456	59.00
60.00	Primary payer payments		23,425	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		101,793,031	61.00
62.00	Deductibles billed to program beneficiaries		6,138,336	62.00
63.00	Coinurance billed to program beneficiaries		433,098	63.00
64.00	Allowable bad debts (see instructions)		258,900	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		168,285	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		86,638	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		95,389,882	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)		-102,131	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/29/2023 3:22 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			95,287,751	71.00
71.01	Sequestration adjustment (see instructions)			1,200,625	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs				71.03
72.00	Interim payments			89,135,416	72.00
72.01	Interim payments-PARHM or CHART				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			4,951,710	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			88,335	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
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	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
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
<b>HRR Adjustment for HSP Bonus Payment</b>					
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
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
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
<b>Cost Reimbursement</b>					
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
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
<b>Comparison of PPS versus Cost Reimbursement</b>					
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: 15-0162

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2023 3:22 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	52,855,306	0	52,855,306		52,855,306	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	19,360,784	0		19,360,784	19,360,784	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	4,381,233	0	4,381,233		4,381,233	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,371,720	0		1,371,720	1,371,720	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	59,968,346	0	43,262,953	16,705,393	59,968,346	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.044457	0.044457	0.044457	0.044457		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,732,608	0	1,268,104	464,504	1,732,608	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,438,761	0	1,037,965	400,796	1,438,761	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,732,608	0	1,268,104	464,504	1,732,608	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,438,761	0	1,037,965	400,796	1,438,761	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1118	0.1118	0.1118	0.1118		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,018,440	0	1,477,306	541,134	2,018,440	11.00
11.01	Uncompensated care payments	36.00	8,548,666	0	6,614,569	1,934,097	8,548,666	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	90,268,757	0	66,596,518	23,672,239	90,268,757	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	91,707,518	0	67,634,483	24,073,035	91,707,518	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. 1, if applicable)	50.00	6,470,439	0	4,772,857	1,697,582	6,470,439	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0162

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2023 3:22 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	431,891	0	326,015	105,875	431,890	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	72,733,355	25,876,492	98,609,847	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	5,481,064	0	4,028,304	1,452,760	5,481,064	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	874,821	0	660,362	214,459	874,821	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	0.0209	0.0209	0.0209	0.0209		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	114,554	0	84,191	30,363	114,554	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,470,439	0	4,772,857	1,697,582	6,470,439	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0162		Period: From 01/01/2022 To 12/31/2022		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2023 3:22 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	52,855,306	52,855,306		52,855,306	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	19,360,784		19,360,784	19,360,784	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	4,381,233	4,381,233		4,381,233	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,371,720		1,371,720	1,371,720	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	59,968,346	43,262,953	16,705,393	59,968,346	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.044457	0.044457	0.044457		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,732,608	1,268,104	464,504	1,732,608	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,438,761	1,037,965	400,796	1,438,761	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,732,608	1,268,104	464,504	1,732,608	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,438,761	1,037,965	400,796	1,438,761	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1118	0.1118	0.1118		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,018,440	1,477,306	541,134	2,018,440	11.00
11.01	Uncompensated care payments	36.00	8,548,666	6,614,569	1,934,097	8,548,666	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	90,268,757	66,596,518	23,672,239	90,268,757	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	91,707,518	67,634,483	24,073,035	91,707,518	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,470,439	4,772,857	1,697,582	6,470,439	16.00
17.00	Special add-on payments for new technologies	54.00	431,891	326,016	105,875	431,891	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			72,733,356	25,876,492	98,609,848	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0162

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/29/2023 3:22 pm

		Title XVIII				Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)						
		0	1.00	2.00	3.00	4.00			
20.00	Capital DRG other than outlier	1.00	5,481,064	4,028,304	1,452,760	5,481,064	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	874,821	660,362	214,459	874,821	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	0.0209	0.0209	0.0209		22.00		
23.00	Indirect medical education adjustment (see instructions)	6.00	114,554	84,191	30,363	114,554	23.00		
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00		
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00		
26.00	Total prospective capital payments (see instructions)	12.00	6,470,439	4,772,857	1,697,582	6,470,439	26.00		
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)						
		0	1.00	2.00	3.00	4.00			
27.00							27.00		
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00		
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00		
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00		
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01		
31.00	HRR adjustment (see instructions)	70.94	-102,131	-10,638	-91,493	-102,131	31.00		
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01		
						(Amt. to Wkst. E, Pt. A)			
		0	1.00	2.00	3.00	4.00			
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00		
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/29/2023 3:22 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		30,371	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		55,391,846	2.00
3.00	OPPS payments		52,680,399	3.00
4.00	Outlier payment (see instructions)		315,310	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		160,297	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		30,371	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		180,652	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)		180,652	14.00
<b>Customary charges</b>				
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)		180,652	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		150,281	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)		30,371	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)		53,156,006	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		146	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		8,878,000	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)		44,308,231	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		516,329	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)		44,824,560	30.00
31.00	Primary payer payments		3,956	31.00
32.00	Subtotal (line 30 minus line 31)		44,820,604	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		441,051	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		286,683	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		231,507	36.00
37.00	Subtotal (see instructions)		45,107,287	37.00
38.00	MSP-LCC reconciliation amount from PS&R		281	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		3,460	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		45,107,006	40.00
40.01	Sequestration adjustment (see instructions)		568,349	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		45,018,327	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)		-479,670	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		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/29/2023 3:22 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: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/29/2023 3:22 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		92	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		463	2.00
3.00	OPPS payments		321	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)		92	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		625	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)		625	14.00
<b>Customary charges</b>				
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)		625	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		533	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)		92	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)		321	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		0	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)		413	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)		413	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		413	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)		413	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	39.50
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)		413	40.00
40.01	Sequestration adjustment (see instructions)		5	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		440	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)		-32	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
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/29/2023 3:22 pm
	Title XVIII	Subprovider - IRF	PPS
			1.00
200.00	MEDI CARE PART B ANCILLARY COSTS Part B Combined Billed Days		
			200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0162

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2023 3:22 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		87,450,742		43,575,316	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	12/31/2022	1,568,674	12/31/2022	1,443,011	3.01	
3.02		12/31/2022	116,000		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)		1,684,674		1,443,011	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)		89,135,416		45,018,327	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		4,951,710		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		479,670	6.02	
7.00	Total Medicare program liability (see instructions)		94,087,126		44,538,657	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: 15-0162  
Component CCN: 15-T162

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2023 3:22 pm

Title XVIII

Subprovider -  
IRF

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		5,548,834		440	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)		5,548,834		440	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		10,202		32	6.02
7.00	Total Medicare program liability (see instructions)		5,538,632		408	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/29/2023 3:22 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part III Date/Time Prepared: 5/29/2023 3:22 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			5,193,628 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0097 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			213,977 3.00
4.00	Outlier Payments			241,614 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	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 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	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 7.00
8.00	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 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			14.378082 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			5,649,219 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,649,219 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,649,219 19.00
20.00	Deductibles			35,716 20.00
21.00	Subtotal (line 19 minus line 20)			5,613,503 21.00
22.00	Coinsurance			5,057 22.00
23.00	Subtotal (line 21 minus line 22)			5,608,446 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,608,446 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			863 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,609,309 32.00
32.01	Sequestration adjustment (see instructions)			70,677 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			5,548,834 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-10,202 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			241,614 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
<b>FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE</b>				
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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2023 3:22 pm	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		28,498,690	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		28,498,690	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		28,498,690	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		28,498,690	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		10,962,933		22.00
23.00	Outlier payments		0		23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		9,554		26.00
27.00	Subtotal (sum of lines 22 through 26)		10,972,487		27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		10,972,487		29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		10,972,487		31.00
32.00	Deductibles		38,859		32.00
33.00	Coinurance		237,038		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		10,696,590		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		10,696,590		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		10,696,590		40.00
41.00	Interim payments		10,696,504		41.00
42.00	Balance due provider/program (line 40 minus line 41)		86		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0		43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2023 3:22 pm
		Title XIX	Subprovider - IRF	PPS
			Inpatient 1.00	Outpatient 2.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant programs only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		1,349,395	8.00
9.00	Ancillary service charges		820,070	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		2,169,465	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		2,169,465	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		2,169,465	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/29/2023 3:22 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			19.50	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			0.94	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)			18.56	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			22.92	6.00
7.00	Enter the lesser of line 5 or line 6			18.56	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.	22.92	0.00	22.92	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.	18.56	0.00	18.56	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	18.56	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	18.56	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	18.51	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	18.54	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	18.54	0.00		17.00
18.00	Per resident amount	135,823.72	135,823.72		18.00
18.01	Per resident amount under §131 of the CAA 2021				18.01
19.00	Approved amount for resident costs	2,518,172	0	2,518,172	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)			4.36	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,518,172	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/29/2023 3:22 pm	
		Title XVIII	Hospital	PPS	
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	32,567	28,426		26.00
27.00	Total Inpatient Days (see instructions)	108,943	108,943		27.00
28.00	Ratio of inpatient days to total inpatient days	0.298936	0.260925		28.00
29.00	Program direct GME amount	752,772	657,054	1,409,826	29.00
29.01	Percent reduction for MA DGME		3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		21,420	21,420	30.00
31.00	Net Program direct GME amount			1,388,406	31.00
				1.00	
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)</b>					
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)			8,506,754	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>					
<b>Part A Reasonable Cost</b>					
37.00	Reasonable cost (see instructions)			91,920,222	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			1,976,249	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			23,425	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			93,873,046	41.00
<b>Part B Reasonable Cost</b>					
42.00	Reasonable cost (see instructions)			55,583,069	42.00
43.00	Primary payer payments (see instructions)			3,956	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			55,579,113	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			149,452,159	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.628114	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.371886	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48.00	Total program GME payment (line 31)			1,388,406	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			872,077	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			516,329	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/29/2023 3:22 pm
Title XVIII			PPS	
			1.00	
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 15-0162

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

Worksheet G

Date/Time Prepared:  
5/29/2023 3:22 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	354,315,758	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	509,834,527	0	0	0	4.00
5.00	Other receivable	3,616,172	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-387,444,487	0	0	0	6.00
7.00	Inventory	13,405,795	0	0	0	7.00
8.00	Prepaid expenses	1,610,206	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	2,902,072	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	498,240,043	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	21,196,680	0	0	0	12.00
13.00	Land improvements	35,234,568	0	0	0	13.00
14.00	Accumulated depreciation	-32,582,349	0	0	0	14.00
15.00	Buildings	251,062,099	0	0	0	15.00
16.00	Accumulated depreciation	-139,224,802	0	0	0	16.00
17.00	Leasehold improvements	18,931,604	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	283,651,816	0	0	0	19.00
20.00	Accumulated depreciation	-168,940,976	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	210,851,342	0	0	0	23.00
24.00	Accumulated depreciation	-125,285,289	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	354,894,693	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	30,815,135	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	124,466,821	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	155,281,956	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,008,416,692	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	85,739,807	0	0	0	37.00
38.00	Salaries, wages, and fees payable	18,048,284	0	0	0	38.00
39.00	Payroll taxes payable	3,101,976	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	11,853,387	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	118,743,454	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	2,383,251	0	0	0	48.00
49.00	Other long term liabilities	32,194,684	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	34,577,935	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	153,321,389	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	855,095,303				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)	855,095,303	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,008,416,692	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0162

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

Worksheet G-1

Date/Time Prepared:  
5/29/2023 3:22 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		928,236,820		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		327,057,913			2.00
3.00	Total (sum of line 1 and line 2)		1,255,294,733		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,255,294,733		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,255,294,733		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: 15-0162

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/29/2023 3:22 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	268,244,955		268,244,955	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	25,624,015		25,624,015	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	293,868,970		293,868,970	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	39,407,286		39,407,286	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	41,119,554		41,119,554	11.01
12.00	CORONARY CARE UNIT	52,044,464		52,044,464	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	26,178,193		26,178,193	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	158,749,497		158,749,497	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	452,618,467		452,618,467	17.00
18.00	Ancillary services	1,057,556,882	1,438,860,247	2,496,417,129	18.00
19.00	Outpatient services	109,416,516	353,185,808	462,602,324	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	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	70,635	16,161,383	16,232,018	26.00
27.00	OTHER REVENUE	162,449	145,226,410	145,388,859	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,619,824,949	1,953,433,848	3,573,258,797	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		602,389,890		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		602,389,890		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0162

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

Worksheet G-3

Date/Time Prepared:  
5/29/2023 3:22 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,573,258,797	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,681,941,947	2.00
3.00	Net patient revenues (line 1 minus line 2)	891,316,850	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	602,389,890	4.00
5.00	Net income from service to patients (line 3 minus line 4)	288,926,960	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	253,103	6.00
7.00	Income from investments	18,001,958	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	5,041,449	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,411,057	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.)	784,868	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	496,214	20.00
21.00	Rental of vending machines	43,938	21.00
22.00	Rental of hospital space	5,839,460	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	5,258,906	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	38,130,953	25.00
26.00	Total (line 5 plus line 25)	327,057,913	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)	327,057,913	29.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN: 15-0162 Hospice CCN: 15-1523		Period: From 01/01/2022 To 12/31/2022		Worksheet 0 Date/Time Prepared: 5/29/2023 3:22 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1	1	0	1	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	258,397	258,397	10,584	268,981	4.00
5.00	PLANT OPERATIONS & MAINTENANCE*	0	1	1	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	18,888	18,888	0	18,888	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	23,411	23,411	0	23,411	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	80,970	80,970	0	80,970	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	63,697	0	63,697	0	63,697	13.00
14.00	PHARMACY*	0	347,876	347,876	0	347,876	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	2,362,416	30,464	2,392,880	0	2,392,880	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	427,130	0	427,130	0	427,130	33.00
34.00	SPIRITUAL COUNSELING**	195,139	0	195,139	0	195,139	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	517,018	0	517,018	0	517,018	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	238,810	238,810	0	238,810	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	1	1	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	145,398	145,398	0	145,398	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	410,319	410,319	0	410,319	42.50
43.00	OUTPATIENT SERVICES**	0	1,105	1,105	0	1,105	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM *	82,950	0	82,950	0	82,950	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	2,245,739	73,196	2,318,935	0	2,318,935	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	5,894,089	1,628,837	7,522,926	10,584	7,533,510	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0162

Period: From 01/01/2022

Worksheet 0

Hospice CCN: 15-1523

To 12/31/2022

Date/Time Prepared: 5/29/2023 3:22 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	268,981	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	18,888	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	23,411	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	80,970	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	63,697	13.00
14.00	PHARMACY*	0	347,876	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	2,392,880	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	427,130	33.00
34.00	SPIRITUAL COUNSELING**	0	195,139	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	517,018	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	238,810	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	145,398	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	410,319	42.50
43.00	OUTPATIENT SERVICES**	0	1,105	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
<b>NONREIMBURSABLE COST CENTERS</b>				
60.00	BEREAVEMENT PROGRAM *	0	82,950	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	2,318,935	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	7,533,510	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0162 Hospice CCN: 15-1523	Period: From 01/01/2022 To 12/31/2022	Worksheet 0-2 Date/Time Prepared: 5/29/2023 3:22 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	HOSPICE I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	104,581	29,748	134,329	0	134,329	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	427,130	0	427,130	0	427,130	33.00
34.00	SPIRITUAL COUNSELING	195,139	0	195,139	0	195,139	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	488,477	0	488,477	0	488,477	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	233,595	233,595	0	233,595	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	1	1	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	141,981	141,981	0	141,981	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	401,359	401,359	0	401,359	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	1,215,327	806,684	2,022,011	0	2,022,011	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	134,329	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	427,130	33.00
34.00	SPIRITUAL COUNSELING	0	195,139	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	488,477	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	233,595	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	141,981	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	401,359	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	2,022,011	100.00

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

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

Provider CCN: 15-0162

Period: From 01/01/2022

Worksheet 0-3

Hospice CCN: 15-1523

To 12/31/2022

Date/Time Prepared: 5/29/2023 3:22 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	226,038	664	226,702	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	2,857	0	2,857	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	5,215	5,215	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	3,170	3,170	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	8,960	8,960	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	228,895	18,009	246,904	0	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DIRECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	226,702
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	0
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	2,857
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	5,215
39.00	PATIENT TRANSPORTATION	0	0
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	3,170
42.50	DRUGS CHARGED TO PATIENTS	0	8,960
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	246,904

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0162 Hospice CCN: 15-1523	Period: From 01/01/2022 To 12/31/2022	Worksheet 0-4 Date/Time Prepared: 5/29/2023 3:22 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	2,031,797	52	2,031,849	0	2,031,849	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	25,684	0	25,684	0	25,684	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	247	247	0	247	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	1,105	1,105	0	1,105	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	2,057,481	1,404	2,058,885	0	2,058,885	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	2,031,849	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	25,684	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	247	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	1,105	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	2,058,885	100.00

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

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

Provider CCN: 15-0162

Period: From 01/01/2022

Worksheet 0-5

Hospice CCN: 15-1523

To 12/31/2022

Date/Time Prepared: 5/29/2023 3:22 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1	277,600	277,601	3.00
4.00	ADMINISTRATIVE & GENERAL	268,981	1,222,960	1,491,941	4.00
5.00	PLANT OPERATION & MAINTENANCE	1	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE	18,888	0	18,888	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	23,411	0	23,411	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	299	299	10.00
11.00	MEDICAL RECORDS	0	893	893	11.00
12.00	STAFF TRANSPORTATION	80,970	0	80,970	12.00
13.00	VOLUNTEER SERVICE COORDINATION	63,697	0	63,697	13.00
14.00	PHARMACY	347,876	0	347,876	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
<b>LEVEL OF CARE</b>					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,022,011	0	2,022,011	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	246,904	0	246,904	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,058,885	0	2,058,885	53.00
<b>NONREIMBURSABLE COST CENTERS</b>					
60.00	BEREAVEMENT PROGRAM	82,950	0	82,950	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	2,318,935	0	2,318,935	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	7,533,510	1,501,752	9,035,262	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period: From 01/01/2022

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Hospice CCN: 15-1523

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Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	277,601	0	0	277,601	3.00
4.00	ADMINISTRATIVE & GENERAL	1,491,941	0	0	27,927	1,519,868
5.00	PLANT OPERATION & MAINTENANCE	1	0	0	0	1
6.00	LAUNDRY & LINEN SERVICE	18,888	0	0	0	18,888
7.00	HOUSEKEEPING	0	0	0	0	0
8.00	DIETARY	23,411	0	0	0	23,411
9.00	NURSING ADMINISTRATION	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES	299	0	0	0	299
11.00	MEDICAL RECORDS	893	0	0	0	893
12.00	STAFF TRANSPORTATION	80,970	0	0	0	80,970
13.00	VOLUNTEER SERVICE COORDINATION	63,697	0	0	2,291	65,988
14.00	PHARMACY	347,876	0	0	0	347,876
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	2,022,011			43,706	2,065,717
52.00	HOSPICE INPATIENT RESPIRE CARE	246,904	0	0	8,232	255,136
53.00	HOSPICE GENERAL INPATIENT CARE	2,058,885	0	0	73,992	2,132,877
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	82,950	0	0	0	82,950
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	2,318,935	0	0	121,453	2,440,388
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	9,035,262	0	0	277,601	9,035,262

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period: From 01/01/2022

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Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	1,519,868					4.00
5.00 PLANT OPERATION & MAINTENANCE	0	1				5.00
6.00 LAUNDRY & LINEN SERVICE	3,820	0	22,708			6.00
7.00 HOUSEKEEPING	0	0		0		7.00
8.00 DIETARY	4,735	0		0	28,146	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	60	0		0		10.00
11.00 MEDICAL RECORDS	181	0		0		11.00
12.00 STAFF TRANSPORTATION	16,375	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	13,345	0		0		13.00
14.00 PHARMACY	70,352	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	0	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
<b>LEVEL OF CARE</b>						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	417,758					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	51,597	1	21,466	0	26,606	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	431,340	0	1,242	0	1,540	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00 BEREAVEMENT PROGRAM	16,775	0		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	493,530	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THIRFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	1,519,868	1	22,708	0	28,146	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period: From 01/01/2022

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Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	359			10.00
11.00	MEDICAL RECORDS	0		1,074		11.00
12.00	STAFF TRANSPORTATION	0			97,345	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0	17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	352	1,053	97,345	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	7	20	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	1	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	359	1,074	97,345	79,333

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0162

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Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	418,228					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				0		17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0		0	50.00
51.00	410,301	0	0		3,070,316	51.00
52.00	6,482	0	0	0	362,728	52.00
53.00	1,445	0	0	0	2,568,575	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0		0		99,725	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		2,933,918	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	418,228	0	0	0	9,035,262	100.00

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

Provider CCN: 15-0162

Hospice CCN: 15-1523

Period:  
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Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIX	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	5,295,950			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	532,766	-1,519,868	7,515,394	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	18,888	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	23,411	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	299	10.00
11.00	MEDICAL RECORDS	0	0	0	0	893	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	80,970	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	43,701	0	65,988	13.00
14.00	PHARMACY	0	0	0	0	347,876	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			833,802	0	2,065,717	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	157,039	0	255,136	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	1,411,580	0	2,132,877	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	82,950	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	2,317,062	0	2,440,388	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)			277,601		1,519,868	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.052418		0.202234	101.00

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

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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	329					5.00
6.00	LAUNDRY & LINEN SERVICE	0	329				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	329		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	311	311	0	311	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	18	18	0	18	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	1	22,708	0	28,146	0	100.00
101.00	UNIT COST MULTIPLIER	0.003040	69.021277	0.000000	85.550152	0.000000	101.00

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

Provider CCN: 15-0162

Period:  
From 01/01/2022

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Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	16,517					10.00
11.00	MEDICAL RECORDS		16,517				11.00
12.00	STAFF TRANSPORTATION			100			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	31,056	13.00
14.00	PHARMACY					0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES					0	15.00
16.00	OTHER GENERAL SERVICE					0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	16,188	16,188	100		30,452	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	311	311	0		553	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	18	18	0		51	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM			0		0	60.00
61.00	VOLUNTEER PROGRAM			0		0	61.00
62.00	FUNDRAISING			0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0		0	63.00
64.00	PALLIATIVE CARE PROGRAM			0		0	64.00
65.00	OTHER PHYSICIAN SERVICES			0		0	65.00
66.00	RESIDENTIAL CARE			0		0	66.00
67.00	ADVERTISING			0		0	67.00
68.00	TELEHEALTH/TELEMONITORING			0		0	68.00
69.00	THRIFT STORE			0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0		0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	359	1,074	97,345		79,333	100.00
101.00	UNIT COST MULTIPLIER	0.021735	0.065024	973.450000		2.554514	101.00

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

Provider CCN: 15-0162

Hospice CCN: 15-1523

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

Worksheet 0-6  
Part II  
Date/Time Prepared:  
5/29/2023 3:22 pm

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

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

Provider CCN: 15-0162

Period: From 01/01/2022

Worksheet 0-7

Hospice CCN: 15-1523

To 12/31/2022

Date/Time Prepared: 5/29/2023 3:22 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.174389	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.125071	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.123564	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.147665	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.111617	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.266874	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.103647	0	0	0	9.00
10.97	CARDIAC REHABILITATION	76.97	0.173477	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Shared Service Costs by LOC					
		Charges by LOC (from Provider Records)					
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0162

Period: From 01/01/2022

Worksheet 0-8

Hospice CCN: 15-1523

To 12/31/2022

Date/Time Prepared: 5/29/2023 3:22 pm

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
<b>HOSPICE CONTINUOUS HOME CARE</b>					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
<b>HOSPICE ROUTINE HOME CARE</b>					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			3,070,316	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			16,188	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			189.67	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	14,109	739		9.00
10.00	Program cost (line 8 times line 9)	2,676,054	140,166		10.00
<b>HOSPICE INPATIENT RESPITE CARE</b>					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			362,728	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			311	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			1,166.33	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	275	18		14.00
15.00	Program cost (line 13 times line 14)	320,741	20,994		15.00
<b>HOSPICE GENERAL INPATIENT CARE</b>					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			2,568,575	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			18	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			142,698.61	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	15	2		19.00
20.00	Program cost (line 18 times line 19)	2,140,479	285,397		20.00
<b>TOTAL HOSPICE CARE</b>					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			6,001,619	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			16,517	22.00
23.00	Average cost per diem (line 21 divided by line 22)			363.36	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0162	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/29/2023 3:22 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		5,481,064	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		874,821	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)		284.10	3.00
4.00	Number of interns & residents (see instructions)		20.80	4.00
5.00	Indirect medical education percentage (see instructions)		2.09	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		114,554	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		6,470,439	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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