

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: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/31/2023 12:20 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/31/2023	Time: 12:20 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HENDRICKS REGIONAL HEALTH (15-0005) 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	Stanton Risser	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Stanton Risser		2
3	Signatory Title	SENIOR VICE PRESIDENT/CFO		3
4	Date	(Dated when report is electronically		4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	639,553	27,017	0	-728,579
2.00	SUBPROVIDER - IPF	0	0	0	0	0
3.00	SUBPROVIDER - IRF	0	0	0	0	0
5.00	SWING BED - SNF	0	0	0	0	0
6.00	SWING BED - NF	0	0	0	0	0
7.00	SKILLED NURSING FACILITY	0	0	0	0	0
200.00	TOTAL	0	639,553	27,017	0	-728,579

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: 15-0005		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/31/2023 12:20 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1000 EAST MAIN STREET	PO Box:							1.00	
2.00	City: DANVILLE	State: IN		Zip Code: 46122-1409		County: HENDRICKS			2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	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	HENDRICKS REGIONAL HEALTH	150005	26900	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2022	12/31/2022		20.00	
21.00	Type of Control (see instructions)					9			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00	
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01	
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N	N		22.03	
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								22.04	
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)								22.04	
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								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: 15-0005			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/31/2023 12:20 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.	655	348	0	0	4,013	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	N		40.00	
						V	XVIII	XIX		
						1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00	
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.								57.00	

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		V	XVIII	XIX			
		1.00	2.00	3.00			
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00		
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01		
		Y/N	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/31/2023 12:20 pm	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
			Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
			1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	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
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/31/2023 12:20 pm	
			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				0
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		0
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	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		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		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		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/31/2023 12:20 pm	
		V	XIX		
		1.00	2.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. 1V, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through 1V? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00
				1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N		111.00
				1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.				113.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/31/2023 12:20 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,363,597	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		
119.00	DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
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	5.00	
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.				
Certified Transplant Center Information					
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		
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.				
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.				
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.				
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.				
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.				
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.				
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.				
133.00	Removed and reserved				
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.				
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)		N		
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	
				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		
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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/31/2023 12:20 pm		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N		155.00	
156.00	Subprovider - IPF	N	N	N	N		156.00	
157.00	Subprovider - IRF	N	N	N	N		157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00	
161.00	CMHC		N	N	N		161.00	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N					0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/31/2023 12:20 pm	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date			V/I	
		1.00	2.00			3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type			Date	
		1.00	2.00			3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		05/21/2021		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				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/08/2023	Y	03/08/2023		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)	N		N			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: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/31/2023 12:20 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		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
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MICHAEL		ALESSANDRINI	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.713.7959		MALESSANDRINI@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/31/2023 12:20 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR		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: 15-0005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2023 12:20 pm

Component	Worksheet A Line No.	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	116	42,340	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)		116	42,340	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		130	47,450	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		130				27.00
28.00	Observation Bed Days					105	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2023 12:20 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,810	480	18,840		1.00
2.00	HMO and other (see instructions)	4,766	4,133			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,810	480	18,840		7.00
8.00	INTENSIVE CARE UNIT	841	0	2,693		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		142	1,906		13.00
14.00	Total (see instructions)	6,651	622	23,439	0.00	1,867.02
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			68		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	1,867.02
28.00	Observation Bed Days		105	4,329		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	261	589		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: 15-0005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2023 12:20 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,618	110	5,791	1.00
2.00	HMO and other (see instructions)			889	972		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,618	110	5,791	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0005

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

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2023 12:20 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	189,134,150	0	189,134,150	3,883,415.00	48.70
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		1,369,232	0	1,369,232	8,581.00	159.57
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		18,128,319	0	18,128,319	106,494.26	170.23
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	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)		67,704,161	176,572	67,880,733	1,120,498.00	60.58
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		4,397,407	0	4,397,407	37,119.01	118.47
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		17,000	0	17,000	87.00	195.40
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		30,762,261	0	30,762,261		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		13,994,662	0	13,994,662		
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		161,119	0	161,119		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		2,043,403	0	2,043,403		
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)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0005

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

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2023 12:20 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	3,408,754	-163,708	3,245,046	78,371.00	41.41	26.00
27.00	Administrative & General	15,846,016	207,247	16,053,263	349,484.00	45.93	27.00
28.00	Administrative & General under contract (see inst.)	2,324,866	0	2,324,866	7,064.80	329.08	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,983,696	2,630	2,986,326	99,913.00	29.89	30.00
31.00	Laundry & Linen Service	404,899	357	405,256	20,265.00	20.00	31.00
32.00	Housekeeping	3,277,512	2,889	3,280,401	153,324.00	21.40	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,364,000	-1,754,024	609,976	25,784.00	23.66	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,756,108	1,756,108	74,233.00	23.66	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	4,374,539	3,856	4,378,395	85,207.00	51.39	38.00
39.00	Central Services and Supply	1,233,195	1,087	1,234,282	45,790.00	26.96	39.00
40.00	Pharmacy	3,116,637	2,747	3,119,384	69,830.00	44.67	40.00
41.00	Medical Records & Medical Records Library	450,344	397	450,741	18,204.00	24.76	41.00
42.00	Social Service	2,136,265	1,883	2,138,148	53,386.00	40.05	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0005

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

Worksheet S-3
Part III
Date/Time Prepared:
5/31/2023 12:20 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	173,330,697	0	173,330,697	3,783,985.54	45.81	1.00
2.00	Excluded area salaries (see instructions)	67,704,161	176,572	67,880,733	1,120,498.00	60.58	2.00
3.00	Subtotal salaries (line 1 minus line 2)	105,626,536	-176,572	105,449,964	2,663,487.54	39.59	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,414,407	0	4,414,407	37,206.01	118.65	4.00
5.00	Subtotal wage-related costs (see inst.)	30,923,380	0	30,923,380	0.00	29.33	5.00
6.00	Total (sum of lines 3 thru 5)	140,964,323	-176,572	140,787,751	2,700,693.55	52.13	6.00
7.00	Total overhead cost (see instructions)	41,920,723	61,469	41,982,192	1,080,855.80	38.84	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2023 12:20 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		6,682,737	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		25,432,571	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,476,189	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		219,056	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)		410,049	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		81,521	14.00
15.00	'Workers' Compensation Insurance		722,714	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		11,778,825	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		157,782	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		46,961,444	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/31/2023 12:20 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	4,397,407	46,961,444	1.00
2.00	Hospital	4,397,407	46,961,444	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY	0	0	8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/31/2023 12:20 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.237613	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			1,567,211	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			3,755,582	5.00
6.00	Medicaid charges			108,221,008	6.00
7.00	Medicaid cost (line 1 times line 6)			25,714,718	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)			20,391,925	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)			20,391,925	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	8,639,564	3,445,924	12,085,488	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,052,873	3,445,924	5,498,797	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)	2,052,873	3,445,924	5,498,797	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)			6,667,741	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			142,235	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			218,823	27.01
28.00	Non-Medicare bad debt expense (see instructions)			6,448,918	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,608,935	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			7,107,732	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			27,499,657	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0005

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

Worksheet A
Date/Time Prepared:
5/31/2023 12:20 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		25,702,069	25,702,069	3,770,336	29,472,405	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,408,754	48,398,963	51,807,717	-227,637	51,580,080	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,846,016	49,722,221	65,568,237	-3,527,507	62,040,730	5.00
7.00	00700	OPERATION OF PLANT	2,983,696	10,176,614	13,160,310	68,197	13,228,507	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	404,899	-299,504	105,395	-7,197	98,198	8.00
9.00	00900	HOUSEKEEPING	3,277,512	1,035,831	4,313,343	-92,723	4,220,620	9.00
10.00	01000	DIETARY	2,364,000	1,948,844	4,312,844	-3,205,908	1,106,936	10.00
11.00	01100	CAFETERIA	0	0	0	3,202,540	3,202,540	11.00
13.00	01300	NURSING ADMINISTRATION	4,374,539	697,374	5,071,913	-120,266	4,951,647	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,233,195	949,851	2,183,046	-309,816	1,873,230	14.00
15.00	01500	PHARMACY	3,116,637	30,300,221	33,416,858	-29,499,719	3,917,139	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	450,344	1,141,105	1,591,449	11,402	1,602,851	16.00
17.00	01700	SOCIAL SERVICE	2,136,265	218,802	2,355,067	10,179	2,365,246	17.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	415,251	415,251	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,603,977	4,722,181	25,326,158	-5,855,320	19,470,838	30.00
31.00	03100	INTENSIVE CARE UNIT	2,833,673	1,883,319	4,716,992	-418,426	4,298,566	31.00
43.00	04300	NURSERY	0	0	0	1,665,088	1,665,088	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,053,597	15,463,948	18,517,545	-5,941,425	12,576,120	50.00
50.01	05001	ENDOSCOPY	1,371,914	822,018	2,193,932	-303,822	1,890,110	50.01
51.00	05100	RECOVERY ROOM	1,945,714	325,813	2,271,527	-254,723	2,016,804	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	39,997	39,997	3,337,358	3,377,355	52.00
53.00	05300	ANESTHESIOLOGY	7,336,482	664,978	8,001,460	-182,946	7,818,514	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,295,054	2,801,773	10,096,827	-906,447	9,190,380	54.00
54.01	05401	RADIATION-ONCOLOGY	975,069	1,254,260	2,229,329	89,237	2,318,566	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	364,866	305,658	670,524	-15,148	655,376	56.01
59.00	05900	CARDIAC CATHETERIZATION	742,544	4,331,504	5,074,048	-737,782	4,336,266	59.00
60.00	06000	LABORATORY	4,073,053	8,866,593	12,939,646	9,518	12,949,164	60.00
64.00	06400	INTRAVENOUS THERAPY	1,823,109	397,252	2,220,361	-165,799	2,054,562	64.00
65.00	06500	RESPIRATORY THERAPY	2,242,083	1,138,949	3,381,032	-173,085	3,207,947	65.00
66.00	06600	PHYSICAL THERAPY	7,395,807	678,327	8,074,134	-239,745	7,834,389	66.00
67.00	06700	OCCUPATIONAL THERAPY	661,712	21,256	682,968	30,840	713,808	67.00
68.00	06800	SPEECH PATHOLOGY	375,884	15,486	391,370	-5,136	386,234	68.00
69.00	06900	ELECTROCARDIOLOGY	1,183,632	137,408	1,321,040	132,468	1,453,508	69.00
69.01	06901	CARDIAC REHAB	853,255	31,973	885,228	-9,971	875,257	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	759,173	96,626	855,799	-62,465	793,334	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,809,054	12,809,054	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	29,909,831	29,909,831	73.00
73.01	07301	ULTRA SOUND	535,533	396,549	932,082	-7,442	924,640	73.01
74.00	07400	RENAL DIALYSIS	0	422,499	422,499	0	422,499	74.00
76.00	03950	WOUND CARE	995,398	1,010,066	2,005,464	812	2,006,276	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,453,644	3,896,492	5,350,136	-982,821	4,367,315	90.00
91.00	09100	EMERGENCY	12,958,959	2,036,008	14,994,967	-1,107,160	13,887,807	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	121,429,989	221,753,324	343,183,313	1,101,675	344,284,988	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	57,728,896	21,565,664	79,294,560	-1,103,973	78,190,587	192.00
192.01	19201	HEALTH TRACKS	4,602,932	1,353,821	5,956,753	3,857	5,960,610	192.01
194.00	07950	PRIMARY CARE CLINIC	699,881	2,891,285	3,591,166	617	3,591,783	194.00
194.01	07951	PARTNERS IN CARE	0	518	518	0	518	194.01
194.02	07952	OCCUPATIONAL MEDICINE	826,588	573,681	1,400,269	729	1,400,998	194.02
194.03	07953	FOUNDATION	113,780	9,451	123,231	100	123,331	194.03
194.04	07954	SCHOOL & TOWN CLINICS	1,687,174	889,801	2,576,975	-4,808	2,572,167	194.04
194.05	07955	MANAGED FACILITY	444,329	198,089	642,418	392	642,810	194.05
194.06	07956	RENTAL PROPERTIES	0	81,493	81,493	0	81,493	194.06
194.07	07957	SNF NON CERTIFIED	1,600,581	132,637	1,733,218	1,411	1,734,629	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	189,134,150	249,449,764	438,583,914	0	438,583,914	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0005

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

Worksheet A
Date/Time Prepared:
5/31/2023 12:20 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	72,993	29,545,398	1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-255,989	51,324,091	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-18,375,576	43,665,154	5.00
7.00	00700 OPERATION OF PLANT	-13,754	13,214,753	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-296	97,902	8.00
9.00	00900 HOUSEKEEPING	-1,763	4,218,857	9.00
10.00	01000 DIETARY	0	1,106,936	10.00
11.00	01100 CAFETERIA	-1,104,608	2,097,932	11.00
13.00	01300 NURSING ADMINISTRATION	-201,792	4,749,855	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	-909	1,872,321	14.00
15.00	01500 PHARMACY	0	3,917,139	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-926	1,601,925	16.00
17.00	01700 SOCIAL SERVICE	-36,322	2,328,924	17.00
23.00	02300 PARAMED ED PRGM-EMS	-29,636	385,615	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-5,407,950	14,062,888	30.00
31.00	03100 INTENSIVE CARE UNIT	-202,105	4,096,461	31.00
43.00	04300 NURSERY	0	1,665,088	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-23,989	12,552,131	50.00
50.01	05001 ENDOSCOPY	0	1,890,110	50.01
51.00	05100 RECOVERY ROOM	0	2,016,804	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,377,355	52.00
53.00	05300 ANESTHESIOLOGY	-8,182,906	-364,392	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-123,173	9,067,207	54.00
54.01	05401 RADIATION-ONCOLOGY	0	2,318,566	54.01
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	0	655,376	56.01
59.00	05900 CARDIAC CATHETERIZATION	-1,847,365	2,488,901	59.00
60.00	06000 LABORATORY	-86,432	12,862,732	60.00
64.00	06400 INTRAVENOUS THERAPY	-463	2,054,099	64.00
65.00	06500 RESPIRATORY THERAPY	-1,555	3,206,392	65.00
66.00	06600 PHYSICAL THERAPY	-1,036,127	6,798,262	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	713,808	67.00
68.00	06800 SPEECH PATHOLOGY	0	386,234	68.00
69.00	06900 ELECTROCARDIOLOGY	-187,137	1,266,371	69.00
69.01	06901 CARDIAC REHAB	-328	874,929	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	793,334	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	12,809,054	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	29,909,831	73.00
73.01	07301 ULTRA SOUND	0	924,640	73.01
74.00	07400 RENAL DIALYSIS	0	422,499	74.00
76.00	03950 WOUND CARE	-304	2,005,972	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	4,367,315	90.00
91.00	09100 EMERGENCY	-6,874,662	7,013,145	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-43,923,074	300,361,914	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	78,190,587	192.00
192.01	19201 HEALTH TRACKS	0	5,960,610	192.01
194.00	07950 PRIMARY CARE CLINIC	0	3,591,783	194.00
194.01	07951 PARTNERS IN CARE	0	518	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	1,400,998	194.02
194.03	07953 FOUNDATION	0	123,331	194.03
194.04	07954 SCHOOL & TOWN CLINICS	0	2,572,167	194.04
194.05	07955 MANAGED FACILITY	0	642,810	194.05
194.06	07956 RENTAL PROPERTIES	0	81,493	194.06
194.07	07957 SNF NON CERTIFIED	0	1,734,629	194.07
200.00	TOTAL (SUM OF LINES 118 through 199)	-43,923,074	394,660,840	200.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6
Date/Time Prepared:
5/31/2023 12:20 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DRUGS RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	29,909,831	1.00
2.00		0.00	0	0	2.00
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
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
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
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
TOTALS			0	29,909,831	
B - MOB RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		65,963	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		76,836	2.00
3.00	OPERATION OF PLANT	7.00		86,507	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00		54,963	4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00		13,123	5.00
6.00	SOCIAL SERVICE	17.00		9,518	6.00
7.00	PARAMED ED PRGM-EMS	23.00		5,348	7.00
8.00	ADULTS & PEDIATRICS	30.00		32,762	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00		95,329	9.00
10.00	RADIATION-ONCOLOGY	54.01		136,187	10.00
11.00	LABORATORY	60.00		6,214	11.00
12.00	INTRAVENOUS THERAPY	64.00		38,368	12.00
13.00	PHYSICAL THERAPY	66.00		82,021	13.00
14.00	OCCUPATIONAL THERAPY	67.00		37,853	14.00
15.00	ULTRA SOUND	73.01		19,347	15.00
16.00	CLINIC	90.00		207,736	16.00
TOTALS			0	968,075	
C - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,754,561	1,446,432	1.00
TOTALS			1,754,561	1,446,432	
D - IMPLANTABLE DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	12,809,054	1.00
2.00		0.00	0	0	2.00
TOTALS			0	12,809,054	
E - BONUS/PTO RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	14,138	0	1.00
2.00	OPERATION OF PLANT	7.00	2,630	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	357	0	3.00
4.00	HOUSEKEEPING	9.00	2,889	0	4.00
5.00	DIETARY	10.00	537	0	5.00
6.00	CAFETERIA	11.00	1,547	0	6.00
7.00	NURSING ADMINISTRATION	13.00	3,856	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	1,087	0	8.00
9.00	PHARMACY	15.00	2,747	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	397	0	10.00
11.00	SOCIAL SERVICE	17.00	1,883	0	11.00
12.00	PARAMED ED PRGM-EMS	23.00	141	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	14,094	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	2,498	0	14.00
15.00	NURSERY	43.00	1,409	0	15.00
16.00	OPERATING ROOM	50.00	2,692	0	16.00
17.00	ENDOSCOPY	50.01	1,209	0	17.00
18.00	RECOVERY ROOM	51.00	1,715	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	2,658	0	19.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
20.00	ANESTHESIOLOGY	53.00	6,467	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	6,430	0	21.00
22.00	RADIATION-ONCOLOGY	54.01	859	0	22.00
23.00	NUCLEAR MEDICINE	56.01	322	0	23.00
24.00	CARDIAC CATHETERIZATION	59.00	655	0	24.00
25.00	LABORATORY	60.00	3,590	0	25.00
26.00	INTRAVENOUS THERAPY	64.00	1,607	0	26.00
27.00	RESPIRATORY THERAPY	65.00	1,976	0	27.00
28.00	PHYSICAL THERAPY	66.00	6,519	0	28.00
29.00	OCCUPATIONAL THERAPY	67.00	583	0	29.00
30.00	SPEECH PATHOLOGY	68.00	331	0	30.00
31.00	ELECTROCARDIOLOGY	69.00	1,043	0	31.00
32.00	CARDIAC REHAB	69.01	752	0	32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	669	0	33.00
34.00	ULTRA SOUND	73.01	472	0	34.00
35.00	CLINIC	90.00	1,281	0	35.00
36.00	EMERGENCY	91.00	11,282	0	36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	50,721	0	37.00
38.00	HEALTH TRACKS	192.01	4,057	0	38.00
39.00	PRIMARY CARE CLINIC	194.00	617	0	39.00
40.00	OCCUPATIONAL MEDICINE	194.02	729	0	40.00
41.00	FOUNDATION	194.03	100	0	41.00
42.00	SCHOOL & TOWN CLINICS	194.04	1,482	0	42.00
43.00	MANAGED FACILITY	194.05	392	0	43.00
44.00	SNF NON CERTIFIED	194.07	1,411	0	44.00
45.00	WOUND CARE	76.00	877	0	45.00
TOTALS			163,708	0	
F - MEDICAL SUPPLY RECLASS					
1.00	OPERATING ROOM	50.00		5,764,203	1.00
2.00	ELECTROCARDIOLOGY	69.00		139,324	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
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
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
TOTALS			0	5,903,527	
H - CHILDBIRTH CENTER RECLASS					
1.00	NURSERY	43.00	1,598,298	65,381	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,213,189	131,440	2.00
TOTALS			4,811,487	196,821	
I - MEDICAL DIRECTOR RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	193,109	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
TOTALS			193,109	0	
J - INTEREST EXPENSE RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,770,336	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00

Provider CCN: 15-0005

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

Worksheet A-6
Date/Time Prepared:
5/31/2023 12:20 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
4.00		0.00	0	0	4.00	
	TOTALS		0	3,770,336		
K - EMS EDUCATION RECLASS						
1.00	PARAMED ED PRGM-EMS	23.00	159,497	99,731	1.00	
	TOTALS		159,497	99,731		
L - EMS CLINICAL PRECEPTOR RECLASS						
1.00	PARAMED ED PRGM-EMS	23.00	150,534	0	1.00	
	TOTALS		150,534	0		
500.00	Grand Total: Increases		7,232,896	55,103,807	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DRUGS RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	102,611	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	14,563	0		2.00
4.00	HOUSEKEEPING	9.00	0	31	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	46	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,911	0		6.00
7.00	PHARMACY	15.00	0	29,330,226	0		7.00
9.00	ADULTS & PEDIATRICS	30.00	0	6,756	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	1,072	0		10.00
11.00	OPERATING ROOM	50.00	0	45,212	0		11.00
12.00	ENDOSCOPY	50.01	0	7,862	0		12.00
13.00	RECOVERY ROOM	51.00	0	13,740	0		13.00
15.00	ANESTHESIOLOGY	53.00	0	153	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	248,450	0		16.00
17.00	RADIATION-ONCOLOGY	54.01	0	1,050	0		17.00
18.00	NUCLEAR MEDICINE	56.01	0	25	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	14,707	0		19.00
20.00	LABORATORY	60.00	0	286	0		20.00
21.00	INTRAVENOUS THERAPY	64.00	0	8,780	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	10,291	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	74,591	0		23.00
25.00	ELECTROCARDIOLOGY	69.00	0	7,899	0		25.00
26.00	CARDIAC REHAB	69.01	0	18	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	491	0		27.00
28.00	WOUND CARE	76.00	0	65	0		28.00
29.00	CLINIC	90.00	0	14,997	0		29.00
30.00	EMERGENCY	91.00	0	3,998	0		30.00
	TOTALS		0	29,909,831			
B - MOB RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	968,075	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
	TOTALS		0	968,075			
C - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,754,561	1,446,432	0		1.00
	TOTALS		1,754,561	1,446,432			
D - IMPLANTABLE DEVICE RECLASS							
1.00	OPERATING ROOM	50.00	0	11,657,011	0		1.00
2.00	CLINIC	90.00	0	1,152,043	0		2.00
	TOTALS		0	12,809,054			
E - BONUS/PTO RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	163,708	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6
Date/Time Prepared:
5/31/2023 12:20 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
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	
41.00		0.00	0	0	0	0	41.00	
42.00		0.00	0	0	0	0	42.00	
43.00		0.00	0	0	0	0	43.00	
44.00		0.00	0	0	0	0	44.00	
45.00		0.00	0	0	0	0	45.00	
TOTALS			163,708	0				
F - MEDICAL SUPPLY RECLASS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		27,281	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00		41,070	0		2.00	
3.00	OPERATION OF PLANT	7.00		20,940	0		3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00		62,517	0		4.00	
5.00	HOUSEKEEPING	9.00		95,581	0		5.00	
6.00	DIETARY	10.00		5,452	0		6.00	
7.00	NURSING ADMINISTRATION	13.00		124,076	0		7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00		308,992	0		8.00	
9.00	PHARMACY	15.00		172,240	0		9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00		2,118	0		10.00	
11.00	SOCIAL SERVICE	17.00		1,222	0		11.00	
12.00	ADULTS & PEDIATRICS	30.00		887,112	0		12.00	
13.00	INTENSIVE CARE UNIT	31.00		419,852	0		13.00	
14.00	ENDOSCOPY	50.01		291,159	0		14.00	
15.00	RECOVERY ROOM	51.00		242,698	0		15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00		9,929	0		16.00	
17.00	ANESTHESIOLOGY	53.00		189,260	0		17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00		759,756	0		18.00	
19.00	RADIATION-ONCOLOGY	54.01		46,759	0		19.00	
20.00	NUCLEAR MEDICINE	56.01		15,445	0		20.00	
21.00	CARDIAC CATHETERIZATION	59.00		723,730	0		21.00	
23.00	INTRAVENOUS THERAPY	64.00		196,994	0		23.00	
24.00	RESPIRATORY THERAPY	65.00		164,770	0		24.00	
25.00	PHYSICAL THERAPY	66.00		253,694	0		25.00	
26.00	OCCUPATIONAL THERAPY	67.00		7,596	0		26.00	
27.00	SPEECH PATHOLOGY	68.00		5,467	0		27.00	
29.00	CARDIAC REHAB	69.01		10,705	0		29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00		62,643	0		30.00	
31.00	ULTRA SOUND	73.01		27,261	0		31.00	
33.00	CLINIC	90.00		22,526	0		33.00	
34.00	EMERGENCY	91.00		704,682	0		34.00	
TOTALS			0	5,903,527				
H - CHILDBIRTH CENTER RECLASS								
1.00	ADULTS & PEDIATRICS	30.00	4,811,487	196,821	0		1.00	
2.00		0.00	0	0	0		2.00	
TOTALS			4,811,487	196,821				
I - MEDICAL DIRECTOR RECLASS								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	186,619	0	0		1.00	
2.00	HEALTH TRACKS	192.01	200	0	0		2.00	
3.00	SCHOOL & TOWN CLINICS	194.04	6,290	0	0		3.00	
TOTALS			193,109	0				
J - INTEREST EXPENSE RECLASS								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,755,957	11		1.00	
2.00	OPERATING ROOM	50.00	0	6,097	0		2.00	
3.00	ENDOSCOPY	50.01	0	6,010	0		3.00	
4.00	CLINIC	90.00	0	2,272	0		4.00	
TOTALS			0	3,770,336				

Provider CCN: 15-0005

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

Worksheet A-6
Date/Time Prepared:
5/31/2023 12:20 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	K - EMS EDUCATION RECLASS							
1.00	EMERGENCY	91.00	159,497	99,731	0		1.00	
	TOTALS		159,497	99,731				
	L - EMS CLINICAL PRECEPTOR RECLASS							
1.00	EMERGENCY	91.00	150,534	0	0		1.00	
	TOTALS		150,534	0				
500.00	Grand Total: Decreases		7,232,896	55,103,807			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7
Part I
Date/Time Prepared:
5/31/2023 12:20 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,327,800	2,377,476	0	2,377,476	0	1.00
2.00	Land Improvements	10,161,634	69,499	0	69,499	0	2.00
3.00	Buildings and Fixtures	300,828,421	5,388,650	0	5,388,650	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	153,882,242	5,279,576	0	5,279,576	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	484,200,097	13,115,201	0	13,115,201	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	484,200,097	13,115,201	0	13,115,201	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	21,705,276	0				1.00
2.00	Land Improvements	10,231,133	0				2.00
3.00	Buildings and Fixtures	306,217,071	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	159,161,818	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	497,315,298	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	497,315,298	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7
Part II
Date/Time Prepared:
5/31/2023 12:20 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	NEW CAP REL COSTS-BLDG & FIXT	25,702,069	0	0	0	0	1.00
3.00	Total (sum of lines 1-2)	25,702,069	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	NEW CAP REL COSTS-BLDG & FIXT	0	25,702,069				1.00
3.00	Total (sum of lines 1-2)	0	25,702,069				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7
Part III
Date/Time Prepared:
5/31/2023 12:20 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	NEW CAP REL COSTS-BLDG & FIXT	497,315,298	0	497,315,298	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	497,315,298	0	497,315,298	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	25,775,444	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	25,775,444	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,769,954	0	0	0	29,545,398	1.00
3.00	Total (sum of lines 1-2)	3,769,954	0	0	0	29,545,398	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0005

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

Worksheet A-8

Date/Time Prepared:
5/31/2023 12:20 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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-382	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00		2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-24,143,207				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	0				12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,104,608	CAFETERIA	11.00		14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)	B	-29,636	PARAMED ED PRGM-EMS	23.00		19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0005

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

Worksheet A-8

Date/Time Prepared:
5/31/2023 12:20 pm

31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		68.00	0	31.00			
				Basis/Code (2)	Amount				Cost Center	Line #	Wkst. A-7 Ref.
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00			
33.00	1993 CARRYFORWARD	A	70,087	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	33.00			
33.01	1994 CARRYFORWARD	A	3,288	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	33.01			
33.02	ADMITTING TELEPHONE (EQUIPMENT)	A	0			0.00	0	33.02			
33.03	ADMITTING TELEPHONE (SALARY)	A	0			0.00	0	33.03			
33.04	MARKETING DEPARTMENT	A	-3,022,288	ADMINISTRATIVE & GENERAL		5.00	0	33.04			
33.05	PHYSICIAN RECRUITMENT	A	0			0.00	0	33.05			
33.06	IHA LOBBYING EXPENSE	A	-10,322	ADMINISTRATIVE & GENERAL		5.00	0	33.06			
33.07	AHA LOBBYING EXPENSE	A	-7,461	ADMINISTRATIVE & GENERAL		5.00	0	33.07			
33.08	HOSPITAL ASSESSMENT FEE	A	-8,261,311	ADMINISTRATIVE & GENERAL		5.00	0	33.08			
33.09	HIP ASSESSMENT FEE	A	-6,414,853	ADMINISTRATIVE & GENERAL		5.00	0	33.09			
33.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.10			
33.11	MISC INCOME	B	-91,462	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.11			
33.12	MISC INCOME	B	-480,660	ADMINISTRATIVE & GENERAL		5.00	0	33.12			
33.13	MISC INCOME	B	-13,754	OPERATION OF PLANT		7.00	0	33.13			
33.14	MISC INCOME	B	-296	LAUNDRY & LINEN SERVICE		8.00	0	33.14			
33.15	MISC INCOME	B	-1,763	HOUSEKEEPING		9.00	0	33.15			
33.16	MISC INCOME	B	-117,151	NURSING ADMINISTRATION		13.00	0	33.16			
33.17	MISC INCOME	B	-909	CENTRAL SERVICES & SUPPLY		14.00	0	33.17			
33.18	MISC INCOME	B	0			0.00	0	33.18			
33.19	MISC INCOME	B	-926	MEDICAL RECORDS & LIBRARY		16.00	0	33.19			
33.20	MISC INCOME	B	-33,356	SOCIAL SERVICE		17.00	0	33.20			
33.21	MISC INCOME	B	-9,975	ADULTS & PEDIATRICS		30.00	0	33.21			
33.22	MISC INCOME	B	-199,306	INTENSIVE CARE UNIT		31.00	0	33.22			
33.23	MISC INCOME	B	-23,989	OPERATING ROOM		50.00	0	33.23			
33.24	MISC INCOME	B	0			0.00	0	33.24			
33.25	MISC INCOME	B	0			0.00	0	33.25			
33.26	MISC INCOME	B	0			0.00	0	33.26			
33.27	MISC INCOME	B	-515	RADIOLOGY-DIAGNOSTIC		54.00	0	33.27			
33.28	MISC INCOME	B	0			0.00	0	33.28			
33.29	MISC INCOME	B	0			0.00	0	33.29			
33.30	MISC INCOME	B	-5,000	CARDIAC CATHETERIZATION		59.00	0	33.30			
33.31	MISC INCOME	B	-8	LABORATORY		60.00	0	33.31			
33.32	MISC INCOME	B	-463	INTRAVENOUS THERAPY		64.00	0	33.32			
33.33	MISC INCOME	B	0			0.00	0	33.33			
33.34	MISC INCOME	B	-141	PHYSICAL THERAPY		66.00	0	33.34			
33.35	MISC INCOME	B	0			0.00	0	33.35			
33.36	MISC INCOME	B	0			0.00	0	33.36			
33.37	MISC INCOME	B	0			0.00	0	33.37			
33.38	MISC INCOME	B	-328	CARDIAC REHAB		69.01	0	33.38			
33.39	MISC INCOME	B	-304	WOUND CARE		76.00	0	33.39			
33.40	MISC INCOME	B	0			0.00	0	33.40			
33.41	MISC INCOME	B	-22,075	EMERGENCY		91.00	0	33.41			
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-43,923,074					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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0005

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

Worksheet A-8-2

Date/Time Prepared:
5/31/2023 12:20 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	372,773	11,654	361,119	211,500	2,048	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	289,617	0	289,617	211,500	1,091	2.00
3.00	13.00	NURSING ADMINISTRATION	84,641	84,641	0	211,500	0	3.00
4.00	17.00	SOCIAL SERVICE	2,966	2,966	0	211,500	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	5,397,975	5,397,975	0	211,500	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	2,799	2,799	0	211,500	0	6.00
7.00	0.00		0	0	0	246,400	0	7.00
8.00	53.00	ANESTHESIOLOGY	8,182,906	8,182,906	0	239,400	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	122,658	122,658	0	271,900	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	1,842,365	1,842,365	0	271,900	0	10.00
11.00	60.00	LABORATORY	86,424	86,424	0	260,300	0	11.00
12.00	65.00	RESPIRATORY THERAPY	1,555	1,555	0	211,500	0	12.00
13.00	66.00	PHYSICAL THERAPY	1,035,986	1,035,986	0	211,500	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	187,137	187,137	0	211,500	0	14.00
15.00	0.00		0	0	0	211,500	0	15.00
16.00	0.00		0	0	0	211,500	0	16.00
17.00	0.00		0	0	0	211,500	0	17.00
18.00	0.00		0	0	0	211,500	0	18.00
19.00	91.00	EMERGENCY	6,852,587	6,852,587	0	211,500	0	19.00
200.00			24,462,389	23,811,653	650,736		3,139	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0005

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

Worksheet A-8-2
Date/Time Prepared:
5/31/2023 12:20 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	208,246	10,412	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	110,936	5,547	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	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	66.00	PHYSICAL THERAPY	0	0	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	0.00		0	0	0	0	0	15.00
16.00	0.00		0	0	0	0	0	16.00
17.00	0.00		0	0	0	0	0	17.00
18.00	0.00		0	0	0	0	0	18.00
19.00	91.00	EMERGENCY	0	0	0	0	0	19.00
200.00			319,182	15,959	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0005

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

Worksheet A-8-2

Date/Time Prepared:
5/31/2023 12:20 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	208,246	152,873	164,527		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	110,936	178,681	178,681		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	84,641		3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	2,966		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,397,975		5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	2,799		6.00
7.00	0.00		0	0	0	0		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	8,182,906		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	122,658		9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,842,365		10.00
11.00	60.00	LABORATORY	0	0	0	86,424		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	1,555		12.00
13.00	66.00	PHYSICAL THERAPY	0	0	0	1,035,986		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	187,137		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	91.00	EMERGENCY	0	0	0	6,852,587		19.00
200.00			0	319,182	331,554	24,143,207		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2023 12:20 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADM NI STRATI V E & GENERAL	
		NEW BLDG & FIXT				
	0	1.00	4.00	4A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	29,545,398	29,545,398			1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	51,324,091	428,281	51,752,372		4.00
5.00 00500	ADM NI STRATI VE & GENERAL	43,665,154	2,123,299	4,469,309	50,257,762	5.00
7.00 00700	OPERATION OF PLANT	13,214,753	3,473,436	831,408	17,519,597	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	97,902	326,192	112,825	536,919	8.00
9.00 00900	HOUSEKEEPING	4,218,857	152,980	913,280	5,285,117	9.00
10.00 01000	DI ETARY	1,106,936	574,471	169,820	1,851,227	10.00
11.00 01100	CAFETERIA	2,097,932	102,021	488,909	2,688,862	11.00
13.00 01300	NURSI NG ADM NI STRATI ON	4,749,855	296,940	1,218,967	6,265,762	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,872,321	554,547	343,630	2,770,498	14.00
15.00 01500	PHARMACY	3,917,139	234,459	868,452	5,020,050	15.00
16.00 01600	MEDI CAL RECORDS & LIBRARY	1,601,925	264,019	125,489	1,991,433	16.00
17.00 01700	SOCI AL SERVI CE	2,328,924	51,576	595,271	2,975,771	17.00
23.00 02300	PARAM ED PRGM-EMS	385,615	97,494	86,353	569,462	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDI ATRI CS	14,062,888	2,767,144	4,400,632	21,230,664	30.00
31.00 03100	INTENSIVE CARE UNIT	4,096,461	302,153	789,604	5,188,218	31.00
43.00 04300	NURSERY	1,665,088	57,200	445,366	2,167,654	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	12,552,131	770,248	850,886	14,173,265	50.00
50.01 05001	ENDOSCOPY	1,890,110	764,521	382,284	3,036,915	50.01
51.00 05100	RECOVERY ROOM	2,016,804	939,996	542,174	3,498,974	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,377,355	376,636	895,308	4,649,299	52.00
53.00 05300	ANESTHESIOLOGY	-364,392	0	2,044,314	1,679,922	53.00
54.00 05400	RADIOLOGY-DI AGNOSTIC	9,067,207	1,176,753	2,032,770	12,276,730	54.00
54.01 05401	RADIATI ON-ONCOLOGY	2,318,566	471,181	271,703	3,061,450	54.01
56.00 05600	RADIO SOTOPE	0	0	0	0	56.00
56.01 05601	NUCLEAR MEDICINE	655,376	18,072	101,670	775,118	56.01
59.00 05900	CARDI AC CATHETERI ZATI ON	2,488,901	326,912	206,910	3,022,723	59.00
60.00 06000	LABORATORY	12,862,732	490,385	1,134,958	14,488,075	60.00
64.00 06400	INTRAVENOUS THERAPY	2,054,099	227,703	508,010	2,789,812	64.00
65.00 06500	RESPI RATORY THERAPY	3,206,392	259,081	624,757	4,090,230	65.00
66.00 06600	PHYSI CAL THERAPY	6,798,262	675,840	2,060,845	9,534,947	66.00
67.00 06700	OCCUPATI ONAL THERAPY	713,808	336,548	184,386	1,234,742	67.00
68.00 06800	SPEECH PATHOLOGY	386,234	81,445	104,740	572,419	68.00
69.00 06900	ELECTROCARDIOLOGY	1,266,371	143,549	329,819	1,739,739	69.00
69.01 06901	CARDI AC REHAB	874,929	168,034	237,760	1,280,723	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	793,334	225,852	211,544	1,230,730	70.00
71.00 07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATI ENT	12,809,054	0	0	12,809,054	72.00
73.00 07300	DRUGS CHARGED TO PATI ENTS	29,909,831	0	0	29,909,831	73.00
73.01 07301	ULTRA SOUND	924,640	131,204	149,226	1,205,070	73.01
74.00 07400	RENAL DI ALYSI S	422,499	0	0	422,499	74.00
76.00 03950	WOUND CARE	2,005,972	0	277,368	2,283,340	76.00
77.00 07700	ALLOGENEI C STEM CELL ACQUI SITI ON	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINI C	4,367,315	700,222	405,058	5,472,595	90.00
91.00 09100	EMERGENCY	7,013,145	1,121,679	3,524,666	11,659,490	91.00
92.00 09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
102.00 10200	OPI OI D TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	300,361,914	21,212,073	32,940,471	273,216,688	32,535,725
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSI CI ANS' PRI VATE OFFI CES	78,190,587	7,021,836	16,034,097	101,246,520	14,774,657
192.01 19201	HEALTH TRACKS	5,960,610	618,640	1,282,553	7,861,803	1,147,249
194.00 07950	PRIMARY CARE CLINI C	3,591,783	0	195,022	3,786,805	552,597
194.01 07951	PARTNERS IN CARE	518	0	0	518	76
194.02 07952	OCCUPATI ONAL MEDI CI NE	1,400,998	149,139	230,329	1,780,466	259,818
194.03 07953	FOUNDATI ON	123,331	26,577	31,705	181,613	26,502
194.04 07954	SCHOOL & TOWN CLINI CS	2,572,167	0	468,379	3,040,546	443,698
194.05 07955	MANAGED FACI LITI Y	642,810	0	123,813	766,623	111,871
194.06 07956	RENTAL PROPERTI ES	81,493	63,784	0	145,277	21,200
194.07 07957	SNF NON CERTI FIED	1,734,629	453,349	446,003	2,633,981	384,369
200.00	Cross Foot Adjustments	0	0	0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	394,660,840	29,545,398	51,752,372	394,660,840	50,257,762

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0005		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/31/2023 12:20 pm	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	20,076,179					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	615,270				8.00
9.00	00900	HOUSEKEEPING	259,396	0	6,315,754			9.00
10.00	01000	DIETARY	1,017,660	0	32,242	3,171,273		10.00
11.00	01100	CAFETERIA	180,727	0	139,713	0	3,401,680	11.00
13.00	01300	NURSING ADMINISTRATION	526,022	0	32,242	0	147,538	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	941,177	0	10,747	0	79,287	14.00
15.00	01500	PHARMACY	415,338	690	21,494	0	120,913	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	329,743	0	0	0	31,521	16.00
17.00	01700	SOCIAL SERVICE	0	0	3,582	0	92,439	17.00
23.00	02300	PARAMED ED PRGM-EMS	121,376	0	0	0	12,948	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,275,057	143,939	1,071,137	2,518,649	513,497	30.00
31.00	03100	INTENSIVE CARE UNIT	535,255	42,498	383,316	347,885	104,248	31.00
43.00	04300	NURSERY	101,329	14,342	14,330	0	68,406	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,364,473	20,531	261,514	0	140,742	50.00
50.01	05001	ENDOSCOPY	1,354,328	30,633	136,131	0	56,091	50.01
51.00	05100	RECOVERY ROOM	1,665,178	43,188	128,966	0	76,248	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	667,201	25,810	179,120	0	129,075	52.00
53.00	05300	ANESTHESIOLOGY	0	73,556	7,165	0	87,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,057,085	4,941	429,887	0	302,798	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	111,054	0	47,260	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	32,014	0	10,747	0	15,196	56.01
59.00	05900	CARDIAC CATHETERIZATION	579,116	0	71,648	0	32,622	59.00
60.00	06000	LABORATORY	669,874	6,362	297,338	0	238,832	60.00
64.00	06400	INTRAVENOUS THERAPY	0	49	50,153	0	69,744	64.00
65.00	06500	RESPIRATORY THERAPY	385,996	0	50,153	0	90,862	65.00
66.00	06600	PHYSICAL THERAPY	427,002	34,016	587,512	0	317,625	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,304	0	53,736	0	28,165	67.00
68.00	06800	SPEECH PATHOLOGY	144,278	0	21,494	0	16,051	68.00
69.00	06900	ELECTROCARDIOLOGY	254,293	9,509	57,318	0	74,180	69.00
69.01	06901	CARDIAC REHAB	179,573	88	85,977	0	35,642	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	400,090	631	50,153	0	37,363	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	41,431	0	10,747	0	19,634	73.01
74.00	07400	RENAL DIALYSIS	0	91	14,330	0	0	74.00
76.00	03950	WOUND CARE	0	0	0	0	41,700	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	25,275	272,262	0	0	90.00
91.00	09100	EMERGENCY	1,252,392	96,317	580,347	0	312,694	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,203,708	572,466	5,176,555	2,866,534	3,340,625	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	69,375	22,273	784,543	0	0	192.00
192.01	19201	HEALTH TRACKS	0	4,375	157,625	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	3,184	111,054	0	0	194.00
194.01	07951	PARTNERS IN CARE	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	686	75,230	0	0	194.02
194.03	07953	FOUNDATION	0	0	3,582	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	301	7,165	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	803,096	11,985	0	304,739	61,055	194.07
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)	20,076,179	615,270	6,315,754	3,171,273	3,401,680	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0005		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/31/2023 12:20 pm	
Cost Center Description			NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	7,885,908					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,205,999				14.00
15.00	01500	PHARMACY	0	0	6,311,046			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,643,301		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,506,037	17.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,927,669	0	0	208,271	1,814,914	30.00
31.00	03100	INTENSIVE CARE UNIT	391,350	0	0	51,211	250,731	31.00
43.00	04300	NURSERY	256,797	0	0	46,661	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	528,349	4,205,999	0	494,671	1,080,906	50.00
50.01	05001	ENDOSCOPY	210,567	0	0	102,876	0	50.01
51.00	05100	RECOVERY ROOM	286,236	0	0	88,241	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	484,550	0	0	88,044	0	52.00
53.00	05300	ANESTHESIOLOGY	327,740	0	0	85,992	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,136,708	0	0	199,713	0	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	57,046	0	0	0	0	56.01
59.00	05900	CARDIAC CATHETERIZATION	122,464	0	0	227,612	0	59.00
60.00	06000	LABORATORY	0	0	0	412,825	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	341,098	0	0	80,987	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	30,406	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,753	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,280	0	68.00
69.00	06900	ELECTROCARDIOLOGY	278,475	0	0	57,551	0	69.00
69.01	06901	CARDIAC REHAB	133,800	0	0	6,860	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,311,046	0	0	73.00
73.01	07301	ULTRA SOUND	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	2,901	0	74.00
76.00	03950	WOUND CARE	0	0	0	33,900	0	76.00
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
91.00	09100	EMERGENCY	1,173,856	0	0	405,546	359,486	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,656,705	4,205,999	6,311,046	2,643,301	3,506,037	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HEALTH TRACKS	0	0	0	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	0	0	0	0	194.00
194.01	07951	PARTNERS IN CARE	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	FOUNDATION	0	0	0	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	0	0	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	229,203	0	0	0	0	194.07
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)	7,885,908	4,205,999	6,311,046	2,643,301	3,506,037	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/31/2023 12:20 pm	
Cost Center Description	PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
23.00 02300	PARAMED ED PRGM-EMS	786,886			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	36,801,924	0	36,801,924
31.00 03100	INTENSIVE CARE UNIT	0	8,051,813	0	8,051,813
43.00 04300	NURSERY	0	2,985,838	0	2,985,838
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	24,338,712	0	24,338,712
50.01 05001	ENDOSCOPY	0	5,370,709	0	5,370,709
51.00 05100	RECOVERY ROOM	0	6,297,626	0	6,297,626
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	6,901,557	0	6,901,557
53.00 05300	ANESTHESIOLOGY	0	2,506,825	0	2,506,825
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	17,199,368	0	17,199,368
54.01 05401	RADIATION-ONCOLOGY	0	3,666,512	0	3,666,512
56.00 05600	RADIOISOTOPE	0	0	0	0
56.01 05601	NUCLEAR MEDICINE	0	1,003,232	0	1,003,232
59.00 05900	CARDIAC CATHETERIZATION	0	4,497,282	0	4,497,282
60.00 06000	LABORATORY	0	18,227,507	0	18,227,507
64.00 06400	INTRAVENOUS THERAPY	0	3,316,867	0	3,316,867
65.00 06500	RESPIRATORY THERAPY	0	5,636,201	0	5,636,201
66.00 06600	PHYSICAL THERAPY	0	12,322,914	0	12,322,914
67.00 06700	OCCUPATIONAL THERAPY	0	1,534,882	0	1,534,882
68.00 06800	SPEECH PATHOLOGY	0	845,053	0	845,053
69.00 06900	ELECTROCARDIOLOGY	0	2,724,940	0	2,724,940
69.01 06901	CARDIAC REHAB	0	1,909,555	0	1,909,555
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,898,564	0	1,898,564
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	14,678,241	0	14,678,241
73.00 07300	DRUGS CHARGED TO PATIENTS	0	40,585,529	0	40,585,529
73.01 07301	ULTRA SOUND	0	1,452,734	0	1,452,734
74.00 07400	RENAL DIALYSIS	0	501,475	0	501,475
76.00 03950	WOUND CARE	0	2,692,141	0	2,692,141
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	6,568,731	0	6,568,731
91.00 09100	EMERGENCY	786,886	18,328,448	0	18,328,448
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	786,886	252,845,180	0	252,845,180
NONREIMBURSABLE COST CENTERS					
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	116,897,368	0	116,897,368
192.01 19201	HEALTH TRACKS	0	9,171,052	0	9,171,052
194.00 07950	PRIMARY CARE CLINIC	0	4,453,640	0	4,453,640
194.01 07951	PARTNERS IN CARE	0	594	0	594
194.02 07952	OCCUPATIONAL MEDICINE	0	2,116,200	0	2,116,200
194.03 07953	FOUNDATION	0	211,697	0	211,697
194.04 07954	SCHOOL & TOWN CLINICS	0	3,491,710	0	3,491,710
194.05 07955	MANAGED FACILITY	0	878,494	0	878,494
194.06 07956	RENTAL PROPERTIES	0	166,477	0	166,477
194.07 07957	SNF NON CERTIFIED	0	4,428,428	0	4,428,428
200.00	Cross Foot Adjustments	0	0	0	0
201.00	Negative Cost Centers	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	786,886	394,660,840	0	394,660,840

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/31/2023 12:20 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
		0	1.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	428,281	428,281	428,281	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	2,123,299	2,123,299	36,987	5.00
7.00	00700	OPERATION OF PLANT	0	3,473,436	3,473,436	6,880	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	326,192	326,192	934	8.00
9.00	00900	HOUSEKEEPING	0	152,980	152,980	7,558	9.00
10.00	01000	DIETARY	0	574,471	574,471	1,405	10.00
11.00	01100	CAFETERIA	0	102,021	102,021	4,046	11.00
13.00	01300	NURSING ADMINISTRATION	0	296,940	296,940	10,088	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	554,547	554,547	2,844	14.00
15.00	01500	PHARMACY	0	234,459	234,459	7,187	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	264,019	264,019	1,039	16.00
17.00	01700	SOCIAL SERVICE	0	51,576	51,576	4,926	17.00
23.00	02300	PARAMED ED PRGM-EMS	0	97,494	97,494	715	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,767,144	2,767,144	36,418	30.00
31.00	03100	INTENSIVE CARE UNIT	0	302,153	302,153	6,535	31.00
43.00	04300	NURSERY	0	57,200	57,200	3,686	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	770,248	770,248	7,042	50.00
50.01	05001	ENDOSCOPY	0	764,521	764,521	3,164	50.01
51.00	05100	RECOVERY ROOM	0	939,996	939,996	4,487	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	376,636	376,636	7,409	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,918	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,176,753	1,176,753	16,823	54.00
54.01	05401	RADIATION-ONCOLOGY	0	471,181	471,181	2,249	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	0	18,072	18,072	841	56.01
59.00	05900	CARDIAC CATHETERIZATION	0	326,912	326,912	1,712	59.00
60.00	06000	LABORATORY	0	490,385	490,385	9,393	60.00
64.00	06400	INTRAVENOUS THERAPY	0	227,703	227,703	4,204	64.00
65.00	06500	RESPIRATORY THERAPY	0	259,081	259,081	5,170	65.00
66.00	06600	PHYSICAL THERAPY	0	675,840	675,840	17,055	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	336,548	336,548	1,526	67.00
68.00	06800	SPEECH PATHOLOGY	0	81,445	81,445	867	68.00
69.00	06900	ELECTROCARDIOLOGY	0	143,549	143,549	2,729	69.00
69.01	06901	CARDIAC REHAB	0	168,034	168,034	1,968	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	225,852	225,852	1,751	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	0	131,204	131,204	1,235	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	WOUND CARE	0	0	0	2,295	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	700,222	700,222	3,352	90.00
91.00	09100	EMERGENCY	0	1,121,679	1,121,679	29,169	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	21,212,073	21,212,073	272,607	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,021,836	7,021,836	132,686	192.00
192.01	19201	HEALTH TRACKS	0	618,640	618,640	10,614	192.01
194.00	07950	PRIMARY CARE CLINIC	0	0	0	1,614	194.00
194.01	07951	PARTNERS IN CARE	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	149,139	149,139	1,906	194.02
194.03	07953	FOUNDATION	0	26,577	26,577	262	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	0	0	3,876	194.04
194.05	07955	MANAGED FACILITY	0	0	0	1,025	194.05
194.06	07956	RENTAL PROPERTIES	0	63,784	63,784	0	194.06
194.07	07957	SNF NON CERTIFIED	0	453,349	453,349	3,691	194.07
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)	0	29,545,398	29,545,398	428,281	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/31/2023 12:20 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	3,590,216				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	330,494			8.00	
9.00	00900	HOUSEKEEPING	46,388	0	240,080		9.00	
10.00	01000	DIETARY	181,988	0	1,226	770,703	10.00	
11.00	01100	CAFETERIA	32,319	0	5,311	0	11.00	
13.00	01300	NURSING ADMINISTRATION	94,068	0	1,226	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	168,310	0	409	0	14.00	
15.00	01500	PHARMACY	74,275	371	817	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	58,968	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	136	0	17.00	
23.00	02300	PARAMED ED PRGM-EMS	21,706	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	764,507	77,316	40,716	612,098	30.00	
31.00	03100	INTENSIVE CARE UNIT	95,720	22,828	14,571	84,545	31.00	
43.00	04300	NURSERY	18,121	7,704	545	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	244,008	11,028	9,941	0	50.00	
50.01	05001	ENDOSCOPY	242,194	16,455	5,175	0	50.01	
51.00	05100	RECOVERY ROOM	297,783	23,198	4,902	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	119,315	13,864	6,809	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	39,511	272	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	189,038	2,654	16,341	0	54.00	
54.01	05401	RADIATION-ONCOLOGY	0	0	4,221	0	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
56.01	05601	NUCLEAR MEDICINE	5,725	0	409	0	56.01	
59.00	05900	CARDIAC CATHETERIZATION	103,563	0	2,724	0	59.00	
60.00	06000	LABORATORY	119,793	3,418	11,303	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	26	1,906	0	64.00	
65.00	06500	RESPIRATORY THERAPY	69,028	0	1,906	0	65.00	
66.00	06600	PHYSICAL THERAPY	76,361	18,272	22,333	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	4,704	0	2,043	0	67.00	
68.00	06800	SPEECH PATHOLOGY	25,801	0	817	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	45,475	5,108	2,179	0	69.00	
69.01	06901	CARDIAC REHAB	32,113	47	3,268	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	71,548	339	1,906	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
73.01	07301	ULTRA SOUND	7,409	0	409	0	73.01	
74.00	07400	RENAL DIALYSIS	0	49	545	0	74.00	
76.00	03950	WOUND CARE	0	0	0	0	76.00	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	13,577	10,349	0	90.00	
91.00	09100	EMERGENCY	223,965	51,737	22,061	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	14,760	92.00	
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,434,193	307,502	196,776	696,643	157,682	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,406	11,964	29,823	0	0	192.00
192.01	19201	HEALTH TRACKS	0	2,350	5,992	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	1,710	4,221	0	0	194.00
194.01	07951	PARTNERS IN CARE	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	368	2,860	0	0	194.02
194.03	07953	FOUNDATION	0	0	136	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	162	272	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	143,617	6,438	0	74,060	2,882	194.07
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)	3,590,216	330,494	240,080	770,703	160,564	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/31/2023 12:20 pm	
Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	448,591					13.00
14.00	01400	0	747,231				14.00
15.00	01500	0	0	354,307			15.00
16.00	01600	0	0	0	338,006		16.00
17.00	01700	0	0	0	0	79,668	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	109,656	0	0	26,630	41,240	30.00
31.00	03100	22,262	0	0	6,548	5,697	31.00
43.00	04300	14,608	0	0	5,966	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	30,055	747,231	0	63,275	24,562	50.00
50.01	05001	11,978	0	0	13,154	0	50.01
51.00	05100	16,283	0	0	11,283	0	51.00
52.00	05200	27,564	0	0	11,258	0	52.00
53.00	05300	18,644	0	0	10,995	0	53.00
54.00	05400	64,662	0	0	25,536	0	54.00
54.01	05401	0	0	0	0	0	54.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	3,245	0	0	0	0	56.01
59.00	05900	6,966	0	0	29,103	0	59.00
60.00	06000	0	0	0	52,785	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	19,403	0	0	10,355	0	65.00
66.00	06600	0	0	0	3,888	0	66.00
67.00	06700	0	0	0	1,503	0	67.00
68.00	06800	0	0	0	931	0	68.00
69.00	06900	15,841	0	0	7,359	0	69.00
69.01	06901	7,611	0	0	877	0	69.01
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	354,307	0	0	73.00
73.01	07301	0	0	0	0	0	73.01
74.00	07400	0	0	0	371	0	74.00
76.00	03950	0	0	0	4,335	0	76.00
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	66,775	0	0	51,854	8,169	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		435,553	747,231	354,307	338,006	79,668	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	13,038	0	0	0	0	194.07
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		448,591	747,231	354,307	338,006	79,668	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/31/2023 12:20 pm	
Cost Center Description	PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
23.00 02300	PARAMED ED PRGM-EMS	124,098			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	4,633,142	0	4,633,142	30.00
31.00 03100	INTENSIVE CARE UNIT	598,326	0	598,326	31.00
43.00 04300	NURSERY	124,657	0	124,657	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	2,002,942	0	2,002,942	50.00
50.01 05001	ENDOSCOPY	1,078,340	0	1,078,340	50.01
51.00 05100	RECOVERY ROOM	1,323,480	0	1,323,480	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	598,113	0	598,113	52.00
53.00 05300	ANESTHESIOLOGY	100,999	0	100,999	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,583,112	0	1,583,112	54.00
54.01 05401	RADIATION-ONCOLOGY	499,086	0	499,086	54.01
56.00 05600	RADIOISOTOPE	0	0	0	56.00
56.01 05601	NUCLEAR MEDICINE	33,871	0	33,871	56.01
59.00 05900	CARDIAC CATHETERIZATION	491,482	0	491,482	59.00
60.00 06000	LABORATORY	789,234	0	789,234	60.00
64.00 06400	INTRAVENOUS THERAPY	254,631	0	254,631	64.00
65.00 06500	RESPIRATORY THERAPY	394,890	0	394,890	65.00
66.00 06600	PHYSICAL THERAPY	888,554	0	888,554	66.00
67.00 06700	OCCUPATIONAL THERAPY	355,399	0	355,399	67.00
68.00 06800	SPEECH PATHOLOGY	114,210	0	114,210	68.00
69.00 06900	ELECTROCARDIOLOGY	236,654	0	236,654	69.00
69.01 06901	CARDIAC REHAB	223,634	0	223,634	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	310,880	0	310,880	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	80,351	0	80,351	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	541,931	0	541,931	73.00
73.01 07301	ULTRA SOUND	148,743	0	148,743	73.01
74.00 07400	RENAL DIALYSIS	3,615	0	3,615	74.00
76.00 03950	WOUND CARE	22,921	0	22,921	76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	761,830	0	761,830	90.00
91.00 09100	EMERGENCY	1,663,309	0	1,663,309	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	19,858,336	0	19,858,336
NONREIMBURSABLE COST CENTERS					
192.00 19200	PHYSICIANS' PRIVATE OFFICES	7,843,682	0	7,843,682	192.00
192.01 19201	HEALTH TRACKS	686,913	0	686,913	192.01
194.00 07950	PRIMARY CARE CLINIC	31,300	0	31,300	194.00
194.01 07951	PARTNERS IN CARE	3	0	3	194.01
194.02 07952	OCCUPATIONAL MEDICINE	165,442	0	165,442	194.02
194.03 07953	FOUNDATION	28,114	0	28,114	194.03
194.04 07954	SCHOOL & TOWN CLINICS	23,383	0	23,383	194.04
194.05 07955	MANAGED FACILITY	5,834	0	5,834	194.05
194.06 07956	RENTAL PROPERTIES	64,695	0	64,695	194.06
194.07 07957	SNF NON CERTIFIED	713,598	0	713,598	194.07
200.00	Cross Foot Adjustments	124,098	0	124,098	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	124,098	29,545,398	0	29,545,398

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1
Date/Time Prepared:
5/31/2023 12:20 pm

Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci liatio n	ADMI NI STRATIV E & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEE)					
	1.00	4.00	5A	5.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	861,566				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,489	185,889,104			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	61,917	16,053,263	-50,257,762	344,403,078	5.00
7.00 00700	OPERATION OF PLANT	101,288	2,986,326	0	17,519,597	330,480 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	9,512	405,256	0	536,919	0 8.00
9.00 00900	HOUSEKEEPING	4,461	3,280,401	0	5,285,117	4,270 9.00
10.00 01000	DIETARY	16,752	609,976	0	1,851,227	16,752 10.00
11.00 01100	CAFETERIA	2,975	1,756,108	0	2,688,862	2,975 11.00
13.00 01300	NURSING ADMINISTRATION	8,659	4,378,395	0	6,265,762	8,659 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	16,171	1,234,282	0	2,770,498	15,493 14.00
15.00 01500	PHARMACY	6,837	3,119,384	0	5,020,050	6,837 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,699	450,741	0	1,991,433	5,428 16.00
17.00 01700	SOCIAL SERVICE	1,504	2,138,148	0	2,975,771	0 17.00
23.00 02300	PARAMED PRGM-EMS	2,843	310,172	0	569,462	1,998 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	80,692	15,806,584	0	21,230,664	70,373 30.00
31.00 03100	INTENSIVE CARE UNIT	8,811	2,836,171	0	5,188,218	8,811 31.00
43.00 04300	NURSERY	1,668	1,599,707	0	2,167,654	1,668 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	22,461	3,056,289	0	14,173,265	22,461 50.00
50.01 05001	ENDOSCOPY	22,294	1,373,123	0	3,036,915	22,294 50.01
51.00 05100	RECOVERY ROOM	27,411	1,947,429	0	3,498,974	27,411 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	10,983	3,215,847	0	4,649,299	10,983 52.00
53.00 05300	ANESTHESIOLOGY	0	7,342,949	0	1,679,922	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	34,315	7,301,484	0	12,276,730	17,401 54.00
54.01 05401	RADIATION-ONCOLOGY	13,740	975,928	0	3,061,450	0 54.01
56.00 05600	RADIO SOTOPE	0	0	0	0	0 56.00
56.01 05601	NUCLEAR MEDICINE	527	365,188	0	775,118	527 56.01
59.00 05900	CARDIAC CATHETERIZATION	9,533	743,199	0	3,022,723	9,533 59.00
60.00 06000	LABORATORY	14,300	4,076,643	0	14,488,075	11,027 60.00
64.00 06400	INTRAVENOUS THERAPY	6,640	1,824,716	0	2,789,812	0 64.00
65.00 06500	RESPIRATORY THERAPY	7,555	2,244,059	0	4,090,230	6,354 65.00
66.00 06600	PHYSICAL THERAPY	19,708	7,402,326	0	9,534,947	7,029 66.00
67.00 06700	OCCUPATIONAL THERAPY	9,814	662,295	0	1,234,742	433 67.00
68.00 06800	SPEECH PATHOLOGY	2,375	376,215	0	572,419	2,375 68.00
69.00 06900	ELECTROCARDIOLOGY	4,186	1,184,675	0	1,739,739	4,186 69.00
69.01 06901	CARDIAC REHAB	4,900	854,007	0	1,280,723	2,956 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	6,586	759,842	0	1,230,730	6,586 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,809,054	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	29,909,831	0 73.00
73.01 07301	ULTRA SOUND	3,826	536,005	0	1,205,070	682 73.01
74.00 07400	RENAL DIALYSIS	0	0	0	422,499	0 74.00
76.00 03950	WOUND CARE	0	996,275	0	2,283,340	0 76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	20,419	1,454,925	0	5,472,595	0 90.00
91.00 09100	EMERGENCY	32,709	12,660,210	0	11,659,490	20,616 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	618,560	118,318,543	-50,257,762	222,958,926	316,118 118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSICIANS' PRIVATE OFFICES	204,762	57,592,998	0	101,246,520	1,142 192.00
192.01 19201	HEALTH TRACKS	18,040	4,606,789	0	7,861,803	0 192.01
194.00 07950	PRIMARY CARE CLINIC	0	700,498	0	3,786,805	0 194.00
194.01 07951	PARTNERS IN CARE	0	0	0	518	0 194.01
194.02 07952	OCCUPATIONAL MEDICINE	4,349	827,317	0	1,780,466	0 194.02
194.03 07953	FOUNDATION	775	113,880	0	181,613	0 194.03
194.04 07954	SCHOOL & TOWN CLINICS	0	1,682,366	0	3,040,546	0 194.04
194.05 07955	MANAGED FACILITY	0	444,721	0	766,623	0 194.05
194.06 07956	RENTAL PROPERTIES	1,860	0	0	145,277	0 194.06
194.07 07957	SNF NON CERTIFIED	13,220	1,601,992	0	2,633,981	13,220 194.07
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1
Date/Time Prepared:
5/31/2023 12:20 pm

Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci liatio n	ADMI NI STRATIV E & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEE)					
	1.00	4.00	5A	5.00	7.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	29,545,398	51,752,372		50,257,762	20,076,179	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	34.292669	0.278405		0.145927	60.748545	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		428,281		2,160,286	3,590,216	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.002304		0.006273	10.863641	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: 15-0005

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

Worksheet B-1

Date/Time Prepared:
5/31/2023 12:20 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	975,362				8.00
9.00	00900	HOUSEKEEPING	0	1,763			9.00
10.00	01000	DIETARY	0	9	24,549		10.00
11.00	01100	CAFETERIA	0	39	0	1,964,552	11.00
13.00	01300	NURSING ADMINISTRATION	0	9	0	85,207	1,213,181
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3	0	45,790	0
15.00	01500	PHARMACY	1,094	6	0	69,830	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	18,204	0
17.00	01700	SOCIAL SERVICE	0	1	0	53,386	0
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	7,478	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	228,177	299	19,497	296,556	296,556
31.00	03100	INTENSIVE CARE UNIT	67,371	107	2,693	60,206	60,206
43.00	04300	NURSERY	22,736	4	0	39,506	39,506
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,547	73	0	81,282	81,282
50.01	05001	ENDOSCOPY	48,562	38	0	32,394	32,394
51.00	05100	RECOVERY ROOM	68,464	36	0	44,035	44,035
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,915	50	0	74,544	74,544
53.00	05300	ANESTHESIOLOGY	116,605	2	0	50,420	50,420
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,833	120	0	174,873	174,873
54.01	05401	RADIATION-ONCOLOGY	0	31	0	27,294	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	05601	NUCLEAR MEDICINE	0	3	0	8,776	8,776
59.00	05900	CARDIAC CATHETERIZATION	0	20	0	18,840	18,840
60.00	06000	LABORATORY	10,086	83	0	137,931	0
64.00	06400	INTRAVENOUS THERAPY	78	14	0	40,279	0
65.00	06500	RESPIRATORY THERAPY	0	14	0	52,475	52,475
66.00	06600	PHYSICAL THERAPY	53,924	164	0	183,436	0
67.00	06700	OCCUPATIONAL THERAPY	0	15	0	16,266	0
68.00	06800	SPEECH PATHOLOGY	0	6	0	9,270	0
69.00	06900	ELECTROCARDIOLOGY	15,074	16	0	42,841	42,841
69.01	06901	CARDIAC REHAB	139	24	0	20,584	20,584
70.00	07000	ELECTROENCEPHALOGRAPHY	1,001	14	0	21,578	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	ULTRA SOUND	0	3	0	11,339	0
74.00	07400	RENAL DIALYSIS	144	4	0	0	0
76.00	03950	WOUND CARE	0	0	0	24,083	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	40,068	76	0	0	0
91.00	09100	EMERGENCY	152,688	162	0	180,588	180,588
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	907,506	1,445	22,190	1,929,291	1,177,920
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	35,309	219	0	0	0
192.01	19201	HEALTH TRACKS	6,935	44	0	0	0
194.00	07950	PRIMARY CARE CLINIC	5,048	31	0	0	0
194.01	07951	PARTNERS IN CARE	0	0	0	0	0
194.02	07952	OCCUPATIONAL MEDICINE	1,087	21	0	0	0
194.03	07953	FOUNDATION	0	1	0	0	0
194.04	07954	SCHOOL & TOWN CLINICS	477	2	0	0	0
194.05	07955	MANAGED FACILITY	0	0	0	0	0
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0
194.07	07957	SNF NON CERTIFIED	19,000	0	2,359	35,261	35,261
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	615,270	6,315,754	3,171,273	3,401,680	7,885,908
203.00		Unit cost multiplier (Wkst. B, Part I)	0.630812	3,582.390244	129.181352	1.731530	6.500191

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:
5/31/2023 12:20 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	330,494	240,080	770,703	160,564	448,591	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.338842	136.176971	31.394476	0.081731	0.369764	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: 15-0005		Period: From 01/01/2022 To 12/31/2022		Worksheet B-1	
Date/Time Prepared: 5/31/2023 12:20 pm							
Cost Center	Description	CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (C)	SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM-EMS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	100					14.00
15.00	01500	0	100				15.00
16.00	01600	0	0	599,203,419			16.00
17.00	01700	0	0	0	30,078		17.00
23.00	02300	0	0	0	0	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	47,216,237	15,570	0	30.00
31.00	03100	0	0	11,609,906	2,151	0	31.00
43.00	04300	0	0	10,578,295	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	100	0	112,095,835	9,273	0	50.00
50.01	05001	0	0	23,322,652	0	0	50.01
51.00	05100	0	0	20,004,716	0	0	51.00
52.00	05200	0	0	19,960,208	0	0	52.00
53.00	05300	0	0	19,494,898	0	0	53.00
54.00	05400	0	0	45,276,116	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	0	0	0	0	0	56.01
59.00	05900	0	0	51,601,046	0	0	59.00
60.00	06000	0	0	93,589,981	0	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	18,360,305	0	0	65.00
66.00	06600	0	0	6,893,118	0	0	66.00
67.00	06700	0	0	2,664,536	0	0	67.00
68.00	06800	0	0	1,650,438	0	0	68.00
69.00	06900	0	0	13,047,256	0	0	69.00
69.01	06901	0	0	1,555,184	0	0	69.01
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	100	0	0	0	73.00
73.01	07301	0	0	0	0	0	73.01
74.00	07400	0	0	657,728	0	0	74.00
76.00	03950	0	0	7,685,324	0	0	76.00
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	91,939,640	3,084	100	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		100	100	599,203,419	30,078	100	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
200.00							200.00
201.00							201.00
202.00		4,205,999	6,311,046	2,643,301	3,506,037	786,886	202.00
203.00		42,059.990000	63,110.460000	0.004411	116.564831	7,868.860000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:
5/31/2023 12:20 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (C)	SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM-EMS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	23.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	747,231	354,307	338,006	79,668	124,098	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7,472.310000	3,543.070000	0.000564	2.648713	1,240.980000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0005

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

Worksheet C
Part I
Date/Time Prepared:
5/31/2023 12:20 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	36,801,924		36,801,924	0	36,801,924	30.00
31.00	03100 INTENSIVE CARE UNIT	8,051,813		8,051,813	0	8,051,813	31.00
43.00	04300 NURSERY	2,985,838		2,985,838	0	2,985,838	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	24,338,712		24,338,712	0	24,338,712	50.00
50.01	05001 ENDOSCOPY	5,370,709		5,370,709	0	5,370,709	50.01
51.00	05100 RECOVERY ROOM	6,297,626		6,297,626	0	6,297,626	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,901,557		6,901,557	0	6,901,557	52.00
53.00	05300 ANESTHESIOLOGY	2,506,825		2,506,825	0	2,506,825	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,199,368		17,199,368	0	17,199,368	54.00
54.01	05401 RADIOLOGY-ONCOLOGY	3,666,512		3,666,512	0	3,666,512	54.01
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	1,003,232		1,003,232	0	1,003,232	56.01
59.00	05900 CARDIAC CATHETERIZATION	4,497,282		4,497,282	0	4,497,282	59.00
60.00	06000 LABORATORY	18,227,507		18,227,507	0	18,227,507	60.00
64.00	06400 INTRAVENOUS THERAPY	3,316,867		3,316,867	0	3,316,867	64.00
65.00	06500 RESPIRATORY THERAPY	5,636,201	0	5,636,201	0	5,636,201	65.00
66.00	06600 PHYSICAL THERAPY	12,322,914	0	12,322,914	0	12,322,914	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,534,882	0	1,534,882	0	1,534,882	67.00
68.00	06800 SPEECH PATHOLOGY	845,053	0	845,053	0	845,053	68.00
69.00	06900 ELECTROCARDIOLOGY	2,724,940		2,724,940	0	2,724,940	69.00
69.01	06901 CARDIAC REHAB	1,909,555		1,909,555	0	1,909,555	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,898,564		1,898,564	0	1,898,564	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	14,678,241		14,678,241	0	14,678,241	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,585,529		40,585,529	0	40,585,529	73.00
73.01	07301 ULTRA SOUND	1,452,734		1,452,734	0	1,452,734	73.01
74.00	07400 RENAL DIALYSIS	501,475		501,475	0	501,475	74.00
76.00	03950 WOUND CARE	2,692,141		2,692,141	0	2,692,141	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,568,731		6,568,731	0	6,568,731	90.00
91.00	09100 EMERGENCY	18,328,448		18,328,448	0	18,328,448	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,876,227		6,876,227	0	6,876,227	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
200.00	Subtotal (see instructions)	259,721,407	0	259,721,407	0	259,721,407	200.00
201.00	Less Observation Beds	6,876,227		6,876,227	0	6,876,227	201.00
202.00	Total (see instructions)	252,845,180	0	252,845,180	0	252,845,180	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0005		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/31/2023 12:20 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	46,011,495		46,011,495				30.00
31.00	03100	INTENSIVE CARE UNIT	8,824,288		8,824,288				31.00
43.00	04300	NURSERY	10,578,295		10,578,295				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	17,495,635	76,014,509	93,510,144	0.260279	0.000000		50.00
50.01	05001	ENDOSCOPY	1,642,226	21,157,749	22,799,975	0.235558	0.000000		50.01
51.00	05100	RECOVERY ROOM	1,914,413	19,149,420	21,063,833	0.298978	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,615,486	650,926	21,266,412	0.324529	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	5,153,946	21,149,979	26,303,925	0.095302	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,917,506	96,073,141	112,990,647	0.152219	0.000000		54.00
54.01	05401	RADIATION-ONCOLOGY	296,548	44,798,190	45,094,738	0.081307	0.000000		54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
56.01	05601	NUCLEAR MEDICINE	725,989	9,326,039	10,052,028	0.099804	0.000000		56.01
59.00	05900	CARDIAC CATHETERIZATION	14,444,684	30,057,043	44,501,727	0.101059	0.000000		59.00
60.00	06000	LABORATORY	23,552,187	86,211,053	109,763,240	0.166062	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	182,706	32,811,085	32,993,791	0.100530	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	7,890,164	4,420,526	12,310,690	0.457830	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,075,026	19,457,798	21,532,824	0.572285	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,435,987	2,506,568	3,942,555	0.389311	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	599,423	1,763,176	2,362,599	0.357679	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	6,168,143	20,528,696	26,696,839	0.102070	0.000000		69.00
69.01	06901	CARDIAC REHAB	14,384	2,880,001	2,894,385	0.659745	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	199,298	7,276,309	7,475,607	0.253968	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,764,701	23,348,371	30,113,072	0.487438	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,508,636	123,658,452	146,167,088	0.277665	0.000000		73.00
73.01	07301	ULTRA SOUND	2,792,804	10,649,147	13,441,951	0.108075	0.000000		73.01
74.00	07400	RENAL DIALYSIS	569,283	88,445	657,728	0.762435	0.000000		74.00
76.00	03950	WOUND CARE	282,956	7,402,368	7,685,324	0.350296	0.000000		76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	62,719	42,232,660	42,295,379	0.155306	0.000000		90.00
91.00	09100	EMERGENCY	25,425,776	109,347,729	134,773,505	0.135994	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	423,006	5,576,834	5,999,840	1.146068	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0				102.00
200.00		Subtotal (see instructions)	245,567,710	818,536,214	1,064,103,924				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	245,567,710	818,536,214	1,064,103,924				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/31/2023 12:20 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.260279		50.00
50.01	05001 ENDOSCOPY	0.235558		50.01
51.00	05100 RECOVERY ROOM	0.298978		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.324529		52.00
53.00	05300 ANESTHESIOLOGY	0.095302		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152219		54.00
54.01	05401 RADIATION-ONCOLOGY	0.081307		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 NUCLEAR MEDICINE	0.099804		56.01
59.00	05900 CARDIAC CATHETERIZATION	0.101059		59.00
60.00	06000 LABORATORY	0.166062		60.00
64.00	06400 INTRAVENOUS THERAPY	0.100530		64.00
65.00	06500 RESPIRATORY THERAPY	0.457830		65.00
66.00	06600 PHYSICAL THERAPY	0.572285		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.389311		67.00
68.00	06800 SPEECH PATHOLOGY	0.357679		68.00
69.00	06900 ELECTROCARDIOLOGY	0.102070		69.00
69.01	06901 CARDIAC REHAB	0.659745		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.253968		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.487438		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.277665		73.00
73.01	07301 ULTRA SOUND	0.108075		73.01
74.00	07400 RENAL DIALYSIS	0.762435		74.00
76.00	03950 WOUND CARE	0.350296		76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.155306		90.00
91.00	09100 EMERGENCY	0.135994		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.146068		92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
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: 15-0005

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

Worksheet C
Part I
Date/Time Prepared:
5/31/2023 12:20 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	36,801,924		36,801,924	0	36,801,924	30.00
31.00	03100 INTENSIVE CARE UNIT	8,051,813		8,051,813	0	8,051,813	31.00
43.00	04300 NURSERY	2,985,838		2,985,838	0	2,985,838	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	24,338,712		24,338,712	0	24,338,712	50.00
50.01	05001 ENDOSCOPY	5,370,709		5,370,709	0	5,370,709	50.01
51.00	05100 RECOVERY ROOM	6,297,626		6,297,626	0	6,297,626	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,901,557		6,901,557	0	6,901,557	52.00
53.00	05300 ANESTHESIOLOGY	2,506,825		2,506,825	0	2,506,825	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,199,368		17,199,368	0	17,199,368	54.00
54.01	05401 RADIOLOGY-ONCOLOGY	3,666,512		3,666,512	0	3,666,512	54.01
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	1,003,232		1,003,232	0	1,003,232	56.01
59.00	05900 CARDIAC CATHETERIZATION	4,497,282		4,497,282	0	4,497,282	59.00
60.00	06000 LABORATORY	18,227,507		18,227,507	0	18,227,507	60.00
64.00	06400 INTRAVENOUS THERAPY	3,316,867		3,316,867	0	3,316,867	64.00
65.00	06500 RESPIRATORY THERAPY	5,636,201	0	5,636,201	0	5,636,201	65.00
66.00	06600 PHYSICAL THERAPY	12,322,914	0	12,322,914	0	12,322,914	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,534,882	0	1,534,882	0	1,534,882	67.00
68.00	06800 SPEECH PATHOLOGY	845,053	0	845,053	0	845,053	68.00
69.00	06900 ELECTROCARDIOLOGY	2,724,940		2,724,940	0	2,724,940	69.00
69.01	06901 CARDIAC REHAB	1,909,555		1,909,555	0	1,909,555	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,898,564		1,898,564	0	1,898,564	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	14,678,241		14,678,241	0	14,678,241	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,585,529		40,585,529	0	40,585,529	73.00
73.01	07301 ULTRA SOUND	1,452,734		1,452,734	0	1,452,734	73.01
74.00	07400 RENAL DIALYSIS	501,475		501,475	0	501,475	74.00
76.00	03950 WOUND CARE	2,692,141		2,692,141	0	2,692,141	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,568,731		6,568,731	0	6,568,731	90.00
91.00	09100 EMERGENCY	18,328,448		18,328,448	0	18,328,448	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,876,227		6,876,227	0	6,876,227	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
200.00	Subtotal (see instructions)	259,721,407	0	259,721,407	0	259,721,407	200.00
201.00	Less Observation Beds	6,876,227		6,876,227	0	6,876,227	201.00
202.00	Total (see instructions)	252,845,180	0	252,845,180	0	252,845,180	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0005		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/31/2023 12:20 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,011,495		46,011,495			30.00
31.00	03100	INTENSIVE CARE UNIT	8,824,288		8,824,288			31.00
43.00	04300	NURSERY	10,578,295		10,578,295			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,495,635	76,014,509	93,510,144	0.260279	0.000000	50.00
50.01	05001	ENDOSCOPY	1,642,226	21,157,749	22,799,975	0.235558	0.000000	50.01
51.00	05100	RECOVERY ROOM	1,914,413	19,149,420	21,063,833	0.298978	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,615,486	650,926	21,266,412	0.324529	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,153,946	21,149,979	26,303,925	0.095302	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,917,506	96,073,141	112,990,647	0.152219	0.000000	54.00
54.01	05401	RADIATION-ONCOLOGY	296,548	44,798,190	45,094,738	0.081307	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	05601	NUCLEAR MEDICINE	725,989	9,326,039	10,052,028	0.099804	0.000000	56.01
59.00	05900	CARDIAC CATHETERIZATION	14,444,684	30,057,043	44,501,727	0.101059	0.000000	59.00
60.00	06000	LABORATORY	23,552,187	86,211,053	109,763,240	0.166062	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	182,706	32,811,085	32,993,791	0.100530	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	7,890,164	4,420,526	12,310,690	0.457830	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,075,026	19,457,798	21,532,824	0.572285	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,435,987	2,506,568	3,942,555	0.389311	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	599,423	1,763,176	2,362,599	0.357679	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,168,143	20,528,696	26,696,839	0.102070	0.000000	69.00
69.01	06901	CARDIAC REHAB	14,384	2,880,001	2,894,385	0.659745	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	199,298	7,276,309	7,475,607	0.253968	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,764,701	23,348,371	30,113,072	0.487438	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,508,636	123,658,452	146,167,088	0.277665	0.000000	73.00
73.01	07301	ULTRA SOUND	2,792,804	10,649,147	13,441,951	0.108075	0.000000	73.01
74.00	07400	RENAL DIALYSIS	569,283	88,445	657,728	0.762435	0.000000	74.00
76.00	03950	WOUND CARE	282,956	7,402,368	7,685,324	0.350296	0.000000	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	62,719	42,232,660	42,295,379	0.155306	0.000000	90.00
91.00	09100	EMERGENCY	25,425,776	109,347,729	134,773,505	0.135994	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	423,006	5,576,834	5,999,840	1.146068	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
200.00		Subtotal (see instructions)	245,567,710	818,536,214	1,064,103,924			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	245,567,710	818,536,214	1,064,103,924			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/31/2023 12:20 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 RADIATION-ONCOLOGY	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 NUCLEAR MEDICINE	0.000000		56.01
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301 ULTRA SOUND	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03950 WOUND CARE	0.000000		76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0005		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part I Date/Time Prepared: 5/31/2023 12:20 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,633,142	0	4,633,142	23,169	199.97	30.00
31.00	INTENSIVE CARE UNIT	598,326		598,326	2,693	222.18	31.00
43.00	NURSERY	124,657		124,657	1,906	65.40	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	5,356,125		5,356,125	27,768		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,810	1,161,826				
31.00	INTENSIVE CARE UNIT	841	186,853				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	6,651	1,348,679				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/31/2023 12:20 pm
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Cost Center Description		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		
					Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,002,942	93,510,144	0.021420	6,705,385	143,629	50.00
50.01	05001 ENDOSCOPY	1,078,340	22,799,975	0.047296	435,023	20,575	50.01
51.00	05100 RECOVERY ROOM	1,323,480	21,063,833	0.062832	956,317	60,087	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	598,113	21,266,412	0.028125	0	0	52.00
53.00	05300 ANESTHESIOLOGY	100,999	26,303,925	0.003840	1,597,381	6,134	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,583,112	112,990,647	0.014011	6,465,010	90,581	54.00
54.01	05401 RADIATION-ONCOLOGY	499,086	45,094,738	0.011067	127,777	1,414	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	33,871	10,052,028	0.003370	319,481	1,077	56.01
59.00	05900 CARDIAC CATHETERIZATION	491,482	44,501,727	0.011044	3,896,526	43,033	59.00
60.00	06000 LABORATORY	789,234	109,763,240	0.007190	6,767,814	48,661	60.00
64.00	06400 INTRAVENOUS THERAPY	254,631	32,993,791	0.007718	9,957	77	64.00
65.00	06500 RESPIRATORY THERAPY	394,890	12,310,690	0.032077	1,749,535	56,120	65.00
66.00	06600 PHYSICAL THERAPY	888,554	21,532,824	0.041265	924,087	38,132	66.00
67.00	06700 OCCUPATIONAL THERAPY	355,399	3,942,555	0.090144	583,237	52,575	67.00
68.00	06800 SPEECH PATHOLOGY	114,210	2,362,599	0.048341	203,157	9,821	68.00
69.00	06900 ELECTROCARDIOLOGY	236,654	26,696,839	0.008864	2,392,870	21,210	69.00
69.01	06901 CARDIAC REHAB	223,634	2,894,385	0.077265	2,960	229	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	310,880	7,475,607	0.041586	71,208	2,961	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	80,351	30,113,072	0.002668	3,206,984	8,556	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	541,931	146,167,088	0.003708	6,227,718	23,092	73.00
73.01	07301 ULTRA SOUND	148,743	13,441,951	0.011066	957,600	10,597	73.01
74.00	07400 RENAL DIALYSIS	3,615	657,728	0.005496	175,627	965	74.00
76.00	03950 WOUND CARE	22,921	7,685,324	0.002982	17,492	52	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	761,830	42,295,379	0.018012	0	0	90.00
91.00	09100 EMERGENCY	1,663,309	134,773,505	0.012342	8,215,003	101,390	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	865,676	5,999,840	0.144283	387,351	55,888	92.00
200.00	Total (lines 50 through 199)	15,367,887	998,689,846		52,395,500	796,856	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/31/2023 12:20 pm
Title XVIII			Hospital	PPS

Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
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 col.s. 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	23,169	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,693	0.00	31.00	
43.00	04300	NURSERY	0	0	1,906	0.00	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	44.00	
200.00		Total (lines 30 through 199)	0	0	27,768	6,651	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
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/31/2023 12:20 pm
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Cost Center Description	Title XVIII				Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	WOUND CARE	0	0	0	0	0	76.00
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
91.00	09100	EMERGENCY	0	0	0	0	786,886	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	786,886	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/31/2023 12:20 pm
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Cost Center Description	Title XVIII			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	93,510,144	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	22,799,975	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	21,063,833	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,266,412	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	26,303,925	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	112,990,647	0.000000	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	0	45,094,738	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	05601	NUCLEAR MEDICINE	0	0	0	10,052,028	0.000000	56.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,501,727	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	109,763,240	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	32,993,791	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,310,690	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,532,824	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,942,555	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,362,599	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	26,696,839	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	2,894,385	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,475,607	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	30,113,072	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	146,167,088	0.000000	73.00
73.01	07301	ULTRA SOUND	0	0	0	13,441,951	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	657,728	0.000000	74.00
76.00	03950	WOUND CARE	0	0	0	7,685,324	0.000000	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	42,295,379	0.000000	90.00
91.00	09100	EMERGENCY	0	786,886	786,886	134,773,505	0.005839	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,999,840	0.000000	92.00
200.00		Total (lines 50 through 199)	0	786,886	786,886	998,689,846		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/31/2023 12:20 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Title XVIII			Hospital		PPS	
			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)			
ANCILLARY SERVICE COST CENTERS		9.00	10.00	11.00	12.00	13.00			
50.00	05000 OPERATING ROOM	0.000000	6,705,385	0	14,019,579	0	50.00		
50.01	05001 ENDOSCOPY	0.000000	435,023	0	4,968,385	0	50.01		
51.00	05100 RECOVERY ROOM	0.000000	956,317	0	4,214,866	0	51.00		
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00		
53.00	05300 ANESTHESIOLOGY	0.000000	1,597,381	0	4,782,622	0	53.00		
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	6,465,010	0	17,948,275	0	54.00		
54.01	05401 RADIATION-ONCOLOGY	0.000000	127,777	0	13,558,979	0	54.01		
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00		
56.01	05601 NUCLEAR MEDICINE	0.000000	319,481	0	2,613,305	0	56.01		
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,896,526	0	7,590,331	0	59.00		
60.00	06000 LABORATORY	0.000000	6,767,814	0	6,297,284	0	60.00		
64.00	06400 INTRAVENOUS THERAPY	0.000000	9,957	0	7,930,889	0	64.00		
65.00	06500 RESPIRATORY THERAPY	0.000000	1,749,535	0	842,244	0	65.00		
66.00	06600 PHYSICAL THERAPY	0.000000	924,087	0	165,646	0	66.00		
67.00	06700 OCCUPATIONAL THERAPY	0.000000	583,237	0	49,991	0	67.00		
68.00	06800 SPEECH PATHOLOGY	0.000000	203,157	0	18,998	0	68.00		
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,392,870	0	4,414,263	0	69.00		
69.01	06901 CARDIAC REHAB	0.000000	2,960	0	906,858	0	69.01		
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	71,208	0	1,622,832	0	70.00		
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00		
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	3,206,984	0	6,620,961	0	72.00		
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,227,718	0	38,829,531	0	73.00		
73.01	07301 ULTRA SOUND	0.000000	957,600	0	2,305,217	0	73.01		
74.00	07400 RENAL DIALYSIS	0.000000	175,627	0	4,238	0	74.00		
76.00	03950 WOUND CARE	0.000000	17,492	0	2,861,347	0	76.00		
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00		
OUTPATIENT SERVICE COST CENTERS									
90.00	09000 CLINIC	0.000000	0	0	6,001,383	0	90.00		
91.00	09100 EMERGENCY	0.005839	8,215,003	47,967	15,299,473	89,334	91.00		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	387,351	0	456,004	0	92.00		
200.00	Total (lines 50 through 199)		52,395,500	47,967	164,323,501	89,334	200.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/31/2023 12:20 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.260279	14,019,579	0	0	3,649,002	50.00
50.01	05001	ENDOSCOPY	0.235558	4,968,385	0	0	1,170,343	50.01
51.00	05100	RECOVERY ROOM	0.298978	4,214,866	0	0	1,260,152	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.324529	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.095302	4,782,622	0	0	455,793	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152219	17,948,275	0	0	2,732,068	54.00
54.01	05401	RADIATION-ONCOLOGY	0.081307	13,558,979	0	0	1,102,440	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	0.099804	2,613,305	0	0	260,818	56.01
59.00	05900	CARDIAC CATHETERIZATION	0.101059	7,590,331	0	0	767,071	59.00
60.00	06000	LABORATORY	0.166062	6,297,284	0	0	1,045,740	60.00
64.00	06400	INTRAVENOUS THERAPY	0.100530	7,930,889	0	0	797,292	64.00
65.00	06500	RESPIRATORY THERAPY	0.457830	842,244	0	0	385,605	65.00
66.00	06600	PHYSICAL THERAPY	0.572285	165,646	0	0	94,797	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.389311	49,991	0	0	19,462	67.00
68.00	06800	SPEECH PATHOLOGY	0.357679	18,998	0	0	6,795	68.00
69.00	06900	ELECTROCARDIOLOGY	0.102070	4,414,263	0	0	450,564	69.00
69.01	06901	CARDIAC REHAB	0.659745	906,858	0	0	598,295	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253968	1,622,832	0	0	412,147	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.487438	6,620,961	0	0	3,227,308	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.277665	38,829,531	0	34,024	10,781,602	73.00
73.01	07301	ULTRA SOUND	0.108075	2,305,217	0	0	249,136	73.01
74.00	07400	RENAL DIALYSIS	0.762435	4,238	0	0	3,231	74.00
76.00	03950	WOUND CARE	0.350296	2,861,347	0	0	1,002,318	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.155306	6,001,383	0	0	932,051	90.00
91.00	09100	EMERGENCY	0.135994	15,299,473	0	0	2,080,637	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.146068	456,004	0	0	522,612	92.00
200.00		Subtotal (see instructions)		164,323,501	0	34,024	34,007,279	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		164,323,501	0	34,024	34,007,279	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/31/2023 12:20 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			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	0	0	56.01
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
69.01	06901	CARDIAC REHAB	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,447	73.00
73.01	07301	ULTRASOUND	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03950	WOUND CARE	0	0	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
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	9,447	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	9,447	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/31/2023 12:20 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,169	1.00
2.00	Total inpatient days (including private room days, excluding swing-bed and newborn days)		23,169	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)		18,840	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		5,810	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		36,801,924	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)		36,801,924	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		36,801,924	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,588.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,228,662	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)		9,228,662	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/31/2023 12:20 pm	
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	8,051,813	2,693	2,989.90	841	2,514,506	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						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)					11,821,830	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)					23,564,998	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,348,679	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					844,823	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,193,502	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					21,371,496	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)					4,329	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,588.41	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/31/2023 12:20 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
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	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,876,227	89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,633,142	36,801,924	0.125894		6,876,227	865,676 90.00
91.00	Nursing Program cost	0	36,801,924	0.000000		6,876,227	0 91.00
92.00	Allied health cost	0	36,801,924	0.000000		6,876,227	0 92.00
93.00	All other Medical Education	0	36,801,924	0.000000		6,876,227	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/31/2023 12:20 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,169	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,169	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)		18,840	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)		480	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,906	15.00
16.00	Nursery days (title V or XIX only)		142	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		36,801,924	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)		36,801,924	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		36,801,924	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,588.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		762,437	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)		762,437	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/31/2023 12:20 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	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)	2,985,838	1,906	1,566.55	142	222,450	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,051,813	2,693	2,989.90	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						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)				810,196		48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)				0		48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)				1,795,083		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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					0	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)					4,329	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,588.41	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/31/2023 12:20 pm	
Cost Center Description		Title XIX		Hospital		Cost	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00	89.00
						6,876,227	
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	4,633,142	36,801,924	0.125894	6,876,227	865,676	90.00
91.00	Nursing Program cost	0	36,801,924	0.000000	6,876,227	0	91.00
92.00	Allied health cost	0	36,801,924	0.000000	6,876,227	0	92.00
93.00	All other Medical Education	0	36,801,924	0.000000	6,876,227	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/31/2023 12:20 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		12,735,880	30.00
31.00	03100	INTENSIVE CARE UNIT		2,634,627	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.260279	6,705,385	50.00
50.01	05001	ENDOSCOPY	0.235558	435,023	50.01
51.00	05100	RECOVERY ROOM	0.298978	956,317	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.324529	0	52.00
53.00	05300	ANESTHESIOLOGY	0.095302	1,597,381	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152219	6,465,010	54.00
54.01	05401	RADIATION-ONCOLOGY	0.081307	127,777	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	05601	NUCLEAR MEDICINE	0.099804	319,481	56.01
59.00	05900	CARDIAC CATHETERIZATION	0.101059	3,896,526	59.00
60.00	06000	LABORATORY	0.166062	6,767,814	60.00
64.00	06400	INTRAVENOUS THERAPY	0.100530	9,957	64.00
65.00	06500	RESPIRATORY THERAPY	0.457830	1,749,535	65.00
66.00	06600	PHYSICAL THERAPY	0.572285	924,087	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.389311	583,237	67.00
68.00	06800	SPEECH PATHOLOGY	0.357679	203,157	68.00
69.00	06900	ELECTROCARDIOLOGY	0.102070	2,392,870	69.00
69.01	06901	CARDIAC REHAB	0.659745	2,960	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253968	71,208	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.487438	3,206,984	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.277665	6,227,718	73.00
73.01	07301	ULTRA SOUND	0.108075	957,600	73.01
74.00	07400	RENAL DIALYSIS	0.762435	175,627	74.00
76.00	03950	WOUND CARE	0.350296	17,492	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.155306	0	90.00
91.00	09100	EMERGENCY	0.135994	8,215,003	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.146068	387,351	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		52,395,500	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)		52,395,500	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/31/2023 12:20 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,531,358	30.00
31.00	03100	INTENSIVE CARE UNIT		390,621	31.00
43.00	04300	NURSERY		8,836	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.260279	400,823	50.00
50.01	05001	ENDOSCOPY	0.235558	40,496	50.01
51.00	05100	RECOVERY ROOM	0.298978	39,222	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.324529	0	52.00
53.00	05300	ANESTHESIOLOGY	0.095302	125,475	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152219	254,023	54.00
54.01	05401	RADIATION-ONCOLOGY	0.081307	1,628	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	05601	NUCLEAR MEDICINE	0.099804	17,801	56.01
59.00	05900	CARDIAC CATHETERIZATION	0.101059	516,665	59.00
60.00	06000	LABORATORY	0.166062	652,583	60.00
64.00	06400	INTRAVENOUS THERAPY	0.100530	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.457830	204,334	65.00
66.00	06600	PHYSICAL THERAPY	0.572285	57,910	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.389311	33,391	67.00
68.00	06800	SPEECH PATHOLOGY	0.357679	21,290	68.00
69.00	06900	ELECTROCARDIOLOGY	0.102070	142,955	69.00
69.01	06901	CARDIAC REHAB	0.659745	948	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253968	2,280	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.487438	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.277665	680,924	73.00
73.01	07301	ULTRA SOUND	0.108075	113,194	73.01
74.00	07400	RENAL DIALYSIS	0.762435	14,305	74.00
76.00	03950	WOUND CARE	0.350296	0	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.155306	0	90.00
91.00	09100	EMERGENCY	0.135994	707,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.146068	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,027,466	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)		4,027,466	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/31/2023 12:20 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,191,344	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,307,547	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)		224,469	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		19,303	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		117.95	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	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)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	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.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	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		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	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)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.18	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.88	31.00
32.00	Sum of lines 30 and 31		22.06	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.41	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/31/2023 12:20 pm
		Title XVIII	Hospital	PPS
				1.00
34.00	Disproportionate share adjustment (see instructions)			305,642 34.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)		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)	2,258,328	2,079,450	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	1,689,105	524,136	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	2,213,241		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	19,261,546		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		19,261,546	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,325,823	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).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		55,906	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		47,967	58.00
59.00	Total (sum of amounts on lines 49 through 58)		20,691,242	59.00
60.00	Primary payer payments		398	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		20,690,844	61.00
62.00	Deductibles billed to program beneficiaries		1,946,960	62.00
63.00	Coinurance billed to program beneficiaries		11,670	63.00
64.00	Allowable bad debts (see instructions)		54,082	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		35,153	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		4,142	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,767,367	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		0	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/31/2023 12:20 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)			153,687	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			18,613,680	71.00
71.01	Sequestration adjustment (see instructions)			234,532	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			17,739,595	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)			639,553	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			217,506	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0005

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2023 12:20 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	12,191,344	0	12,191,344		12,191,344	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,307,547	0		4,307,547	4,307,547	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	224,469	0	224,469		224,469	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	19,303	0		19,303	19,303	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	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	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0741	0.0741	0.0741	0.0741		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	305,642	0	225,845	79,797	305,642	11.00
11.01	Uncompensated care payments	36.00	2,213,241	0	1,689,105	524,136	2,213,241	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	19,261,546	0	14,330,763	4,930,783	19,261,546	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	19,261,546	0	14,330,763	4,930,783	19,261,546	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0005

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2023 12:20 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,325,823	0	989,516	336,307	1,325,823	16.00
17.00	Special add-on payments for new technologies	54.00	55,906	0	48,405	7,500	55,905	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	15,368,684	5,274,590	20,643,274	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	1,235,964	0	917,669	318,295	1,235,964	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	33,375	0	29,909	3,466	33,375	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	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0457	0.0457	0.0457	0.0457		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	56,484	0	41,938	14,546	56,484	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,325,823	0	989,516	336,307	1,325,823	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: 15-0005		Period: From 01/01/2022 To 12/31/2022		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2023 12:20 pm	
Title XVIII				Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,191,344	12,191,344		12,191,344	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,307,547		4,307,547	4,307,547	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	224,469	224,469		224,469	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	19,303		19,303	19,303	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		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	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0741	0.0741	0.0741		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	305,642	225,845	79,797	305,642	11.00
11.01	Uncompensated care payments	36.00	2,213,241	1,689,105	524,136	2,213,241	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	19,261,546	14,330,763	4,930,783	19,261,546	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	19,261,546	14,330,763	4,930,783	19,261,546	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,325,823	989,516	336,307	1,325,823	16.00
17.00	Special add-on payments for new technologies	54.00	55,906	48,406	7,500	55,906	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			15,368,685	5,274,590	20,643,275	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2023 12:20 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	1,235,964	917,669	318,295	1,235,964	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	33,375	29,909	3,466	33,375	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0457	0.0457	0.0457		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	56,484	41,938	14,546	56,484	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,325,823	989,516	336,307	1,325,823	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	0	0	0	0	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		153,687		153,687	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/31/2023 12:20 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		9,447	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		33,917,945	2.00
3.00	OPPS payments		27,441,230	3.00
4.00	Outlier payment (see instructions)		415,254	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		89,334	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		9,447	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		34,024	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)		34,024	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		34,024	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		24,577	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)		9,447	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)		27,945,818	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,024,324	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)		22,930,941	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)		22,930,941	30.00
31.00	Primary payer payments		7,438	31.00
32.00	Subtotal (line 30 minus line 31)		22,923,503	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		164,741	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		107,082	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		81,260	36.00
37.00	Subtotal (see instructions)		23,030,585	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-1	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		23,030,586	40.00
40.01	Sequestration adjustment (see instructions)		290,185	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		22,713,384	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)		27,017	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/31/2023 12:20 pm
		Title XVIII	Hospital
			PPS
			1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0005		Period: From 01/01/2022 To 12/31/2022		Worksheet E-1 Part I Date/Time Prepared: 5/31/2023 12:20 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		17,678,049		22,536,850	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	15,846	12/31/2022	176,534	3.01	
3.02		10/05/2022	45,700		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)		61,546		176,534	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)		17,739,595		22,713,384	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		639,553		27,017	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		18,379,148		22,740,401	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2023 12:20 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		1,795,083		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)		1,795,083	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)		1,795,083	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		2,921,167		8.00
9.00	Ancillary service charges		4,027,466	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)		6,948,633	0	12.00
CUSTOMARY CHARGES					
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)		6,948,633	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		5,153,550	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)		1,795,083	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	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	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		1,795,083	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		1,795,083	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		10,093	0	33.00
34.00	Allowable bad debts (see instructions)		0	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)		1,784,990	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		1,784,990	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)		1,784,990	0	40.00
41.00	Interim payments		2,513,569	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-728,579	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/31/2023 12:20 pm
Title XVIII			PPS	
				1.00
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0005

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

Worksheet G
Date/Time Prepared:
5/31/2023 12:20 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	12,172,927	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	158,703,817	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-119,496,288	0	0	0	6.00
7.00	Inventory	4,423,159	0	0	0	7.00
8.00	Prepaid expenses	7,084,611	0	0	0	8.00
9.00	Other current assets	29,974,283	0	0	0	9.00
10.00	Due from other funds	68,807	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	92,931,316	0	0	0	11.00
FIXED ASSETS						
12.00	Land	21,705,276	0	0	0	12.00
13.00	Land improvements	10,231,133	0	0	0	13.00
14.00	Accumulated depreciation	-8,670,694	0	0	0	14.00
15.00	Buildings	306,684,161	0	0	0	15.00
16.00	Accumulated depreciation	-148,953,642	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	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	160,037,394	0	0	0	23.00
24.00	Accumulated depreciation	-115,488,941	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)	225,544,687	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	319,078,382	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	24,965,012	0	0	0	33.00
34.00	Other assets	3,661,423	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	347,704,817	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	666,180,820	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	16,544,598	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,746,174	0	0	0	38.00
39.00	Payroll taxes payable	6,013,947	0	0	0	39.00
40.00	Notes and loans payable (short term)	30,930,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	3,842,644	0	0	0	42.00
43.00	Due to other funds	2,676	0	0	0	43.00
44.00	Other current liabilities	16,916,024	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	87,996,063	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	93,358,796	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	9,670,854	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	103,029,650	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	191,025,713	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	475,155,107	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	475,155,107	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	666,180,820	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0005

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

Worksheet G-1

Date/Time Prepared:
5/31/2023 12:20 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		511,167,105		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-36,012,094				2.00
3.00	Total (sum of line 1 and line 2)		475,155,011		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	ROUNDING	96		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		96		0		10.00
11.00	Subtotal (line 3 plus line 10)		475,155,107		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		475,155,107		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	ROUNDING		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: 15-0005

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/31/2023 12:20 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	91,288,534		91,288,534	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	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)	91,288,534		91,288,534	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,609,906		11,609,906	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,609,906		11,609,906	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	102,898,440		102,898,440	17.00
18.00	Ancillary services	131,414,387	675,937,015	807,351,402	18.00
19.00	Outpatient services	22,827,874	168,688,609	191,516,483	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PRO FEES	1,994,804	94,263,381	96,258,185	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	259,135,505	938,889,005	1,198,024,510	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		438,583,914		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)		438,583,914		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0005

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

Worksheet G-3

Date/Time Prepared:
5/31/2023 12:20 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,198,024,510	1.00
2.00	Less contractual allowances and discounts on patients' accounts	774,651,587	2.00
3.00	Net patient revenues (line 1 minus line 2)	423,372,923	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	438,583,914	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-15,210,991	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-36,506,397	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	10,408,870	24.00
24.01	NON OPERATING REVENUE	3,645,756	24.01
24.50	COVID-19 PHE Funding	1,650,668	24.50
25.00	Total other income (sum of lines 6-24)	-20,801,103	25.00
26.00	Total (line 5 plus line 25)	-36,012,094	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)	-36,012,094	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0005	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/31/2023 12:20 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,235,964	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		33,375	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)		60.61	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	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)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.18	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.88	8.00
9.00	Sum of lines 7 and 8		22.06	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.57	10.00
11.00	Disproportionate share adjustment (see instructions)		56,484	11.00
12.00	Total prospective capital payments (see instructions)		1,325,823	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00