

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: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/26/2023 7:38 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/26/2023	Time: 7:38 am
	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 INDIANA UNIVERSITY HEALTH (15-0056) 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	Joyce Nwatuobi	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	Joyce Nwatuobi		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronic)		4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	6,331,619	2,629,425	0	0 1.00
2.00	SUBPROVIDER - IPF	0	37,071	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
200.00	TOTAL	0	6,368,690	2,629,425	0	0 200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 7:38 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1701 N SENATE AVE			PO Box:							1.00
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46202		County: MARI ON			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital -Based Component Identification:											
3.00	Hospital		INDIANA UNIVERSITY HEALTH	150056	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF		INDIANA UNIVERSITY HEALTH IPF	15S056	26900	4	07/01/1984	N	P	N	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		INDIANA UNIVERSITY HEALTH HOME CARE	157158	26900		08/05/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital -Based Hospice		INDIANA UNIVERSITY HEALTH HOSPI CE	151511	26900		07/01/1966				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		RI LEY HOSPITAL RENAL SERVICES	153522	26900		04/09/2007				18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2022	12/31/2022		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							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: 15-0056			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 7:38 am			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	27,128	10,693	825	2,115	111,202	290		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00	
						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.						Y	Y		56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.						Y			57.00

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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)		23.05	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.07	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.09	1	60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.10	1	60.04

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			22.00	22.00	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

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		1.00					
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	Y			63.00		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	12.21	424.72	0.027945	64.00		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	4.91	24.93	0.164544	65.00
65.01		INTERNAL MEDICINE GENERAL	1400	0.99	50.83	0.019105	65.01
65.02		INTERNAL MEDICINE GERIATRIC	1408	0.30	0.95	0.240000	65.02
65.03		INTERNAL MEDICINE & PEDIATRICS	1450	1.73	28.56	0.057115	65.03
65.04		OBSTETRICS & GYNECOLOGY	1750	0.30	25.95	0.011429	65.04
65.05		PEDIATRICS GENERAL	2000	1.24	62.64	0.019411	65.05
65.06		PEDIATRIC/EMERGENCY MEDICINE	2800	0.00	0.00	0.000000	65.06
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	13.41	529.80	0.024687	66.00		

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))				
					1.00	2.00		3.00	4.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	2.71	28.52	0.086776		67.00	
67.01		INTERNAL MEDICINE GENERAL	1400	0.80	48.24	0.016313		67.01	
67.02		INTERNAL MEDICINE GERIATRIC	1408	0.06	0.20	0.230769		67.02	
67.03		INTERNAL MEDICINE & PEDIATRICS	1450	4.12	28.58	0.125994		67.03	
67.04		OBSTETRICS & GYNECOLOGY	1750	0.58	21.80	0.025916		67.04	
67.05		PEDIATRICS GENERAL	2000	4.46	64.41	0.064760		67.05	
						1.00			
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?					Y		68.00	
						1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS									
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					Y	N	0	71.00
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N	N	0	76.00
						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.						N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.						N		81.00
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.						N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.								86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.						N		87.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 7:38 am	
			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.		N		0 88.00
		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00			0 89.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.06
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 7:38 am	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
						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.	N				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.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	3,740,035		0	0	118.01	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N N				120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y				5.06	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.	N				123.00	
Certified Transplant Center Information							
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y				125.00	
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/17/1996				126.00	

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		1.00	2.00				
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/17/1996				127.00	
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.	03/11/1993				128.00	
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/02/1995				129.00	
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1999				130.00	
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.	06/07/2005				131.00	
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 WEST 10TH STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202			143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	Y			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A	Part B	Title V	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 7:38 am
				1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.00	169.00
			Beginni ng	Endi ng
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		Y	4,876
				171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/26/2023 7:38 am	
				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)	Y					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				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/04/2023	Y	04/04/2023		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/26/2023 7:38 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	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			Y	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.			Y	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.			Y	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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	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.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/26/2023 7:38 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR - GOVERNMENT PROGRAMS		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: 15-0056

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2023 7:38 am

Component	Worksheet A Line No.	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	935	341,203	0.00	0
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
6.00	Hospital Adults & Peds. Swing Bed NF					0
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		935	341,203	0.00	0
8.00	INTENSIVE CARE UNIT	31.00	69	25,185	0.00	0
9.00	CORONARY CARE UNIT	32.00	70	25,550	0.00	0
9.01	NEONATAL INTENSIVE CARE UNIT	32.01	105	38,325	0.00	0
10.00	BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0
11.02	UH SURG 61C	34.02	18	6,570	0.00	0
11.03	UH NS 31C	34.03	0	0	0.00	0
11.04	RH PED IC	34.04	42	15,330	0.00	0
11.05	TRANSPLANT ICU	34.05	8	2,920	0.00	0
11.06	PEDS CANCER CARE	34.06	12	4,380	0.00	0
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY	43.00				0
14.00	Total (see instructions)		1,269	463,113	0.00	0
15.00	CAH visits					0
16.00	SUBPROVIDER - IPF	40.00	28	10,220		0
17.00	SUBPROVIDER - IRF	41.00	0	0		0
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	101.00				0
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	116.00	0	0		24.00
24.10	HOSPICE (non-distinct part)	30.00				24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0
27.00	Total (sum of lines 14-26)		1,297			27.00
28.00	Observation Bed Days					0
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)		27	9,855		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	13	4,723		0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0056

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

Worksheet S-3
Part I
Date/Time Prepared:
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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)	47,584	11,230	244,280		1.00
2.00	HMO and other (see instructions)	59,174	121,569			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)	47,584	11,230	244,280		7.00
8.00	INTENSIVE CARE UNIT	4,362	8,026	20,467		8.00
9.00	CORONARY CARE UNIT	2,934	339	20,143		9.00
9.01	NEONATAL INTENSIVE CARE UNIT	0	2,863	33,662		9.01
10.00	BURN INTENSIVE CARE UNIT	144	138	2,149		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
11.02	UH SURG 61C	989	0	3,229		11.02
11.03	UH NS 31C	0	0	0		11.03
11.04	RH PED IC	7	3,502	11,087		11.04
11.05	TRANSPLANT ICU	547	0	2,197		11.05
11.06	PEDS CANCER CARE	129	0	3,431		11.06
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		4,296	5,427		13.00
14.00	Total (see instructions)	56,696	30,394	346,072	740.99	8,411.30
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	719	0	4,963	1.35	38.39
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	14,237	0	43,774	0.00	292.12
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	0	0	0	0.00	149.91
24.10	HOSPICE (non-distinct part)			1,835		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)				742.34	8,891.72
28.00	Observation Bed Days		0	16,038		28.00
29.00	Ambulance Trips	15,098				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	290	5,474		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	3,087		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0056

Period:
From 01/01/2022
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Part I
Date/Time Prepared:
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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	8,073	2,559	47,662	1.00
2.00	HMO and other (see instructions)			7,365	13,048		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
9.01	NEONATAL INTENSIVE CARE UNIT						9.01
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.02	UH SURG 61C						11.02
11.03	UH NS 31C						11.03
11.04	RH PED IC						11.04
11.05	TRANSPLANT ICU						11.05
11.06	PEDS CANCER CARE						11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	8,073	2,559	47,662	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	68	0	744	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2023 7:38 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	882,008,344	-3,761,138	878,247,206	19,059,772.00	46.08 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non-Physician-Part B		1,103,401	0	1,103,401	12,587.00	87.66 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	37,663,260	0	37,663,260	1,266,162.00	29.75 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		95,902,082	2,463,387	98,365,469	3,175,076.00	30.98 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		11,900,486	0	11,900,486	163,316.00	72.87 11.00
12.00	Contract Labor: Top level management and other management and administrative services		879,903	0	879,903	4,160.00	211.52 12.00
13.00	Contract Labor: Physician-Part A - Administrative		14,866,019	0	14,866,019	113,815.00	130.62 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		239,700,568	0	239,700,568	5,600,694.00	42.80 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		167,866,219	0	167,866,219		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		26,013,157	0	26,013,157		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		240,862	0	240,862		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		8,217,852	0	8,217,852		
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: 15-0056

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

Worksheet S-3
Part II
Date/Time Prepared:
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	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	1,106,424	89,301	1,195,725	33,280.00	35.93	26.00
27.00	Administrative & General	54,603,488	-29,972,179	24,631,309	384,800.00	64.01	27.00
28.00	Administrative & General under contract (see inst.)	2,893,815	0	2,893,815	16,336.00	177.14	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	6,793,829	-30,153	6,763,676	243,360.00	27.79	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,031,211	-1,665	1,029,546	54,080.00	19.04	32.00
33.00	Housekeeping under contract (see instructions)	19,965	0	19,965	770.00	25.93	33.00
34.00	Dietary	10,800,451	-46,007	10,754,444	480,480.00	22.38	34.00
35.00	Dietary under contract (see instructions)	121,479	0	121,479	3,080.00	39.44	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	64,154,659	-1,224,531	62,930,128	517,920.00	121.51	38.00
39.00	Central Services and Supply	71,174	0	71,174	2,080.00	34.22	39.00
40.00	Pharmacy	37,550,925	-899,563	36,651,362	723,840.00	50.63	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	4,840,548	-4,676	4,835,872	147,680.00	32.75	42.00
43.00	Other General Service	2,559,907	-12,235	2,547,672	120,640.00	21.12	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

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

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2023 7:38 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related 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)	846,276,942	-3,761,138	842,515,804	17,801,209.00	47.33	1.00
2.00	Excluded area salaries (see instructions)	95,902,082	2,463,387	98,365,469	3,175,076.00	30.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)	750,374,860	-6,224,525	744,150,335	14,626,133.00	50.88	3.00
4.00	Subtotal other wages & related costs (see inst.)	267,346,976	0	267,346,976	5,881,985.00	45.45	4.00
5.00	Subtotal wage-related costs (see inst.)	167,866,219	0	167,866,219	0.00	22.56	5.00
6.00	Total (sum of lines 3 thru 5)	1,185,588,055	-6,224,525	1,179,363,530	20,508,118.00	57.51	6.00
7.00	Total overhead cost (see instructions)	186,547,875	-32,101,708	154,446,167	2,728,346.00	56.61	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2023 7:38 am
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			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		32,190,415	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		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)		97,336,397	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		1,982,735	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		2,363,329	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,847,989	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		62,456,904	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		3,160,321	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		202,338,090	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: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/26/2023 7:38 am
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	11,900,486	202,338,090	1.00
2.00	Hospital	11,900,486	202,338,090	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0056 Component CCN: 15-7158		Period: From 01/01/2022 To 12/31/2022		Worksheet S-4 Date/Time Prepared: 5/26/2023 7:38 am	
				Home Health Agency I		PPS	
						1.00	
0.00	County			MARI ON		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	556	45	964	1,565	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	994.00	23.00	1,814.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			10.02	0.00	10.02	4.00
5.00	Other Administrative Personnel			57.65	0.00	57.65	5.00
6.00	Direct Nursing Service			56.48	0.00	56.48	6.00
7.00	Nursing Supervisor			2.77	0.00	2.77	7.00
8.00	Physical Therapy Service			26.65	0.00	26.65	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			9.44	0.00	9.44	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.00	0.00	1.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			3.29	0.00	3.29	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.90	0.00	1.90	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	INFUSION AND RT			123.67	0.00	123.67	18.00
						CBSA Data	
						1.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					5	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					14020	20.00
20.01						26900	20.01
20.02						29200	20.02
20.03						34620	20.03
20.04						99915	20.04
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,942	1,398	140	36	4,516	21.00
22.00	Skilled Nursing Visit Charges	911,565	430,745	43,090	11,238	1,396,638	22.00
23.00	Physical Therapy Visits	4,668	1,902	201	72	6,843	23.00
24.00	Physical Therapy Visit Charges	1,772,797	722,551	76,380	27,360	2,599,088	24.00
25.00	Occupational Therapy Visits	923	1,132	21	21	2,097	25.00
26.00	Occupational Therapy Visit Charges	350,533	430,160	7,980	7,980	796,653	26.00
27.00	Speech Pathology Visits	67	88	2	0	157	27.00
28.00	Speech Pathology Visit Charges	25,460	33,440	760	0	59,660	28.00
29.00	Medical Social Service Visits	84	139	5	5	233	29.00
30.00	Medical Social Service Visit Charges	29,400	48,650	1,750	1,750	81,550	30.00
31.00	Home Health Aide Visits	142	244	1	4	391	31.00
32.00	Home Health Aide Visit Charges	23,430	40,260	165	660	64,515	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	8,826	4,903	370	138	14,237	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,113,185	1,705,806	130,125	48,988	4,998,104	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,187		209	14	1,410	36.00
37.00	Total Number of Outlier Episodes		267		3	270	37.00
38.00	Total Non-Routine Medical Supply Charges	17,828	5,608	548	685	24,669	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 15-0056

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

Worksheet S-5
Date/Time Prepared:
5/26/2023 7:38 am

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	2	14	0	0	0	16	1.00			
2.00	Number of times per week patient receives dialysis	4.00	3.00	0.00	0.00	0.00	7.00	2.00			
3.00	Average patient dialysis time including setup	5.00	5.00	0.00	0.00			3.00			
4.00	CAPD exchanges per day				0.00		6.00	4.00			
5.00	Number of days in year dialysis furnished	0	365					5.00			
6.00	Number of stations	0	9	0	0			6.00			
7.00	Treatment capacity per day per station	0	2					7.00			
8.00	Utilization (see instructions)	0.00	39.55					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N		10.01		
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y		10.02		
							Prior to 1/1	After 12/31			
							1.00	2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						9		11.00		
12.00	Number of patients transplanted during the cost reporting period						5		12.00		
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00		
16.00	Number of EPO units furnished relating to the home dialysis department								16.00		
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00		
							MCP	INITIAL METHOD			
							1.00	2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable							X	21.00		
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dept.	Number of ESA Units - Home Dept.					
		1.00	2.00	3.00	4.00	5.00					
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 15-0056

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

Worksheet S-5

Date/Time Prepared:
5/26/2023 7:38 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 15-0056 Hospice CCN: 15-1511	Period: From 01/01/2022 To 12/31/2022	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/26/2023 7:38 am
			Hospice I	

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	58,605	3,782	11,063	73,450	11.00
12.00	Hospice Inpatient Respite Care	424	40	180	644	12.00
13.00	Hospice General Inpatient Care	3,969	517	998	5,484	13.00
14.00	Total Hospice Days	62,998	4,339	12,241	79,578	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	185	5	28	218	15.00
16.00	Hospice General Inpatient Care	2,045	62	309	2,416	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/26/2023 7:38 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.234083	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			590,722,527	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			3,417,057,452	6.00	
7.00	Medicaid cost (line 1 times line 6)			799,875,060	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)			209,152,533	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)			1,819,977	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			11,290,535	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			2,642,922	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)			822,945	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)			209,975,478	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)	204,105,843	3,101,936	207,207,779	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	47,777,708	3,101,936	50,879,644	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)	47,777,708	3,101,936	50,879,644	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)			75,282,076	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,996,489	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			3,071,521	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			72,210,555	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			17,978,295	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			68,857,939	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			278,833,417	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet A Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	51,659,621	51,659,621	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	71,575,963	71,575,963	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,106,424	1,098,577	2,205,001	125,212,404	4.00
5.01	00540	NONPATIENT TELEPHONES	0	41,429	41,429	22,077	5.01
5.02	00550	DATA PROCESSING	0	57	57	0	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	54,603,488	518,483,006	573,086,494	-75,728,267	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	25,887,407	25,887,407	303,976	6.00
7.00	00700	OPERATION OF PLANT	6,793,829	17,421,386	24,215,215	-3,151,397	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	114,315	114,315	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	575,640	518,895	1,094,535	-156,190	9.04
9.05	00905	HOUSEKEEPING - MORGAN	455,571	498,449	954,020	-151,859	9.05
10.00	01000	DIETARY	10,800,451	4,553,781	15,354,232	-2,475,386	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	63,946,774	44,199,569	108,146,343	-12,297,513	13.00
13.01	01851	PARAMED ED ADMINISTRATION	207,885	111,033	318,918	-37,432	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	71,174	4,359,355	4,430,529	125,902,725	14.00
15.00	01500	PHARMACY	37,550,925	158,131,887	195,682,812	-145,142,548	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,840,548	8,021,620	12,862,168	-902,147	17.00
18.00	01850	PATIENT TRANSPORTATION	2,559,907	3,764,030	6,323,937	-633,139	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	37,663,260	12,829,733	50,492,993	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	629	6,576,694	6,577,323	-14	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	653,934	200,317	854,251	-305,509	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	816,146	198,719	1,014,865	647,299	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	169,319	44,729	214,048	69,293	23.09
23.10	02310	PARAMED PHARMACY TECH	154,108	45,159	199,267	-1,773	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	137,335,021	151,197,585	288,532,606	-20,927,380	30.00
31.00	03100	INTENSIVE CARE UNIT	15,827,882	17,216,325	33,044,207	-2,806,286	31.00
32.00	03200	CORONARY CARE UNIT	21,429,024	15,356,003	36,785,027	-4,407,551	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	26,907,794	10,809,192	37,716,986	-2,991,689	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,343,990	954,440	3,298,430	-320,440	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	2,683,188	3,175,654	5,858,842	-454,533	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PED IC	11,606,338	5,113,156	16,719,494	-1,546,900	34.04
34.05	03404	TRANSPLANT ICU	1,796,987	1,893,782	3,690,769	-216,006	34.05
34.06	03407	PEDS CANCER CARE	2,400,468	943,066	3,343,534	-338,358	34.06
40.00	04000	SUBPROVIDER - IPF	3,845,006	2,008,682	5,853,688	-687,989	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	1,949,923	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,077,620	191,781,823	232,859,443	-137,632,729	50.00
50.01	05001	ENDOSCOPY	2,768,545	12,084,283	14,852,828	-7,506,221	50.01
51.00	05100	RECOVERY ROOM	8,319,181	8,376,086	16,695,267	-1,198,511	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,597,648	9,578,258	20,175,906	-4,711,020	52.00
53.00	05300	ANESTHESIOLOGY	1,345,710	20,643,837	21,989,547	-4,085,714	53.00
53.01	05301	PULMONARY FUNCTION TESTING	2,381,939	1,028,634	3,410,573	-385,011	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,820,760	60,975,316	94,796,076	-44,296,915	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,683,732	8,626,178	13,309,910	-3,320,619	55.00
56.00	05600	RADIOISOTOPE	1,080,817	16,088,177	17,168,994	-15,107,040	56.00
59.00	05900	CARDIAC CATHETERIZATION	578,338	856,485	1,434,823	-524,182	59.00
60.00	06000	LABORATORY	58,238,663	202,544,195	260,782,858	-69,695,359	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	936,421	2,871,837	3,808,258	-2,130,282	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	3,008,034	25,535,506	28,543,540	-5,014,442	63.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

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

Worksheet A
Date/Time Prepared:
5/26/2023 7:38 am

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	
65.00	06500	RESPIRATORY THERAPY	24,055,443	23,163,791	47,219,234	-7,771,001	39,448,233	65.00
66.00	06600	PHYSICAL THERAPY	23,994,110	10,193,913	34,188,023	-5,577,880	28,610,143	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,380,540	1,563,632	6,944,172	-732,549	6,211,623	67.00
68.00	06800	SPEECH PATHOLOGY	5,248,868	1,859,178	7,108,046	-967,976	6,140,070	68.00
69.00	06900	ELECTROCARDIOLOGY	3,116,114	5,352,101	8,468,215	-1,873,088	6,595,127	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,227,813	3,212,166	9,439,979	-1,504,137	7,935,842	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	53,872,900	53,872,900	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	59,711,033	59,711,033	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	350,643,805	350,643,805	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	10,142,221	337,991,174	348,133,395	-1,743,716	346,389,679	73.03
74.00	07400	RENAL DIALYSIS	4,279,832	4,075,247	8,355,079	-889,513	7,465,566	74.00
76.00	03020	RH NBN ECMO IC	1,605,939	746,438	2,352,377	-444,292	1,908,085	76.00
76.01	03140	CARDIOLOGY	921,324	11,388,874	12,310,198	-10,436,751	1,873,447	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,636,550	1,083,754	4,720,304	-509,194	4,211,110	76.02
76.03	03950	CARDIAC CATH	9,019,125	25,959,918	34,979,043	-16,729,040	18,250,003	76.03
76.04	03951	DAY SURGERY	4,579,671	2,340,239	6,919,910	-1,034,387	5,885,523	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	1,871,492	548,463	2,419,955	-235,031	2,184,924	76.08
76.97	07697	CARDIAC REHABILITATION	768,528	561,671	1,330,199	-192,255	1,137,944	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	869,967	3,897,238	4,767,205	-1,377,265	3,389,940	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	705,450	1,527,712	2,233,162	-766,136	1,467,026	90.01
90.02	09002	IUSCC HEM/ONC	17,447,476	123,331,233	140,778,709	-106,041,418	34,737,291	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	512,713	872,025	1,384,738	-632,685	752,053	90.03
90.04	09004	AMB SVC-PSYCH ADULT	683,990	205,831	889,821	-154,018	735,803	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,096,046	930,331	3,026,377	-504,909	2,521,468	90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,554,059	4,232,602	10,786,661	-1,937,540	8,849,121	90.07
90.08	09008	MOTILITY LAB	163,325	234,165	397,490	-60,914	336,576	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	4,737,724	4,871,146	9,608,870	-1,392,100	8,216,770	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	456,704	8,199,978	8,656,682	-7,929,551	727,131	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	690,339	1,277,250	1,967,589	-427,786	1,539,803	90.17
90.18	09016	DERMATOLOGY CLINIC	793,478	372,191	1,165,669	-200,379	965,290	90.18
90.19	09017	INFUSION/HEM/ONC	0	3,327	3,327	-2,702	625	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	54,724	1,042,419	1,097,143	-1,036,611	60,532	90.21
90.22	09020	EATING DISORDERS CLINIC	1,387,342	1,639,841	3,027,183	-395,842	2,631,341	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,296,656	1,593,993	2,890,649	-277,035	2,613,614	90.23
90.24	09021	LIFE CARE CLINIC	1,113,339	3,732,521	4,845,860	-3,613,852	1,232,008	90.24
91.00	09100	EMERGENCY	29,350,755	33,597,117	62,947,872	-6,707,973	56,239,899	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	29,094,306	42,815,577	71,909,883	-11,492,912	60,416,971	95.00
101.00	10100	HOME HEALTH AGENCY	23,055,801	108,889,150	131,944,951	-66,288,155	65,656,796	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,867,750	19,310,056	26,177,806	-8,328,948	17,848,858	105.00
106.00	10600	HEART ACQUISITION	866,279	1,187,698	2,053,977	-525,207	1,528,770	106.00
107.00	10700	LIVER ACQUISITION	1,674,022	12,886,994	14,561,016	103,359	14,664,375	107.00
108.00	10800	LUNG ACQUISITION	1,034,438	4,848,845	5,883,283	-806,347	5,076,936	108.00
109.00	10900	PANCREAS ACQUISITION	372,422	1,341,802	1,714,224	-219,414	1,494,810	109.00
110.00	11000	INTESTINAL ACQUISITION	193,195	672,223	865,418	-5,875	859,543	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	150,523	1,658,463	1,808,986	-12,317	1,796,669	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	5,198,215	5,198,215	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	12,080,024	15,988,928	28,068,952	-2,490,486	25,578,466	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	867,133,535	2,407,959,862	3,275,093,397	1,315,055	3,276,408,452	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,824	133,658	186,482	-49,932	136,550	190.00
191.00	19100	RESEARCH	4,147,727	2,273,116	6,420,843	-3,636,089	2,784,754	191.00
191.01	19101	RESEARCH-GCRC	4,095	99,887	103,982	-63,666	40,316	191.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

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

Worksheet A
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
191.02 19102 OSA	637,069	2,683,926	3,320,995	700,972	4,021,967	191.02
191.03 19103 RESEARCH ADMIN	0	0	0	1,099,061	1,099,061	191.03
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	1,605,833	1,605,833	192.00
192.01 19201 OTHER NONREIMBURSABLE-METHODIST	9,812,980	6,920,688	16,733,668	-1,011,225	15,722,443	192.01
192.02 19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04 19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.05 19205 IUH TIPTON	0	0	0	153,251	153,251	192.05
192.06 19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07 19207 RHI	220,114	142,210	362,324	-113,260	249,064	192.07
192.08 19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09 19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10 19212 CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11 19211 UNUSED SPACE	0	0	0	0	0	192.11
200.00 TOTAL (SUM OF LINES 118 through 199)	882,008,344	2,420,213,347	3,302,221,691	0	3,302,221,691	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

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

Worksheet A
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	25,297,215	76,956,836	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	16,524,713	88,100,676	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,871,598	132,289,003	4.00
5.01	00540	NONPATIENT TELEPHONES	-22,077	41,429	5.01
5.02	00550	DATA PROCESSING	92,252,287	92,252,344	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	22,360,124	22,360,124	5.03
5.04	00570	ADMINISTRATIVE	17,914,836	17,914,836	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	58,264,848	58,264,848	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-302,300,456	195,057,771	5.06
6.00	00600	MAINTENANCE & REPAIRS	13,268,552	39,459,935	6.00
7.00	00700	OPERATION OF PLANT	28,516,823	49,580,641	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	114,315	8.00
9.00	00900	HOUSEKEEPING	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	5,530,562	5,530,562	9.01
9.02	00902	HOUSEKEEPING - RILEY	5,405,501	5,405,501	9.02
9.03	00903	HOUSEKEEPING - METHODIST	9,224,435	9,224,435	9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	938,345	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	802,161	9.05
10.00	01000	DIETARY	-140,468	12,738,378	10.00
11.00	01100	CAFETERIA	4,555,107	4,555,107	11.00
13.00	01300	NURSING ADMINISTRATION	-17,659,075	78,189,755	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	-11,440	270,046	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	130,333,254	14.00
15.00	01500	PHARMACY	-4,764,208	45,776,056	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,200,731	17,200,731	16.00
17.00	01700	SOCIAL SERVICE	-1,298,126	10,661,895	17.00
18.00	01850	PATIENT TRANSPORTATION	0	5,690,798	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	50,492,993	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	62,640,023	69,217,332	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	-10,004	538,738	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	3,209	1,665,373	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	-22,850	260,491	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	-14,700	182,794	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-34,156,995	233,448,231	30.00
31.00	03100	INTENSIVE CARE UNIT	-730,000	29,507,921	31.00
32.00	03200	CORONARY CARE UNIT	-621,640	31,755,836	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	34,725,297	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	-5,000	2,972,990	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	03401	UH SURGIC	0	5,404,309	34.02
34.03	03402	UH NSIC	0	0	34.03
34.04	03403	RHPEDIC	0	15,172,594	34.04
34.05	03404	TRANSPLANT ICU	0	3,474,763	34.05
34.06	03407	PEDS CANCER CARE	0	3,005,176	34.06
40.00	04000	SUBPROVIDER - I PF	-856,720	4,308,979	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
43.00	04300	NURSERY	0	1,949,923	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,310,791	91,915,923	50.00
50.01	05001	ENDOSCOPY	-786,010	6,560,597	50.01
51.00	05100	RECOVERY ROOM	-30,656	15,466,100	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,262,321	14,202,565	52.00
53.00	05300	ANESTHESIOLOGY	-13,564,312	4,339,521	53.00
53.01	05301	PULMONARY FUNCTION TESTING	-6,688	3,018,874	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,042,872	49,456,289	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-4,110,881	5,878,410	55.00
56.00	05600	RADIOISOTOPE	-133,193	1,928,761	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	910,641	59.00
60.00	06000	LABORATORY	-168,940,184	22,147,315	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	1,677,976	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-6,525,128	17,003,970	63.00
65.00	06500	RESPIRATORY THERAPY	-359,121	39,089,112	65.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

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

Worksheet A
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
66.00	06600	PHYSICAL THERAPY	-248,901	28,361,242	66.00
67.00	06700	OCCUPATIONAL THERAPY	-27,780	6,183,843	67.00
68.00	06800	SPEECH PATHOLOGY	-86,632	6,053,438	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,390,362	3,204,765	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-871,937	7,063,905	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	53,872,900	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	59,711,033	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	350,643,805	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	-319,251	346,070,428	73.03
74.00	07400	RENAL DIALYSIS	-4,474	7,461,092	74.00
76.00	03020	RH NBN ECMO IC	0	1,908,085	76.00
76.01	03140	CARDIOLOGY	0	1,873,447	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-103,434	4,107,676	76.02
76.03	03950	CARDIAC CATH	-9,371,127	8,878,876	76.03
76.04	03951	DAY SURGERY	0	5,885,523	76.04
76.05	03480	ONCOLOGY	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	76.07
76.08	03954	ECMO-ADULT	0	2,184,924	76.08
76.97	07697	CARDIAC REHABILITATION	-29,371	1,108,573	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	-93,655	3,296,285	77.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	-822,209	644,817	90.01
90.02	09002	IUSCC HEM/ONC	-8,385,067	26,352,224	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	-156,189	595,864	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	735,803	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	-327,035	2,194,433	90.06
90.07	09007	AMB SVC-RILEY CLINICS	-7,947,933	901,188	90.07
90.08	09008	MOTILITY LAB	-717	335,859	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	90.10
90.11	09023	SLEEP LAB	-3,490,550	4,726,220	90.11
90.12	09024	OP CARE ADULTS	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	90.13
90.14	09012	INFUSION CLINIC	-62,963	664,168	90.14
90.15	09013	NEUROLOGY UH	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	-583,919	955,884	90.17
90.18	09016	DERMATOLOGY CLINIC	-192,879	772,411	90.18
90.19	09017	INFUSION/HEM/ONC	0	625	90.19
90.20	09025	IUMG - MH	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	60,532	90.21
90.22	09020	EATING DISORDERS CLINIC	-443,221	2,188,120	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	-265,676	2,347,938	90.23
90.24	09021	LIFE CARE CLINIC	-115,522	1,116,486	90.24
91.00	09100	EMERGENCY	-15,289,018	40,950,881	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	-10,414,188	50,002,783	95.00
101.00	10100	HOME HEALTH AGENCY	-10,212,303	55,444,493	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-360,386	17,488,472	105.00
106.00	10600	HEART ACQUISITION	44,256	1,573,026	106.00
107.00	10700	LIVER ACQUISITION	-1,374,829	13,289,546	107.00
108.00	10800	LUNG ACQUISITION	-1,992,706	3,084,230	108.00
109.00	10900	PANCREAS ACQUISITION	53,184	1,547,994	109.00
110.00	11000	INTESTINAL ACQUISITION	-5,019	854,524	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	-1,568,868	227,801	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	5,198,215	112.01
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-7,247,121	18,331,345	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-264,563,154	3,011,845,298	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	136,550	190.00
191.00	19100	RESEARCH	0	2,784,754	191.00
191.01	19101	RESEARCH-GCRC	0	40,316	191.01
191.02	19102	OSA	-2,000,000	2,021,967	191.02
191.03	19103	RESEARCH ADMIN	0	1,099,061	191.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

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

Worksheet A
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,605,833	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	-7,402,294	8,320,149	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	192.04
192.05	19205	IUH TIPTON	0	153,251	192.05
192.06	19206	BELTWAY SURGERY	0	0	192.06
192.07	19207	RHI	0	249,064	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	192.08
192.09	19209	ARTHRTIS CLINIC - NR	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	192.11
200.00		TOTAL (SUM OF LINES 118 through 199)	-273,965,448	3,028,256,243	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	121,387,983	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	1	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
74.00		0.00	0	0	74.00
75.00		0.00	0	0	75.00
76.00		0.00	0	0	76.00
77.00		0.00	0	0	77.00
78.00		0.00	0	0	78.00
79.00		0.00	0	0	79.00
80.00		0.00	0	0	80.00
81.00		0.00	0	0	81.00
82.00		0.00	0	0	82.00
83.00		0.00	0	0	83.00
84.00		0.00	0	0	84.00
85.00		0.00	0	0	85.00
86.00		0.00	0	0	86.00
87.00		0.00	0	0	87.00
88.00		0.00	0	0	88.00
89.00		0.00	0	0	89.00
90.00		0.00	0	0	90.00
0			0	121,387,984	
B - PEDS THERAPY					
1.00	OCCUPATIONAL THERAPY	67.00	161,399	53,992	1.00
2.00	SPEECH PATHOLOGY	68.00	174,597	58,407	2.00
0			335,996	112,399	
C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	49,400,383	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	71,236,864	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00

RECLASSIFICATIONS

Provider CCN: 15-0056

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

Worksheet A-6

Date/Time Prepared:
5/26/2023 7:38 am

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
52.00		0.00	0	0				52.00	
53.00		0.00	0	0				53.00	
54.00		0.00	0	0				54.00	
55.00		0.00	0	0				55.00	
56.00		0.00	0	0				56.00	
57.00		0.00	0	0				57.00	
58.00		0.00	0	0				58.00	
59.00		0.00	0	0				59.00	
60.00		0.00	0	0				60.00	
61.00		0.00	0	0				61.00	
62.00		0.00	0	0				62.00	
63.00		0.00	0	0				63.00	
64.00		0.00	0	0				64.00	
65.00		0.00	0	0				65.00	
66.00		0.00	0	0				66.00	
67.00		0.00	0	0				67.00	
68.00		0.00	0	0				68.00	
69.00		0.00	0	0				69.00	
70.00		0.00	0	0				70.00	
71.00		0.00	0	0				71.00	
72.00		0.00	0	0				72.00	
73.00		0.00	0	0				73.00	
74.00		0.00	0	0				74.00	
75.00		0.00	0	0				75.00	
76.00		0.00	0	0				76.00	
77.00		0.00	0	0				77.00	
0			0	120,637,247					
D - SUPPLIES & IMPLANTS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	53,872,900				1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	59,711,033				2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44				3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,141,790				4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	488,914				5.00	
6.00	HOUSEKEEPING - SAXONY	9.04	0	15				6.00	
7.00	HOUSEKEEPING - MORGAN	9.05	0	165				7.00	
8.00	DIETARY	10.00	0	3,517				8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	127,397,927				9.00	
10.00	SOCIAL SERVICE	17.00	0	574				10.00	
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	11				11.00	
12.00	PARAMED PASTORAL EDUCATION	23.05	0	7				12.00	
13.00	PARAMED SURGERY TECHNOLOGY	23.09	0	9				13.00	
14.00	RADIOISOTOPE	56.00	0	44,109				14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	3,997				15.00	
16.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	379				16.00	
17.00	INFUSION CLINIC	90.14	0	9,481				17.00	
18.00	OP REHAB CLINIC	90.21	0	81				18.00	
19.00	GASTROENTEROLOGY CLINIC	90.23	0	823				19.00	
20.00	HEART ACQUISITION	106.00	0	179				20.00	
21.00	LIVER ACQUISITION	107.00	0	151				21.00	
22.00	LUNG ACQUISITION	108.00	0	409				22.00	
23.00	OTHER ORGAN ACQUISITION EXP	112.00	0	107				23.00	
24.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1				24.00	
25.00	OSA	191.02	0	352				25.00	
26.00		0.00	0	0				26.00	
27.00		0.00	0	0				27.00	
28.00		0.00	0	0				28.00	
29.00		0.00	0	0				29.00	
30.00		0.00	0	0				30.00	
31.00		0.00	0	0				31.00	
32.00		0.00	0	0				32.00	
33.00		0.00	0	0				33.00	
34.00		0.00	0	0				34.00	
35.00		0.00	0	0				35.00	
36.00		0.00	0	0				36.00	
37.00		0.00	0	0				37.00	
38.00		0.00	0	0				38.00	
39.00		0.00	0	0				39.00	
40.00		0.00	0	0				40.00	

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
0			0	242,676,975		
E - DRUGS						
1.00	PHARMACY	15.00	0	8,833,787		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00		331,873,910		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
0			0	340,707,697		
F - BLOOD						
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	75,740		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
0			0	75,740		
G - NURSERY & L&D						
1.00	NURSERY	43.00	1,505,705	281,443		1.00
2.00	ADULTS & PEDIATRICS	30.00	183,973	346,236		2.00
0			1,689,678	627,679		
H - SLEEP LAB						
1.00	SLEEP LAB	90.11	76,846	0		1.00
0			76,846	0		
I - OB SERVICES						
1.00	NURSERY	43.00	121,820	40,955		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	627,445	419,223		2.00
3.00	ADULTS & PEDIATRICS	30.00	385,072	170,533		3.00
0			1,134,337	630,711		
J - RADIOLOGY PARAMED						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	544,199	41,631		1.00
0			544,199	41,631		
K - PHARMACIST PARAMED						
1.00	PARAMED PHARMACY	23.07	691,322	52,886		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
0			691,322	52,886		
L - PHARMACY TECH PARAMED						
1.00	PARAMED PHARMACY TECH	23.10	25,269	1,933		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
0			25,269	1,933		
M - CLINICAL LAB PARAMED						
1.00	LABORATORY	60.00	91,901	7,030		1.00
2.00		0.00	0	0		2.00
0			91,901	7,030		
N - ORGAN						
1.00	LUNG ACQUISITION	108.00	149,239	53,470		1.00
2.00	HEART ACQUISITION	106.00	163,182	42,115		2.00
3.00	LIVER ACQUISITION	107.00	1,205,638	369,386		3.00
4.00	PANCREAS ACQUISITION	109.00	0	37,365		4.00
5.00	INTESTINAL ACQUISITION	110.00	212,225	50,015		5.00
0			1,730,284	552,351		

RECLASSIFICATIONS

Provider CCN: 15-0056

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

Worksheet A-6

Date/Time Prepared:
5/26/2023 7:38 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
O - PRE-POST TRANSPLANT					
1.00	POST TRANSPLANT EXPENSES	112.01	4,421,326	776,889	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	0		4,421,326	776,889	
R - SURGICAL TECH PARAMED					
1.00	PARAMED SURGERY TECHNOLOGY	23.09	84,283	6,448	1.00
	0		84,283	6,448	
T - PHONE					
1.00	NONPATIENT TELEPHONES	5.01	0	22,077	1.00
2.00	LABORATORY	60.00	0	148	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
	0		0	22,225	
U - ACCRUED PTO RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	98,191	0	1.00
	0		98,191	0	
V - RADIO PHARM RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,967,823	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		0	18,967,823	
W - PTO AS STD					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,761,138	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00

RECLASSIFICATIONS

Provider CCN: 15-0056

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		
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
0				3,761,138		
X - PROPERTY TAXES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	107,173		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
0				107,173		
Y - PASTORAL ED RECLASSES						
1.00	OTHER ADMNISTRATIVE AND GENERAL	5.06	129,770	11,859		1.00
0			129,770	11,859		
Z - TRANSPLANT SURGERY MED DIRECTOR						
1.00	HEART ACQUISITION	106.00	0	1,477		1.00
2.00	LIVER ACQUISITION	107.00	0	66,667		2.00
3.00	LUNG ACQUISITION	108.00	0	2,954		3.00
4.00	PANCREAS ACQUISITION	109.00	0	52,426		4.00
5.00	INTESTINAL ACQUISITION	110.00	0	51,160		5.00
0				174,684		
AA - RESPIRATORY THERAPY PARAMED						
1.00	RESPIRATORY THERAPY	65.00	244,813	18,728		1.00
2.00		0.00	0	0		2.00
0			244,813	18,728		
BB - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,152,065		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	339,099		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

RECLASSIFICATIONS

Provider CCN: 15-0056

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
		0		0	2,491,164
CC - HOME CARE OFFSET REVISION					
1.00	HOME HEALTH AGENCY	101.00		0	204,499
2.00		0.00		0	0
		0		0	204,499
DD - ALTEPLASE RECLASS					
1.00	LIVER ACQUISITION	107.00		0	197,928
		0		0	197,928
EE - INPATIENT ROUTINE					
1.00	ADULTS & PEDIATRICS	30.00		14,957	2,125
		0		14,957	2,125
FF - TRANSPLANT INSTITUTE					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00		0	1,605,833
		0		0	1,605,833
II - GRANT REVISIONS					
1.00	OSA	191.02		1,549,679	0
2.00	RESEARCH ADMIN	191.03		525,719	573,342
3.00	OTHER	192.01		732,500	926,334
	NONREIMBURSABLE-METHODIST				
	0			2,807,898	1,499,676
JJ - SAXONY TO TIPTON ALLOCATION					
1.00	IUH TIPTON	192.05		130,925	22,326
	0			130,925	22,326
KK - ALLOGENEIC STEM CELL					
1.00	LABORATORY	60.00		551,165	80,028
	0			551,165	80,028
LL - SPOT AND RETENTION BONUS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06		50,000	3,825
2.00	NURSING ADMINISTRATION	13.00		62,000	4,743
3.00	ADULTS & PEDIATRICS	30.00		7,943,209	607,649
4.00	INTENSIVE CARE UNIT	31.00		1,047,717	80,150
5.00	CORONARY CARE UNIT	32.00		1,902,362	145,531
6.00	NEONATAL INTENSIVE CARE UNIT	32.01		2,927,000	234,910
7.00	BURN INTENSIVE CARE UNIT	33.00		215,000	16,448
8.00	UH SURG 6IC	34.02		146,000	11,169
9.00	RH PEDIC	34.04		1,374,600	105,157
10.00	TRANSPLANT ICU	34.05		151,000	11,552
11.00	PEDS CANCER CARE	34.06		241,000	18,437
12.00	SUBPROVIDER - IPF	40.00		136,000	10,404
13.00	OPERATING ROOM	50.00		2,221,000	169,907
14.00	ENDOSCOPY	50.01		274,000	20,961
15.00	RECOVERY ROOM	51.00		795,000	60,818
16.00	DELIVERY ROOM & LABOR ROOM	52.00		804,000	61,506
17.00	ANESTHESIOLOGY	53.00		104,000	7,956
18.00	PULMONARY FUNCTION TESTING	53.01		224,000	17,136
19.00	RADIOLOGY-DIAGNOSTIC	54.00		644,293	49,294
20.00	RADIOLOGY-THERAPEUTIC	55.00		82,000	6,273
21.00	RESPIRATORY THERAPY	65.00		1,934,000	147,703
22.00	PHYSICAL THERAPY	66.00		24,000	1,836
23.00	SPEECH PATHOLOGY	68.00		55,000	4,208
24.00	ELECTROCARDIOLOGY	69.00		43,000	3,289
25.00	RENAL DIALYSIS	74.00		251,000	19,202
26.00	RH NBN ECMOIC	76.00		168,000	12,852
27.00	CARDIOLOGY	76.01		79,000	6,044
28.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02		96,000	7,344
29.00	CARDIAC CATH	76.03		501,000	38,327
30.00	DAY SURGERY	76.04		365,000	27,923
31.00	ECMO-ADULT	76.08		144,000	11,016
32.00	CARDIAC REHABILITATION	76.97		35,000	2,678
33.00	AMB SVC-OB & GYN	90.01		15,000	1,148
34.00	IUSCC HEM/ONC	90.02		565,000	43,223
35.00	OUTPATIENT SURGERY	90.06		68,000	5,202
36.00	AMB SVC-RILEY CLINICS	90.07		292,000	22,338
37.00	MOTILITY LAB	90.08		24,000	1,836
38.00	INFUSION CLINIC	90.14		44,000	3,366
39.00	PHYSICAL MEDICINE	90.17		15,000	1,148
40.00	DERMATOLOGY CLINIC	90.18		60,000	4,590
41.00	GASTROENTEROLOGY CLINIC	90.23		67,000	5,126
42.00	EMERGENCY	91.00		1,862,000	142,443
43.00	AMBULANCE SERVICES	95.00		494,000	37,791
44.00	HOME HEALTH AGENCY	101.00		523,000	40,010
45.00	KIDNEY ACQUISITION	105.00		32,000	2,448

Provider CCN: 15-0056

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

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
46.00	PANCREAS ACQUISITION	109.00	4,500	344	46.00
47.00	HOSPICE	116.00	486,000	37,179	47.00
48.00	OSA	191.02	46,000	3,519	48.00
49.00	OTHER	192.01	436,000	33,354	49.00
	NONREIMBURSABLE-METHODIST				
	TOTALS		30,072,681	2,311,313	
500.00	Grand Total: Increases		44,875,841	859,774,122	500.00

RECLASSIFICATIONS

Provider CCN: 15-0056

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

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,605,015	0		1.00
2.00	OPERATION OF PLANT	7.00	0	1,527,643	0		2.00
3.00	HOUSEKEEPING - SAXONY	9.04	0	154,510	0		3.00
4.00	HOUSEKEEPING - MORGAN	9.05	0	140,979	0		4.00
5.00	DIETARY	10.00	0	2,067,863	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	6,707,442	0		6.00
7.00	PARAMEDICAL ADMINISTRATION	13.01	0	32,018	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,244	0		8.00
9.00	PHARMACY	15.00	0	4,801,174	0		9.00
10.00	SOCIAL SERVICE	17.00	0	896,391	0		10.00
11.00	PATIENT TRANSPORTATION	18.00	0	590,675	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	25	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	30,157	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	87,665	0		14.00
15.00	PARAMEDICAL PASTORAL EDUCATION	23.05	0	160,401	0		15.00
16.00	LABORATORY	60.00	0	46,152	0		16.00
17.00	PARAMEDICAL PHARMACY	23.07	0	96,909	0		17.00
18.00	PARAMEDICAL SURGERY TECHNOLOGY	23.09	0	21,447	0		18.00
19.00	PARAMEDICAL PHARMACY TECH	23.10	0	28,445	0		19.00
20.00	ADULTS & PEDIATRICS	30.00	0	18,265,471	0		20.00
21.00	INTENSIVE CARE UNIT	31.00	0	1,788,462	0		21.00
22.00	CORONARY CARE UNIT	32.00	0	2,795,915	0		22.00
23.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	3,589,773	0		23.00
24.00	BURN INTENSIVE CARE UNIT	33.00	0	315,752	0		24.00
25.00	UH SURGIC	34.02	0	253,227	0		25.00
26.00	RH PEDI C	34.04	0	1,619,436	0		26.00
27.00	TRANSPLANT ICU	34.05	0	171,094	0		27.00
28.00	PEDS CANCER CARE	34.06	0	312,389	0		28.00
29.00	SUBPROVIDER - I PF	40.00	0	522,909	0		29.00
30.00	OPERATING ROOM	50.00	0	6,453,741	0		30.00
31.00	ENDOSCOPY	50.01	0	382,161	0		31.00
32.00	RECOVERY ROOM	51.00	0	1,406,169	0		32.00
33.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,445,304	0		33.00
34.00	ANESTHESIOLOGY	53.00	0	252,057	0		34.00
35.00	PULMONARY FUNCTION TESTING	53.01	0	400,100	0		35.00
36.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,789,695	0		36.00
37.00	RADIOLOGY-THERAPEUTIC	55.00	0	777,833	0		37.00
38.00	RADIOISOTOPE	56.00	0	130,914	0		38.00
39.00	CARDIAC CATHETERIZATION	59.00	0	93,021	0		39.00
40.00	LABORATORY	60.00	0	11,090,061	0		40.00
41.00	TRANSPLANT IMMUNOLOGY	60.01	0	194,396	0		41.00
42.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	416,680	0		42.00
43.00	RESPIRATORY THERAPY	65.00	0	3,283,777	0		43.00
44.00	PHYSICAL THERAPY	66.00	0	3,692,429	0		44.00
45.00	OCCUPATIONAL THERAPY	67.00	0	888,092	0		45.00
46.00	SPEECH PATHOLOGY	68.00	0	828,711	0		46.00
47.00	ELECTROCARDIOLOGY	69.00	0	534,118	0		47.00
48.00	ELECTROENCEPHALOGRAPHY	70.00	0	868,185	0		48.00
49.00	OUTPATIENT RETAIL PHARMACY	73.03	0	1,548,448	0		49.00
50.00	RENAL DIALYSIS	74.00	0	650,495	0		50.00
51.00	RH NBN ECMO IC	76.00	0	230,672	0		51.00
52.00	CARDIOLOGY	76.01	0	213,391	0		52.00
53.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	544,397	0		53.00
54.00	CARDIAC CATH	76.03	0	1,297,364	0		54.00
55.00	DAY SURGERY	76.04	0	714,694	0		55.00
56.00	ECMO-ADULT	76.08	0	297,590	0		56.00
57.00	CARDIAC REHABILITATION	76.97	0	125,647	0		57.00
58.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	161,701	0		58.00
59.00	AMB SVC-OB & GYN	90.01	0	162,086	0		59.00
60.00	IUSCC HEM/ONC	90.02	0	2,884,569	0		60.00
61.00	AMB SVC-OPHTHALMOLOGY	90.03	0	97,665	0		61.00
62.00	AMB SVC-PSYCH ADULT	90.04	0	138,422	0		62.00
63.00	OUTPATIENT SURGERY	90.06	0	396,539	0		63.00
64.00	AMB SVC-RILEY CLINICS	90.07	0	1,070,589	0		64.00
65.00	MOTILITY LAB	90.08	0	23,783	0		65.00
66.00	SLEEP LAB	90.11	0	990,867	0		66.00
67.00	INFUSION CLINIC	90.14	0	104,598	0		67.00
68.00	PHYSICAL MEDICINE	90.17	0	147,921	0		68.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2022
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Worksheet A-6
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
69.00	DERMATOLOGY CLINIC	90.18	0	153,592	0			69.00
70.00	OP REHAB CLINIC	90.21	0	10,273	0			70.00
71.00	EATING DISORDERS CLINIC	90.22	0	294,352	0			71.00
72.00	GASTROENTEROLOGY CLINIC	90.23	0	287,490	0			72.00
73.00	LIFE CARE CLINIC	90.24	0	355,486	0			73.00
74.00	EMERGENCY	91.00	0	4,222,158	0			74.00
75.00	AMBULANCE SERVICES	95.00	0	5,322,822	0			75.00
76.00	HOME HEALTH AGENCY	101.00	0	4,165,841	0			76.00
77.00	KIDNEY ACQUISITION	105.00	0	1,212,173	0			77.00
78.00	HEART ACQUISITION	106.00	0	113,490	0			78.00
79.00	LIVER ACQUISITION	107.00	0	265,031	0			79.00
80.00	LUNG ACQUISITION	108.00	0	150,577	0			80.00
81.00	PANCREAS ACQUISITION	109.00	0	48,916	0			81.00
82.00	INTESTINAL ACQUISITION	110.00	0	19,610	0			82.00
83.00	OTHER ORGAN ACQUISITION EXP	112.00	0	12,424	0			83.00
84.00	HOSPICE	116.00	0	2,158,568	0			84.00
85.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	30,627	0			85.00
86.00	RESEARCH	191.00	0	77,102	0			86.00
87.00	RESEARCH-GCRC	191.01	0	453	0			87.00
88.00	OSA	191.02	0	132,534	0			88.00
89.00	OTHER	192.01	0	1,953,124	0			89.00
90.00	NONREIMBURSABLE-METHODIST RHI	192.07	0	34,876	0			90.00
			0	121,387,984				
B - PEDS THERAPY								
1.00	PHYSICAL THERAPY	66.00	335,996	112,399	0			1.00
2.00		0.00	0	0	0			2.00
			335,996	112,399				
C - DEPRECIATION								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	26,062	9			1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38,775,467	9			2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	184,930	0			3.00
4.00	OPERATION OF PLANT	7.00	0	1,538,260	0			4.00
5.00	HOUSEKEEPING - SAXONY	9.04	0	173	0			5.00
6.00	HOUSEKEEPING - MORGAN	9.05	0	10,902	0			6.00
7.00	DIETARY	10.00	0	364,248	0			7.00
8.00	NURSING ADMINISTRATION	13.00	0	3,679,477	0			8.00
9.00	PARAMEDICAL ADMINISTRATION	13.01	0	4,147	0			9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	81,908	0			10.00
11.00	PHARMACY	15.00	0	1,602,703	0			11.00
12.00	PATIENT TRANSPORTATION	18.00	0	26,257	0			12.00
13.00	RESPIRATORY THERAPY	65.00	0	16,746	0			13.00
14.00	ADULTS & PEDIATRICS	30.00	0	2,850,118	0			14.00
15.00	INTENSIVE CARE UNIT	31.00	0	826,986	0			15.00
16.00	CORONARY CARE UNIT	32.00	0	1,137,310	0			16.00
17.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	1,046,936	0			17.00
18.00	BURN INTENSIVE CARE UNIT	33.00	0	106,236	0			18.00
19.00	UH SURGICAL	34.02	0	59,506	0			19.00
20.00	RH PEDIC	34.04	0	444,033	0			20.00
21.00	TRANSPLANT ICU	34.05	0	42,790	0			21.00
22.00	PEDS CANCER CARE	34.06	0	150,625	0			22.00
23.00	SUBPROVIDER - IPF	40.00	0	267,625	0			23.00
24.00	OPERATING ROOM	50.00	0	20,563,511	0			24.00
25.00	ENDOSCOPY	50.01	0	1,088,967	0			25.00
26.00	RECOVERY ROOM	51.00	0	333,363	0			26.00
27.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,238,000	0			27.00
28.00	ANESTHESIOLOGY	53.00	0	641,296	0			28.00
29.00	PULMONARY FUNCTION TESTING	53.01	0	69,283	0			29.00
30.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,964,073	0			30.00
31.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,260,517	0			31.00
32.00	RADIOISOTOPE	56.00	0	804,465	0			32.00
33.00	CARDIAC CATHETERIZATION	59.00	0	212,875	0			33.00
34.00	LABORATORY	60.00	0	5,740,150	0			34.00
35.00	TRANSPLANT IMMUNOLOGY	60.01	0	123,642	0			35.00
36.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	130,916	0			36.00
37.00	RESPIRATORY THERAPY	65.00	0	1,010,263	0			37.00
38.00	PHYSICAL THERAPY	66.00	0	573,296	0			38.00
39.00	OCCUPATIONAL THERAPY	67.00	0	26,218	0			39.00
40.00	SPEECH PATHOLOGY	68.00	0	258,948	0			40.00
41.00	ELECTROCARDIOLOGY	69.00	0	1,314,247	0			41.00
42.00	ELECTROENCEPHALOGRAPHY	70.00	0	503,987	0			42.00

RECLASSIFICATIONS

Provider CCN: 15-0056

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			
43.00	OUTPATIENT RETAIL PHARMACY	73.03	0	80,678	0	43.00	
44.00	RENAL DIALYSIS	74.00	0	296,736	0	44.00	
45.00	RH NBN ECMO IC	76.00	0	57,193	0	45.00	
46.00	CARDIOLOGY	76.01	0	759,986	0	46.00	
47.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	25,308	0	47.00	
48.00	CARDIAC CATH	76.03	0	1,852,699	0	48.00	
49.00	DAY SURGERY	76.04	0	130,597	0	49.00	
50.00	ECMO-ADULT	76.08	0	89,607	0	50.00	
51.00	CARDIAC REHABILITATION	76.97	0	89,713	0	51.00	
52.00	AMB SVC-OB & GYN	90.01	0	61,044	0	52.00	
53.00	IUSCC HEM/ONC	90.02	0	903,627	0	53.00	
54.00	AMB SVC-OPHTHALMOLOGY	90.03	0	105,918	0	54.00	
55.00	AMB SVC-PSYCH ADULT	90.04	0	175	0	55.00	
56.00	OUTPATIENT SURGERY	90.06	0	135,053	0	56.00	
57.00	AMB SVC-RILEY CLINICS	90.07	0	657,363	0	57.00	
58.00	MOTILITY LAB	90.08	0	46,526	0	58.00	
59.00	SLEEP LAB	90.11	0	213,346	0	59.00	
60.00	INFUSION CLINIC	90.14	0	46,084	0	60.00	
61.00	PHYSICAL MEDICINE	90.17	0	3,426	0	61.00	
62.00	DERMATOLOGY CLINIC	90.18	0	51,265	0	62.00	
63.00	INFUSION/HEM/ONC	90.19	0	2,702	0	63.00	
64.00	OP REHAB CLINIC	90.21	0	1,616	0	64.00	
65.00	EATING DISORDERS CLINIC	90.22	0	68,592	0	65.00	
66.00	GASTROENTEROLOGY CLINIC	90.23	0	35,312	0	66.00	
67.00	LIFE CARE CLINIC	90.24	0	3,850	0	67.00	
68.00	EMERGENCY	91.00	0	1,580,620	0	68.00	
69.00	AMBULANCE SERVICES	95.00	0	5,641,292	0	69.00	
70.00	HOME HEALTH AGENCY	101.00	0	356,476	0	70.00	
71.00	KIDNEY ACQUISITION	105.00	0	778,898	0	71.00	
72.00	HOSPICE	116.00	0	15,964	0	72.00	
73.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	9,938	0	73.00	
74.00	RESEARCH	191.00	0	6,441	0	74.00	
75.00	RESEARCH-GCRC	191.01	0	28,014	0	75.00	
76.00	OTHER	192.01	0	375,286	0	76.00	
77.00	NONREIMBURSABLE-METHODIST RHI	192.07	0	24,440	0	77.00	
			0	120,637,247			
D - SUPPLIES & IMPLANTS							
1.00	OPERATION OF PLANT	7.00	0	31,877	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	49,077	0	2.00	
3.00	PARAMED ED ADMINISTRATION	13.01	0	1,237	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,069,981	0	4.00	
5.00	PHARMACY	15.00	0	592,985	0	5.00	
6.00	PATIENT TRANSPORTATION	18.00	0	3,972	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,989	0	7.00	
8.00	RESPIRATORY THERAPY	65.00	0	725	0	8.00	
9.00	LABORATORY	60.00	0	7,712	0	9.00	
10.00	PARAMED PHARMACY TECH	23.10	0	302	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	6,719,499	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	948,649	0	12.00	
13.00	CORONARY CARE UNIT	32.00	0	1,664,225	0	13.00	
14.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	958,844	0	14.00	
15.00	BURN INTENSIVE CARE UNIT	33.00	0	90,656	0	15.00	
16.00	UH SURG 61C	34.02	0	180,162	0	16.00	
17.00	RH PEDIC	34.04	0	578,632	0	17.00	
18.00	TRANSPLANT ICU	34.05	0	86,078	0	18.00	
19.00	PEDS CANCER CARE	34.06	0	58,083	0	19.00	
20.00	SUBPROVIDER - I PF	40.00	0	11,269	0	20.00	
21.00	OPERATING ROOM	50.00	0	110,601,735	0	21.00	
22.00	ENDOSCOPY	50.01	0	6,235,381	0	22.00	
23.00	RECOVERY ROOM	51.00	0	138,239	0	23.00	
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	428,905	0	24.00	
25.00	ANESTHESIOLOGY	53.00	0	1,873,076	0	25.00	
26.00	PULMONARY FUNCTION TESTING	53.01	0	101,036	0	26.00	
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,512,630	0	27.00	
28.00	RADIOLOGY-THERAPEUTIC	55.00	0	88,646	0	28.00	
29.00	LABORATORY	60.00	0	52,020,653	0	29.00	
30.00	TRANSPLANT IMMUNOLOGY	60.01	0	1,801,939	0	30.00	
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	4,485,867	0	31.00	
32.00	RESPIRATORY THERAPY	65.00	0	5,134,142	0	32.00	
33.00	PHYSICAL THERAPY	66.00	0	729,785	0	33.00	

RECLASSIFICATIONS

Provider CCN: 15-0056

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

Worksheet A-6
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
34.00	OCCUPATIONAL THERAPY	67.00	0	5,952	0	34.00	
35.00	SPEECH PATHOLOGY	68.00	0	136,110	0	35.00	
36.00	ELECTROCARDIOLOGY	69.00	0	8,185	0	36.00	
37.00	ELECTROENCEPHALOGRAPHY	70.00	0	113,996	0	37.00	
38.00	OUTPATIENT RETAIL PHARMACY	73.03	0	23,748	0	38.00	
39.00	RENAL DIALYSIS	74.00	0	79,960	0	39.00	
40.00	RH NBN ECMO IC	76.00	0	306,619	0	40.00	
41.00	CARDIOLOGY	76.01	0	9,480,232	0	41.00	
42.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	22,606	0	42.00	
43.00	CARDIAC CATH	76.03	0	13,656,813	0	43.00	
44.00	DAY SURGERY	76.04	0	430,069	0	44.00	
45.00	ECMO-ADULT	76.08	0	3	0	45.00	
46.00	CARDIAC REHABILITATION	76.97	0	12,902	0	46.00	
47.00	AMB SVC-OB & GYN	90.01	0	47,511	0	47.00	
48.00	IUSCC HEM/ONC	90.02	0	569,786	0	48.00	
49.00	AMB SVC-OPHTHALMOLOGY	90.03	0	2,324	0	49.00	
50.00	AMB SVC-PSYCH ADULT	90.04	0	6,444	0	50.00	
51.00	OUTPATIENT SURGERY	90.06	0	17,031	0	51.00	
52.00	AMB SVC-RILEY CLINICS	90.07	0	129,701	0	52.00	
53.00	MOTILITY LAB	90.08	0	16,090	0	53.00	
54.00	SLEEP LAB	90.11	0	207,331	0	54.00	
55.00	PHYSICAL MEDICINE	90.17	0	8,368	0	55.00	
56.00	DERMATOLOGY CLINIC	90.18	0	43,510	0	56.00	
57.00	EATING DISORDERS CLINIC	90.22	0	25,264	0	57.00	
58.00	LIFE CARE CLINIC	90.24	0	3,633	0	58.00	
59.00	EMERGENCY	91.00	0	1,655,749	0	59.00	
60.00	AMBULANCE SERVICES	95.00	0	516,102	0	60.00	
61.00	HOME HEALTH AGENCY	101.00	0	1,422,770	0	61.00	
62.00	KIDNEY ACQUISITION	105.00	0	282,073	0	62.00	
63.00	PANCREAS ACQUISITION	109.00	0	68,086	0	63.00	
64.00	HOSPICE	116.00	0	65,667	0	64.00	
65.00	RESEARCH	191.00	0	319	0	65.00	
66.00	RESEARCH-GCRC	191.01	0	23,718	0	66.00	
67.00	OTHER	192.01	0	34,312	0	67.00	
68.00	NONREIMBURSABLE-METHODIST						
	RHI	192.07	0	46,003	0	68.00	
	0		0	242,676,975			
E - DRUGS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,412	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	9	0	2.00	
3.00	DIETARY	10.00	0	698	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	10,784	0	4.00	
5.00	PARAMEDICAL ADMINISTRATION	13.01	0	30	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	335,069	0	6.00	
7.00	PHARMACY	15.00	0	146,009,113	0	7.00	
8.00	SOCIAL SERVICE	17.00	0	1,654	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	129	0	9.00	
10.00	PARAMEDICAL PHARMACY TECH	23.10	0	228	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	2,101,387	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	273,994	0	12.00	
13.00	CORONARY CARE UNIT	32.00	0	716,051	0	13.00	
14.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	405,693	0	14.00	
15.00	BURN INTENSIVE CARE UNIT	33.00	0	16,254	0	15.00	
16.00	UH SURGICAL	34.02	0	118,293	0	16.00	
17.00	RH PEDIATRIC	34.04	0	290,171	0	17.00	
18.00	TRANSPLANT ICU	34.05	0	71,698	0	18.00	
19.00	PEDS CANCER CARE	34.06	0	47,443	0	19.00	
20.00	SUBPROVIDER - IPF	40.00	0	641	0	20.00	
21.00	OPERATING ROOM	50.00	0	2,167,728	0	21.00	
22.00	ENDOSCOPY	50.01	0	78,714	0	22.00	
23.00	RECOVERY ROOM	51.00	0	119,487	0	23.00	
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	139,243	0	24.00	
25.00	ANESTHESIOLOGY	53.00	0	1,425,164	0	25.00	
26.00	PULMONARY FUNCTION TESTING	53.01	0	19,450	0	26.00	
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,704,979	0	27.00	
28.00	RADIOLOGY-THERAPEUTIC	55.00	0	250,688	0	28.00	
29.00	RADIOISOTOPE	56.00	0	258,772	0	29.00	
30.00	CARDIAC CATHETERIZATION	59.00	0	20,096	0	30.00	
31.00	LABORATORY	60.00	0	992,621	0	31.00	
32.00	TRANSPLANT IMMUNOLOGY	60.01	0	173	0	32.00	
33.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	30,565	0	33.00	

RECLASSIFICATIONS

Provider CCN: 15-0056

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		
34.00	RESPIRATORY THERAPY	65.00	0	154,856	0		34.00
35.00	PHYSICAL THERAPY	66.00	0	8,315	0		35.00
36.00	OCCUPATIONAL THERAPY	67.00	0	82	0		36.00
37.00	SPEECH PATHOLOGY	68.00	0	1,848	0		37.00
38.00	ELECTROCARDIOLOGY	69.00	0	24,478	0		38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	0	284	0		39.00
40.00	RENAL DIALYSIS	74.00	0	123,611	0		40.00
41.00	RH NBN ECMO IC	76.00	0	11,596	0		41.00
42.00	CARDIOLOGY	76.01	0	59,342	0		42.00
43.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	6,716	0		43.00
44.00	CARDIAC CATH	76.03	0	410,008	0		44.00
45.00	DAY SURGERY	76.04	0	130,133	0		45.00
46.00	ECMO-ADULT	76.08	0	77	0		46.00
47.00	CARDIAC REHABILITATION	76.97	0	393	0		47.00
48.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	580,903	0		48.00
49.00	AMB SVC-OB & GYN	90.01	0	508,755	0		49.00
50.00	IUSCC HEM/ONC	90.02	0	102,157,638	0		50.00
51.00	AMB SVC-OPHTHALMOLOGY	90.03	0	426,640	0		51.00
52.00	AMB SVC-PSYCH ADULT	90.04	0	10	0		52.00
53.00	OUTPATIENT SURGERY	90.06	0	10,159	0		53.00
54.00	AMB SVC-RILEY CLINICS	90.07	0	367,582	0		54.00
55.00	MOTILITY LAB	90.08	0	351	0		55.00
56.00	SLEEP LAB	90.11	0	1,622	0		56.00
57.00	INFUSION CLINIC	90.14	0	7,835,716	0		57.00
58.00	PHYSICAL MEDICINE	90.17	0	279,059	0		58.00
59.00	DERMATOLOGY CLINIC	90.18	0	12,129	0		59.00
60.00	OP REHAB CLINIC	90.21	0	1,024,803	0		60.00
61.00	GASTROENTEROLOGY CLINIC	90.23	0	19,938	0		61.00
62.00	LIFE CARE CLINIC	90.24	0	3,217,679	0		62.00
63.00	EMERGENCY	91.00	0	1,083,254	0		63.00
64.00	AMBULANCE SERVICES	95.00	0	250,464	0		64.00
65.00	HOME HEALTH AGENCY	101.00	0	60,952,086	0		65.00
66.00	KIDNEY ACQUISITION	105.00	0	211,255	0		66.00
67.00	LUNG ACQUISITION	108.00	0	4,564	0		67.00
68.00	PANCREAS ACQUISITION	109.00	0	180	0		68.00
69.00	INTESTINAL ACQUISITION	110.00	0	133	0		69.00
70.00	HOSPICE	116.00	0	578,578	0		70.00
71.00	RESEARCH-GCRC	191.01	0	11,481	0		71.00
72.00	OTHER	192.01	0	630,742	0		72.00
73.00	NONREIMBURSABLE-METHODIST RHI	192.07	0	1,806	0		73.00
			0	340,707,697			
F - BLOOD							
1.00	OPERATION OF PLANT	7.00	0	2,342	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,296	0		2.00
3.00	LABORATORY	60.00	0	72,102	0		3.00
			0	75,740			
G - NURSERY & L&D							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,689,678	627,679	0		1.00
2.00		0.00	0	0	0		2.00
			1,689,678	627,679			
H - SLEEP LAB							
1.00	HOME HEALTH AGENCY	101.00	76,846	0	0		1.00
			76,846	0			
I - OB SERVICES							
1.00	NURSING ADMINISTRATION	13.00	1,134,337	630,711	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
			1,134,337	630,711			
J - RADIOLOGY PARAMED							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	544,199	41,631	0		1.00
			544,199	41,631			
K - PHARMACIST PARAMED							
1.00	PHARMACY	15.00	621,773	47,566	0		1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	19,111	1,462	0		2.00
3.00	IUSCC HEM/ONC	90.02	43,652	3,339	0		3.00
4.00	RESEARCH	191.00	6,786	519	0		4.00
			691,322	52,886			
L - PHARMACY TECH PARAMED							
1.00	PHARMACY	15.00	11,831	905	0		1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	10,697	818	0		2.00
3.00	HOME HEALTH AGENCY	101.00	2,741	210	0		3.00

RECLASSIFICATIONS

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

Worksheet A-6
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	O		25,269	1,933		
M - CLINICAL LAB PARAMED						
1.00	LABORATORY	60.00	78,718	6,022	0	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	13,183	1,008	0	2.00
	O		91,901	7,030		
N - ORGAN						
1.00	KIDNEY ACQUISITION	105.00	1,708,805	552,351	0	1.00
2.00	PANCREAS ACQUISITION	109.00	21,479	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
	O		1,730,284	552,351		
O - PRE-POST TRANSPLANT						
1.00	LUNG ACQUISITION	108.00	706,965	139,606	0	1.00
2.00	KIDNEY ACQUISITION	105.00	1,548,889	253,003	0	2.00
3.00	HEART ACQUISITION	106.00	567,286	51,384	0	3.00
4.00	LIVER ACQUISITION	107.00	1,191,996	264,166	0	4.00
5.00	PANCREAS ACQUISITION	109.00	147,593	27,795	0	5.00
6.00	INTESTINAL ACQUISITION	110.00	258,597	40,935	0	6.00
	O		4,421,326	776,889		
R - SURGICAL TECH PARAMED						
1.00	OPERATING ROOM	50.00	84,283	6,448	0	1.00
	O		84,283	6,448		
T - PHONE						
1.00	DIETARY	10.00	0	87	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	234	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	4,551	0	3.00
4.00	CORONARY CARE UNIT	32.00	0	27	0	4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	0	863	0	5.00
6.00	PEDS CANCER CARE	34.06	0	219	0	6.00
7.00	OPERATING ROOM	50.00	0	8,442	0	7.00
8.00	RECOVERY ROOM	51.00	0	2,084	0	8.00
9.00	PULMONARY FUNCTION TESTING	53.01	0	364	0	9.00
10.00	LABORATORY	60.00	0	104	0	10.00
11.00	OCCUPATIONAL THERAPY	67.00	0	52	0	11.00
12.00	SPEECH PATHOLOGY	68.00	0	1,304	0	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	372	0	13.00
14.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	207	0	14.00
15.00	CARDIAC REHABILITATION	76.97	0	1,278	0	15.00
16.00	AMB SVC-RILEY CLINICS	90.07	0	193	0	16.00
17.00	SLEEP LAB	90.11	0	212	0	17.00
18.00	EMERGENCY	91.00	0	859	0	18.00
19.00	KIDNEY ACQUISITION	105.00	0	499	0	19.00
20.00	OTHER	192.01	0	274	0	20.00
	NONREIMBURSABLE-METHODIST					
	O		0	22,225		
U - ACCRUED PTO RECLASS						
1.00	OTHER	192.01	98,191	0	0	1.00
	NONREIMBURSABLE-METHODIST					
	O		98,191	0		
V - RADIO PHARM RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,809,934	0	1.00
2.00	RADIOISOTOPE	56.00	0	13,956,998	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	200,891	0	3.00
	O			18,967,823		
W - PTO AS STD						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	8,890	0	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	79,268	0	0	2.00
3.00	OPERATION OF PLANT	7.00	30,153	0	0	3.00
4.00	HOUSEKEEPING - SAXONY	9.04	1,522	0	0	4.00
5.00	HOUSEKEEPING - MORGAN	9.05	143	0	0	5.00
6.00	DIETARY	10.00	46,007	0	0	6.00
7.00	NURSING ADMINISTRATION	13.00	152,194	0	0	7.00
8.00	PHARMACY	15.00	135,034	0	0	8.00
9.00	SOCIAL SERVICE	17.00	4,676	0	0	9.00
10.00	PATIENT TRANSPORTATION	18.00	12,235	0	0	10.00
11.00	PARAMED PASTORAL EDUCATION	23.05	3,486	0	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	640,108	0	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	96,062	0	0	13.00
14.00	CORONARY CARE UNIT	32.00	141,916	0	0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	32.01	152,353	0	0	15.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
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		Decreases			Wkst. A-7 Ref.		
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
16.00	BURN INTENSIVE CARE UNIT	33.00	22,127	0	0		16.00
17.00	UH SURG 6IC	34.02	514	0	0		17.00
18.00	RH PED IC	34.04	94,385	0	0		18.00
19.00	TRANSPLANT ICU	34.05	6,898	0	0		19.00
20.00	PEDS CANCER CARE	34.06	29,036	0	0		20.00
21.00	SUBPROVIDER - IPF	40.00	31,949	0	0		21.00
22.00	OPERATING ROOM	50.00	137,748	0	0		22.00
23.00	ENDOSCOPY	50.01	15,959	0	0		23.00
24.00	RECOVERY ROOM	51.00	54,987	0	0		24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	54,385	0	0		25.00
26.00	ANESTHESIOLOGY	53.00	6,077	0	0		26.00
27.00	PULMONARY FUNCTION TESTING	53.01	5,109	0	0		27.00
28.00	RADIOLOGY-DIAGNOSTIC	54.00	176,890	0	0		28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	31,208	0	0		29.00
30.00	LABORATORY	60.00	288,008	0	0		30.00
31.00	TRANSPLANT IMMUNOLOGY	60.01	10,132	0	0		31.00
32.00	BLOOD STORING, PROCESSING & TRANS.	63.00	11,963	0	0		32.00
33.00	RESPIRATORY THERAPY	65.00	195,335	0	0		33.00
34.00	PHYSICAL THERAPY	66.00	142,375	0	0		34.00
35.00	OCCUPATIONAL THERAPY	67.00	27,544	0	0		35.00
36.00	SPEECH PATHOLOGY	68.00	33,267	0	0		36.00
37.00	ELECTROCARDIOLOGY	69.00	38,349	0	0		37.00
38.00	ELECTROENCEPHALOGRAPHY	70.00	17,313	0	0		38.00
39.00	OUTPATIENT RETAIL PHARMACY	73.03	58,511	0	0		39.00
40.00	RENAL DIALYSIS	74.00	8,913	0	0		40.00
41.00	RH NBN ECMO IC	76.00	19,064	0	0		41.00
42.00	CARDIOLOGY	76.01	8,844	0	0		42.00
43.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	13,304	0	0		43.00
44.00	CARDIAC CATH	76.03	51,483	0	0		44.00
45.00	DAY SURGERY	76.04	21,817	0	0		45.00
46.00	ECMO-ADULT	76.08	2,770	0	0		46.00
47.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	3,847	0	0		47.00
48.00	AMB SVC-OB & GYN	90.01	2,888	0	0		48.00
49.00	IUSCC HEM/ONC	90.02	73,914	0	0		49.00
50.00	AMB SVC-OPHTHALMOLOGY	90.03	138	0	0		50.00
51.00	AMB SVC-PSYCH ADULT	90.04	8,967	0	0		51.00
52.00	OUTPATIENT SURGERY	90.06	19,329	0	0		52.00
53.00	AMB SVC-RILEY CLINICS	90.07	26,450	0	0		53.00
54.00	SLEEP LAB	90.11	18,782	0	0		54.00
55.00	PHYSICAL MEDICINE	90.17	5,160	0	0		55.00
56.00	DERMATOLOGY CLINIC	90.18	4,473	0	0		56.00
57.00	EATING DISORDERS CLINIC	90.22	7,594	0	0		57.00
58.00	GASTROENTEROLOGY CLINIC	90.23	7,244	0	0		58.00
59.00	LIFE CARE CLINIC	90.24	33,204	0	0		59.00
60.00	EMERGENCY	91.00	152,694	0	0		60.00
61.00	AMBULANCE SERVICES	95.00	82,460	0	0		61.00
62.00	HOME HEALTH AGENCY	101.00	44,442	0	0		62.00
63.00	KIDNEY ACQUISITION	105.00	34,933	0	0		63.00
64.00	LIVER ACQUISITION	107.00	15,218	0	0		64.00
65.00	LUNG ACQUISITION	108.00	10,707	0	0		65.00
66.00	HOSPICE	116.00	27,175	0	0		66.00
67.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	9,368	0	0		67.00
68.00	RESEARCH	191.00	3,392	0	0		68.00
69.00	OTHER	192.01	42,313	0	0		69.00
70.00	NONREIMBURSABLE-METHODIST RHI	192.07	6,135	0	0		70.00
			3,761,138	0	0		
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36,666	13		1.00
2.00	LABORATORY	60.00	0	9,697	0		2.00
3.00	PHYSICAL THERAPY	66.00	0	8,235	0		3.00
4.00	IUSCC HEM/ONC	90.02	0	7,672	0		4.00
5.00	AMBULANCE SERVICES	95.00	0	19,864	0		5.00
6.00	HOME HEALTH AGENCY	101.00	0	19,868	0		6.00
7.00	OTHER	192.01	0	5,171	0		7.00
	NONREIMBURSABLE-METHODIST						
			0	107,173			

RECLASSIFICATIONS

Provider CCN: 15-0056

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

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
Y - PASTORAL ED RECLASSES							
1.00	PARAMED PASTORAL EDUCATION	23.05	129,770	11,859	0		1.00
	O		129,770	11,859			
Z - TRANSPLANT SURGERY MED DIRECTOR							
1.00	KIDNEY ACQUISITION	105.00	0	174,684	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
	O		0	174,684			
AA - RESPIRATORY THERAPY PARAMED							
1.00	PULMONARY FUNCTION TESTING	53.01	28,616	2,189	0		1.00
2.00	RESPIRATORY THERAPY	65.00	216,197	16,539	0		2.00
	O		244,813	18,728			
BB - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,183,689	12		1.00
2.00	OPERATION OF PLANT	7.00	0	21,122	12		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26	0		3.00
4.00	LABORATORY	60.00	0	73,631	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	886	0		5.00
6.00	OUTPATIENT RETAIL PHARMACY	73.03	0	243	0		6.00
7.00	IUSCC HEM/ONC	90.02	0	5,444	0		7.00
8.00	EATING DISORDERS CLINIC	90.22	0	40	0		8.00
9.00	AMBULANCE SERVICES	95.00	0	191,699	0		9.00
10.00	HOME HEALTH AGENCY	101.00	0	14,384	0		10.00
	O		0	2,491,164			
CC - HOME CARE OFFSET REVISION							
1.00	HOSPICE	116.00	0	167,713	0		1.00
2.00	SLEEP LAB	90.11	0	36,786	0		2.00
	O		0	204,499			
DD - ALTEPLASE RECLASS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	197,928	0		1.00
	O		0	197,928			
EE - INPATIENT ROUTINE							
1.00	EMERGENCY	91.00	14,957	2,125	0		1.00
	O		14,957	2,125			
FF - TRANSPLANT INSTITUTE							
1.00	KIDNEY ACQUISITION	105.00	0	1,605,833	0		1.00
	O		0	1,605,833			
II - GRANT REVISIONS							
1.00	RESEARCH	191.00	2,807,898	733,632	0		1.00
2.00	OSA	191.02	0	766,044	0		2.00
3.00		0.00	0	0	0		3.00
	O		2,807,898	1,499,676			
JJ - SAXONY TO TIPTON ALLOCATION							
1.00	PHARMACY	15.00	130,925	22,326	0		1.00
	O		130,925	22,326			
KK - ALLOGENEIC STEM CELL							
1.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	551,165	80,028	0		1.00
	O		551,165	80,028			
LL - SPOT AND RETENTION BONUS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	30,072,681	2,311,313	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

	Decreases					Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	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
46.00		0.00	0	0	0	0	46.00
47.00		0.00	0	0	0	0	47.00
48.00		0.00	0	0	0	0	48.00
49.00		0.00	0	0	0	0	49.00
	TOTALS		30,072,681	2,311,313			
500.00	Grand Total: Decreases		48,636,979	856,012,984			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0056

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	239,082,328	78,951,408	0	78,951,408	0	1.00
2.00	Land Improvements	29,090,018	166,391	0	166,391	0	2.00
3.00	Buildings and Fixtures	1,216,192,464	209,728,930	0	209,728,930	4,927,870	3.00
4.00	Building Improvements	939,263,431	1,186,799	0	1,186,799	19,132,330	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	1,650,445,870	70,450,519	0	70,450,519	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	4,074,074,111	360,484,047	0	360,484,047	24,060,200	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	4,074,074,111	360,484,047	0	360,484,047	24,060,200	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	318,033,736	0				1.00
2.00	Land Improvements	29,256,409	2,057,949				2.00
3.00	Buildings and Fixtures	1,420,993,524	215,911,112				3.00
4.00	Building Improvements	921,317,900	396,146,696				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	1,720,896,389	1,094,231,450				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	4,410,497,958	1,708,347,207				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	4,410,497,958	1,708,347,207				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0056

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0056

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,689,601,568	0	2,689,601,568	0.609818	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,720,896,389	0	1,720,896,389	0.390182	0	2.00
3.00	Total (sum of lines 1-2)	4,410,497,957	0	4,410,497,957	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	74,697,598	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	87,761,577	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	162,459,175	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,152,065	107,173	0	76,956,836	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	339,099	0	0	88,100,676	2.00
3.00	Total (sum of lines 1-2)	0	2,491,164	107,173	0	165,057,512	3.00

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.	
			3.00	4.00	5.00	
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-144,511,681			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	328,822,805			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to 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.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0056

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

Worksheet A-8

Date/Time Prepared:
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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	31.00				
				Cost Center Description	Basis/Code (2)			Amount	Cost Center	Line #	Wkst. A-7 Ref.
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00				
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	32.00				
33.00	FRINGE BENEFIT TO HOME OFFICE	A	-121,620,660	EMPLOYEE BENEFITS DEPARTMENT		4.00	33.00				
33.01	CLASS & LECTURE REVENUE	B	-1,685	NURSING ADMINISTRATION		13.00	33.01				
33.02	CLASS & LECTURE REVENUE	B	-10,932	PARAMED ED ADMINISTRATION		13.01	33.02				
33.03	CLASS & LECTURE REVENUE	B	-138,822	RADIOLOGY-DIAGNOSTIC		54.00	33.03				
33.04	CLASS & LECTURE REVENUE	B	-348,018	RESPIRATORY THERAPY		65.00	33.04				
33.05	CLASS & LECTURE REVENUE	B	-87,608	LABORATORY		60.00	33.05				
33.06	CLASS & LECTURE REVENUE	B	-24,486	PARAMED SURGERY TECHNOLOGY		23.09	33.06				
33.07	CLASS & LECTURE REVENUE	B	-14,700	PARAMED PHARMACY TECH		23.10	33.07				
33.08	CLASS & LECTURE REVENUE	B	-10,339	DELIVERY ROOM & LABOR ROOM		52.00	33.08				
33.09	CLASS & LECTURE REVENUE	B	-40,795	EMERGENCY		91.00	33.09				
33.10	MISC OTHER OP REVENUE - RETAIL PHARM	B	-286,776	OUTPATIENT RETAIL PHARMACY		73.03	33.10				
33.11	MISC OTHER OP REVENUE	B	-408,945	EMPLOYEE BENEFITS DEPARTMENT		4.00	33.11				
33.12	MISC OTHER OP REVENUE	B	-718,595	OTHER ADMINISTRATIVE AND GENERAL		5.06	33.12				
33.13	MISC OTHER OP REVENUE	B	-63,184	OPERATION OF PLANT		7.00	33.13				
33.14	MISC OTHER OP REVENUE	B	-767	NURSING ADMINISTRATION		13.00	33.14				
33.15	MISC OTHER OP REVENUE	B	-1,052,760	PHARMACY		15.00	33.15				
33.16	MISC OTHER OP REVENUE	B	-10,004	PARAMED PASTORAL EDUCATION		23.05	33.16				
33.17	MISC OTHER OP REVENUE	B	-875	ADULTS & PEDIATRICS		30.00	33.17				
33.18	MISC OTHER OP REVENUE	B	13,860	OPERATING ROOM		50.00	33.18				
33.19	MISC OTHER OP REVENUE	B	-542	DELIVERY ROOM & LABOR ROOM		52.00	33.19				
33.20	MISC OTHER OP REVENUE	B	-6,593	PULMONARY FUNCTION TESTING		53.01	33.20				
33.21	MISC OTHER OP REVENUE	B	-30,172	RADIOLOGY-DIAGNOSTIC		54.00	33.21				
33.22	MISC OTHER OP REVENUE	B	-7,192	RADIOLOGY-THERAPEUTIC		55.00	33.22				
33.23	MISC OTHER OP REVENUE	B	-10,995,514	LABORATORY		60.00	33.23				
33.24	MISC OTHER OP REVENUE	B	-21,704	BLOOD STORING, PROCESSING & TRANS.		63.00	33.24				
33.25	MISC OTHER OP REVENUE	B	-131,509	PHYSICAL THERAPY		66.00	33.25				
33.26	MISC OTHER OP REVENUE	B	-27,780	OCCUPATIONAL THERAPY		67.00	33.26				
33.27	MISC OTHER OP REVENUE	B	-322	SPEECH PATHOLOGY		68.00	33.27				
33.28	MISC OTHER OP REVENUE	B	-48,471	ELECTROCARDIOLOGY		69.00	33.28				
33.29	MISC OTHER OP REVENUE	B	-1,000	ELECTROENCEPHALOGRAPHY		70.00	33.29				
33.30	MISC OTHER OP REVENUE	B	-611,249	CARDIAC CATH		76.03	33.30				
33.31	MISC OTHER OP REVENUE	B	-29,371	CARDIAC REHABILITATION		76.97	33.31				
33.32	MISC OTHER OP REVENUE	B	-93,655	ALLOGENEIC STEM CELL ACQUISITION		77.00	33.32				
33.33	MISC OTHER OP REVENUE	B	-809	IUSCC HEM/ONC		90.02	33.33				
33.34	MISC OTHER OP REVENUE	B	-288	SLEEP LAB		90.11	33.34				
33.35	MISC OTHER OP REVENUE	B	-396,065	EMERGENCY		91.00	33.35				
33.36	MISC OTHER OP REVENUE	B	-1,624,112	AMBULANCE SERVICES		95.00	33.36				
33.37	MISC OTHER OP REVENUE	B	-324	HOME HEALTH AGENCY		101.00	33.37				
33.38	MISC OTHER OP REVENUE	B	61,242	HOSPICE		116.00	33.38				
33.39	VENDING REVENUE	B	-9	HOME HEALTH AGENCY		101.00	33.39				
33.40	GIFT SHOP REVENUE	B	-2,233	SOCIAL SERVICE		17.00	33.40				
33.41	INTERCOMPANY REVENUE	B	-583,364	EMPLOYEE BENEFITS DEPARTMENT		4.00	33.41				
33.42	INTERCOMPANY REVENUE	B	-571,523	OTHER ADMINISTRATIVE AND GENERAL		5.06	33.42				
33.43	INTERCOMPANY REVENUE	B	-1,058,321	OPERATION OF PLANT		7.00	33.43				
33.44	INTERCOMPANY REVENUE	B	-80,383	DIETARY		10.00	33.44				
33.45	INTERCOMPANY REVENUE	B	-737,840	NURSING ADMINISTRATION		13.00	33.45				
33.46	INTERCOMPANY REVENUE	B	-2,087,335	PHARMACY		15.00	33.46				
33.47	INTERCOMPANY REVENUE	B	-1,295,893	SOCIAL SERVICE		17.00	33.47				
33.48	INTERCOMPANY REVENUE	B	-109,977	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	33.48				
33.49	INTERCOMPANY REVENUE	B	-598,104	ADULTS & PEDIATRICS		30.00	33.49				
33.50	INTERCOMPANY REVENUE	B	-484,080	OPERATING ROOM		50.00	33.50				
33.51	INTERCOMPANY REVENUE	B	-785,444	ENDOSCOPY		50.01	33.51				
33.52	INTERCOMPANY REVENUE	B	-29,952	RECOVERY ROOM		51.00	33.52				
33.53	INTERCOMPANY REVENUE	B	-792,416	RADIOLOGY-DIAGNOSTIC		54.00	33.53				
33.54	INTERCOMPANY REVENUE	B	-565,649	RADIOLOGY-THERAPEUTIC		55.00	33.54				

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0056

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

Worksheet A-8

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.55 INTERCOMPANY REVENUE	B	-157,490,624	LABORATORY	60.00	0	33.55
33.56 INTERCOMPANY REVENUE	B	-6,503,424	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33.56
33.57 INTERCOMPANY REVENUE	B	-58,125	PHYSICAL THERAPY	66.00	0	33.57
33.58 INTERCOMPANY REVENUE	B	-86,136	SPEECH PATHOLOGY	68.00	0	33.58
33.59 INTERCOMPANY REVENUE	B	-545,861	ELECTROCARDIOLOGY	69.00	0	33.59
33.60 INTERCOMPANY REVENUE	B	-228,000	ELECTROENCEPHALOGRAPHY	70.00	0	33.60
33.61 INTERCOMPANY REVENUE	B	-1,428,960	CARDIAC CATH	76.03	0	33.61
33.62 INTERCOMPANY REVENUE	B	-822,209	AMB SVC-OB & GYN	90.01	0	33.62
33.63 INTERCOMPANY REVENUE	B	-1,691,429	IUSCC HEM/ONC	90.02	0	33.63
33.64 INTERCOMPANY REVENUE	B	-156,189	AMB SVC-OPHTHALMOLOGY	90.03	0	33.64
33.65 INTERCOMPANY REVENUE	B	-322,266	OUTPATIENT SURGERY	90.06	0	33.65
33.66 INTERCOMPANY REVENUE	B	-7,199,750	AMB SVC-RI LEY CLINICS	90.07	0	33.66
33.67 INTERCOMPANY REVENUE	B	-717	MOTILITY LAB	90.08	0	33.67
33.68 INTERCOMPANY REVENUE	B	-2,092,635	SLEEP LAB	90.11	0	33.68
33.69 INTERCOMPANY REVENUE	B	-583,919	PHYSICAL MEDICINE	90.17	0	33.69
33.70 INTERCOMPANY REVENUE	B	-192,879	DERMATOLOGY CLINIC	90.18	0	33.70
33.71 INTERCOMPANY REVENUE	B	1,555	EATING DISORDERS CLINIC	90.22	0	33.71
33.72 INTERCOMPANY REVENUE	B	-265,676	GASTROENTEROLOGY CLINIC	90.23	0	33.72
33.73 INTERCOMPANY REVENUE	B	-3,000	EMERGENCY	91.00	0	33.73
33.74 INTERCOMPANY REVENUE	B	-1,198,268	AMBULANCE SERVICES	95.00	0	33.74
33.75 INTERCOMPANY REVENUE	B	-975,822	HOME HEALTH AGENCY	101.00	0	33.75
33.76 INTERCOMPANY REVENUE	B	-134,316	KIDNEY ACQUISITION	105.00	9	33.76
33.77 INTERCOMPANY REVENUE	B	-145,678	HEART ACQUISITION	106.00	0	33.77
33.78 INTERCOMPANY REVENUE	B	-5,998,178	OTHER NONREIMBURSABLE-METHODIST	192.01	9	33.78
33.79 PARKING GARAGE	A	-6,500,819	OPERATION OF PLANT	7.00	0	33.79
33.80 INTEREST EXPENSE	A	-44,675	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.80
33.81 PARKING GARAGE DEPRECIATION	A	-645,183	CAP REL COSTS-BLDG & FIXT	1.00	9	33.81
33.82 PHYSICIAN MALPRACTICE INSURANCE	A	-6,078	KIDNEY ACQUISITION	105.00	0	33.82
33.83 DEPRECIATION TO HOME OFFICE	A	-43,081,458	CAP REL COSTS-BLDG & FIXT	1.00	9	33.83
33.84 PHARMACY RESEARCH	A	-1,203,127	PHARMACY	15.00	0	33.84
33.85 PHARMACY RESEARCH	A	-160,476	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.85
33.86 PHONES TO HOME OFFICE	A	-22,077	NONPATIENT TELEPHONES	5.01	0	33.86
33.87 CONTRIBUTION EXPENSE	A	-2,056,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.87
33.88 CONTRIBUTION EXPENSE	A	-60,712	DIETARY	10.00	0	33.88
33.89 CONTRIBUTION EXPENSE	A	23,951	NURSING ADMINISTRATION	13.00	0	33.89
33.90 CONTRIBUTION EXPENSE	A	-2,113	PHARMACY	15.00	0	33.90
33.91 CONTRIBUTION EXPENSE	A	-297	ADULTS & PEDIATRICS	30.00	0	33.91
33.92 CONTRIBUTION EXPENSE	A	-1,395	SUBPROVIDER - IPF	40.00	0	33.92
33.93 CONTRIBUTION EXPENSE	A	-3,096	OPERATING ROOM	50.00	0	33.93
33.94 CONTRIBUTION EXPENSE	A	-1,980	LABORATORY	60.00	0	33.94
33.95 CONTRIBUTION EXPENSE	A	-2,323	RESPIRATORY THERAPY	65.00	0	33.95
33.96 CONTRIBUTION EXPENSE	A	-500	ELECTROCARDIOLOGY	69.00	0	33.96
33.97 CONTRIBUTION EXPENSE	A	-17,264	OUTPATIENT RETAIL PHARMACY	73.03	0	33.97
33.98 CONTRIBUTION EXPENSE	A	-4,474	RENAL DIALYSIS	74.00	0	33.98
33.99 CONTRIBUTION EXPENSE	A	-1,607	SLEEP LAB	90.11	0	33.99
34.00 CONTRIBUTION EXPENSE	A	-309,097	AMBULANCE SERVICES	95.00	0	34.00
34.01 CONTRIBUTION EXPENSE	A	-2,287	HOME HEALTH AGENCY	101.00	0	34.01
34.02 ACADEMIC SUPPORT	A	62,750,000	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	34.02
34.03 MEDICAID HAF FEES	A	-91,851,981	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.03
34.04 OUR HOUSE UTILITIES	A	-36,322	OPERATION OF PLANT	7.00	0	34.04
34.05 UNWONTED SITUATIONS	A	-4,121	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.05
34.06 UNWONTED SITUATIONS	A	627	DIETARY	10.00	0	34.06
34.07 UNWONTED SITUATIONS	A	-24,962	ADULTS & PEDIATRICS	30.00	0	34.07
34.08 UNWONTED SITUATIONS	A	-189	CORONARY CARE UNIT	32.00	0	34.08
34.09 UNWONTED SITUATIONS	A	-325	SUBPROVIDER - IPF	40.00	0	34.09
34.10 UNWONTED SITUATIONS	A	-6,630	OPERATING ROOM	50.00	0	34.10
34.11 UNWONTED SITUATIONS	A	-566	ENDOSCOPY	50.01	0	34.11
34.12 UNWONTED SITUATIONS	A	-704	RECOVERY ROOM	51.00	0	34.12

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0056

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

Worksheet A-8

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
34.13	UNWONTED SITUATIONS	A	-154	DELIVERY ROOM & LABOR ROOM	52.00	0	34.13
34.14	UNWONTED SITUATIONS	A	-2,509	RADIOLOGY-DIAGNOSTIC	54.00	0	34.14
34.15	UNWONTED SITUATIONS	A	-1,445	IUSCC HEM/ONC	90.02	0	34.15
34.16	UNWONTED SITUATIONS	A	-240	EMERGENCY	91.00	0	34.16
34.17	UNWONTED SITUATIONS	A	-397	AMBULANCE SERVICES	95.00	0	34.17
34.18	LEASE AND RENT REVENUE	B	-3,251,870	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.18
34.19	LEASE AND RENT REVENUE	B	-158,000	OPERATION OF PLANT	7.00	0	34.19
34.20	LEASE AND RENT REVENUE	B	-31,225	NURSING ADMINISTRATION	13.00	0	34.20
34.21	LEASE AND RENT REVENUE	B	-3,892	LABORATORY	60.00	0	34.21
34.22	LEASE AND RENT REVENUE	B	-17,268	AMB SVC-RILEY CLINICS	90.07	0	34.22
34.23	LEASE AND RENT REVENUE	B	-25,000	AMBULANCE SERVICES	95.00	0	34.23
34.24	NON-ALLOWABLE ADVERTISING	A	-659,077	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.24
34.25	NON-ALLOWABLE ADVERTISING	A	-321	OPERATION OF PLANT	7.00	0	34.25
34.26	NON-ALLOWABLE ADVERTISING	A	-508	PARAMEDIC ADMINISTRATION	13.01	0	34.26
34.27	NON-ALLOWABLE ADVERTISING	A	-24,990	ADULTS & PEDIATRICS	30.00	0	34.27
34.28	NON-ALLOWABLE ADVERTISING	A	-5,000	BURN INTENSIVE CARE UNIT	33.00	0	34.28
34.29	NON-ALLOWABLE ADVERTISING	A	-1,530	DELIVERY ROOM & LABOR ROOM	52.00	0	34.29
34.30	NON-ALLOWABLE ADVERTISING	A	-95	PULMONARY FUNCTION TESTING	53.01	0	34.30
34.31	NON-ALLOWABLE ADVERTISING	A	-11,398	LABORATORY	60.00	0	34.31
34.32	NON-ALLOWABLE ADVERTISING	A	-8,780	RESPIRATORY THERAPY	65.00	0	34.32
34.33	NON-ALLOWABLE ADVERTISING	A	-30,670	PHYSICAL THERAPY	66.00	0	34.33
34.34	NON-ALLOWABLE ADVERTISING	A	-174	SPEECH PATHOLOGY	68.00	0	34.34
34.35	NON-ALLOWABLE ADVERTISING	A	-1,000	ELECTROENCEPHALOGRAPHY	70.00	0	34.35
34.36	NON-ALLOWABLE ADVERTISING	A	-399	OUTPATIENT RETAIL PHARMACY	73.03	0	34.36
34.37	NON-ALLOWABLE ADVERTISING	A	-5,256	CARDIAC CATH	76.03	0	34.37
34.38	NON-ALLOWABLE ADVERTISING	A	-13	IUSCC HEM/ONC	90.02	0	34.38
34.39	NON-ALLOWABLE ADVERTISING	A	-26,625	SLEEP LAB	90.11	0	34.39
34.40	NON-ALLOWABLE ADVERTISING	A	-577	EMERGENCY	91.00	0	34.40
34.41	NON-ALLOWABLE ADVERTISING	A	-46,559	AMBULANCE SERVICES	95.00	0	34.41
34.42	NON-ALLOWABLE ADVERTISING	A	-8,014	HOME HEALTH AGENCY	101.00	0	34.42
34.43	NON-ALLOWABLE ADVERTISING	A	-5,663	KIDNEY ACQUISITION	105.00	0	34.43
34.44	NON-ALLOWABLE ADVERTISING	A	-11,270	HOSPICE	116.00	0	34.44
34.45	START-UP EXPENSE OFFSET ADULT	A	-26,009,998	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.45
34.46	AMORTIZATION OF START-UP RILEY	A	1,336,491	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.46
34.47	CONSOL CASH INTEREST OFFSET	B	-4,039,387	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.47
34.48	HEART ACCRUAL ADJUSTMENT	A	189,934	HEART ACQUISITION	106.00	0	34.48
34.49	INTESTINE ACCRUAL ADJUSTMENT	A	-5,019	INTESTINAL ACQUISITION	110.00	0	34.49
34.50	KIDNEY ACCRUAL ADJUSTMENT	A	89,461	KIDNEY ACQUISITION	105.00	0	34.50
34.51	LIVER ACCRUAL ADJUSTMENT	A	877	LIVER ACQUISITION	107.00	0	34.51
34.52	LUNG ACCRUAL ADJUSTMENT	A	-5,341	LUNG ACQUISITION	108.00	0	34.52
34.53	PANCREAS ACCRUAL ADJUSTMENT	A	48,340	PANCREAS ACQUISITION	109.00	0	34.53
34.54	ADULT AHC PRESIDENT SALARY	A	711,726	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.54
34.55	HOME HEALTH PHYSICIAN FEE	A	-647,956	HOME HEALTH AGENCY	101.00	0	34.55
34.56	OTHER ORGAN ACQ PHYSICIAN FEE	A	-1,568,868	OTHER ORGAN ACQUISITION EXP	112.00	0	34.56
34.57	HOSPICE PHYSICIAN FEE	A	-561,111	HOSPICE	116.00	0	34.57
34.58	NRCC PHYSICIAN FEE	A	-2,000,000	OSA	191.02	0	34.58
34.59	NRCC PHYSICIAN FEE	A	-1,351,359	OTHER NONREIMBURSABLE-METHODIST	192.01	0	34.59
34.60	H.O. PARAMEDIC - PHARMACIST	A	3,209	PARAMEDIC PHARMACY	23.07	0	34.60
34.61	SURG CENTER PARAMEDIC - SURGERY	A	1,636	PARAMEDIC SURGERY TECHNOLOGY	23.09	0	34.61
34.62	SPOT AND RETENTION BONUS FROM HO	A	4,844	PANCREAS ACQUISITION	109.00	0	34.62
34.63	SPOT AND RETENTION BONUS FROM HO	A	99,038	LABORATORY	60.00	0	34.63
34.64	SPOT AND RETENTION BONUS NON AHC	A	-258,360	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.64
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-273,965,448				50.00

Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet A-8 Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	

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

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

Provider CCN: 15-0056

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

Worksheet A-8-1

Date/Time Prepared: 5/26/2023 7:38 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTERCOMPANY EXPENSE	69,023,856	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	INTERCOMPANY EXPENSE	16,524,713	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY EXPENSE	127,655,787	10,744	3.00
3.01	5.01	NONPATIENT TELEPHONES	INTERCOMPANY EXPENSE	10,054	10,054	3.01
3.02	5.02	DATA PROCESSING	INTERCOMPANY EXPENSE	92,252,287	0	3.02
3.03	5.03	PURCHASING, RECEIVING & STOR	INTERCOMPANY EXPENSE	22,360,124	0	3.03
3.04	5.04	ADMINISTRATIVE	INTERCOMPANY EXPENSE	17,914,836	0	3.04
3.05	5.05	CASHIERING/ACCOUNTS RECEIVAB	INTERCOMPANY EXPENSE	58,264,848	0	3.05
3.06	5.06	OTHER ADMINISTRATIVE AND GEN	INTERCOMPANY EXPENSE	178,415,192	325,627,330	3.06
3.07	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY EXPENSE	13,268,872	320	3.07
3.08	7.00	OPERATION OF PLANT	INTERCOMPANY EXPENSE	36,381,076	47,286	3.08
3.09	9.01	HOUSEKEEPING - UNIVERSITY	INTERCOMPANY EXPENSE	5,530,562	0	3.09
3.10	9.02	HOUSEKEEPING - RILEY	INTERCOMPANY EXPENSE	5,405,501	0	3.10
3.11	9.03	HOUSEKEEPING - METHODIST	INTERCOMPANY EXPENSE	9,224,435	0	3.11
3.12	11.00	CAFETERIA	INTERCOMPANY EXPENSE	4,555,107	0	3.12
3.13	13.00	NURSING ADMINISTRATION	INTERCOMPANY EXPENSE	28,542,293	23,657,590	3.13
3.14	14.00	CENTRAL SERVICES & SUPPLY	INTERCOMPANY EXPENSE	1,910	1,910	3.14
3.15	15.00	PHARMACY	INTERCOMPANY EXPENSE	8,176	427,049	3.15
3.16	16.00	MEDICAL RECORDS & LIBRARY	INTERCOMPANY EXPENSE	17,200,731	0	3.16
3.17	18.00	PATIENT TRANSPORTATION	INTERCOMPANY EXPENSE	1,233,667	1,233,667	3.17
3.18	22.00	I&R SERVICES-OTHER PRGM COST	INTERCOMPANY EXPENSE	5,412,155	5,412,155	3.18
3.19	65.00	RESPIRATORY THERAPY	INTERCOMPANY EXPENSE	15,000	15,000	3.19
3.20	30.00	ADULTS & PEDIATRICS	INTERCOMPANY EXPENSE	34,256,826	34,256,826	3.20
3.21	31.00	INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	771,192	771,192	3.21
3.22	32.00	CORONARY CARE UNIT	INTERCOMPANY EXPENSE	643,253	643,253	3.22
3.23	32.01	NEONATAL INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	93,096	93,096	3.23
3.24	33.00	BURN INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	11,110	11,110	3.24
3.25	34.02	UH SURG 6IC	INTERCOMPANY EXPENSE	26,503	26,503	3.25
3.26	34.04	RH PEDIC	INTERCOMPANY EXPENSE	47,659	47,659	3.26
3.27	34.06	PEDS CANCER CARE	INTERCOMPANY EXPENSE	31,975	31,975	3.27
3.28	40.00	SUBPROVIDER - IPF	INTERCOMPANY EXPENSE	879,198	879,198	3.28
3.29	50.00	OPERATING ROOM	INTERCOMPANY EXPENSE	3,184,713	3,247,713	3.29
3.30	50.01	ENDOSCOPY	INTERCOMPANY EXPENSE	223,436	223,436	3.30
3.31	52.00	DELIVERY ROOM & LABOR ROOM	INTERCOMPANY EXPENSE	1,407,239	1,407,239	3.31
3.32	53.00	ANESTHESIOLOGY	INTERCOMPANY EXPENSE	15,438,758	15,438,758	3.32
3.33	53.01	PULMONARY FUNCTION TESTING	INTERCOMPANY EXPENSE	147,677	147,677	3.33
3.34	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY EXPENSE	1,131,436	1,131,989	3.34
3.35	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY EXPENSE	4,007,013	4,007,013	3.35
3.36	56.00	RADIOISOTOPE	INTERCOMPANY EXPENSE	133,193	133,193	3.36
3.37	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY EXPENSE	21,806	21,806	3.37
3.38	60.00	LABORATORY	INTERCOMPANY EXPENSE	74,069,931	74,069,931	3.38
3.39	60.01	TRANSPLANT IMMUNOLOGY	INTERCOMPANY EXPENSE	351,271	351,271	3.39
3.40	63.00	BLOOD STORING, PROCESSING &	INTERCOMPANY EXPENSE	5,038,791	5,038,791	3.40
3.41	65.00	RESPIRATORY THERAPY	INTERCOMPANY EXPENSE	8,858	8,858	3.41
3.42	66.00	PHYSICAL THERAPY	INTERCOMPANY EXPENSE	143,904	172,501	3.42
3.43	69.00	ELECTROCARDIOLOGY	INTERCOMPANY EXPENSE	2,793,969	2,793,969	3.43
3.44	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY EXPENSE	634,110	641,937	3.44
3.45	73.03	OUTPATIENT RETAIL PHARMACY	INTERCOMPANY EXPENSE	63,089	77,901	3.45
3.46	74.00	RENAL DIALYSIS	INTERCOMPANY EXPENSE	51,248	51,248	3.46
3.47	76.02	PSYCHIATRIC/PSYCHOLOGICAL SE	INTERCOMPANY EXPENSE	103,434	103,434	3.47
3.48	76.03	CARDIAC CATH	INTERCOMPANY EXPENSE	8,150,870	8,150,870	3.48
3.49	76.08	ECMO-ADULT	INTERCOMPANY EXPENSE	10,175	10,175	3.49
3.50	76.97	CARDIAC REHABILITATION	INTERCOMPANY EXPENSE	38,539	38,539	3.50
3.51	90.01	AMB SVC-OB & GYN	INTERCOMPANY EXPENSE	138,931	138,931	3.51
3.52	90.02	USCC HEM/ONC	INTERCOMPANY EXPENSE	8,392,296	8,392,296	3.52
3.53	90.06	OUTPATIENT SURGERY	INTERCOMPANY EXPENSE	32,414	32,414	3.53
3.54	90.07	AMB SVC-RILEY CLINICS	INTERCOMPANY EXPENSE	1,151,481	1,151,481	3.54
3.55	90.08	MOTILITY LAB	INTERCOMPANY EXPENSE	12,921	12,921	3.55
3.56	90.11	SLEEP LAB	INTERCOMPANY EXPENSE	312,834	1,682,229	3.56
3.57	90.14	INFUSION CLINIC	INTERCOMPANY EXPENSE	41,600	62,963	3.57
3.58	90.22	EATING DISORDERS CLINIC	INTERCOMPANY EXPENSE	444,776	444,776	3.58
3.59	90.24	LIFE CARE CLINIC	INTERCOMPANY EXPENSE	135,839	135,839	3.59
3.60	91.00	EMERGENCY	INTERCOMPANY EXPENSE	18,131,765	18,131,765	3.60
3.61	95.00	AMBULANCE SERVICES	INTERCOMPANY EXPENSE	736,157	7,799,252	3.61
3.62	101.00	HOME HEALTH AGENCY	INTERCOMPANY EXPENSE	802,171	9,380,062	3.62
3.63	105.00	KIDNEY ACQUISITION	INTERCOMPANY EXPENSE	2,155,504	2,155,504	3.63
3.64	106.00	HEART ACQUISITION	INTERCOMPANY EXPENSE	81,778	81,778	3.64
3.65	107.00	LIVER ACQUISITION	INTERCOMPANY EXPENSE	1,487,343	1,487,343	3.65
3.66	108.00	LUNG ACQUISITION	INTERCOMPANY EXPENSE	2,003,228	2,003,228	3.66
3.67	112.00	OTHER ORGAN ACQUISITION EXP	INTERCOMPANY EXPENSE	1,568,868	1,568,868	3.67

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 15-0056
 Period: From 01/01/2022 To 12/31/2022
 Worksheet A-8-1
 Date/Time Prepared: 5/26/2023 7:38 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
3.68	116.00	HOSPICE	671,883	7,407,865	3.68
3.69	191.01	RESEARCH-GCRC	968	968	3.69
3.70	191.02	OSA	2,000,000	2,000,000	3.70
3.71	192.01	OTHER NONREIMBURSABLE-METHOD	1,941,048	1,993,805	3.71
3.72	0.00		0	0	3.72
3.73	0.00		0	0	3.73
3.74	0.00		0	0	3.74
4.00	0.00		0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		905,359,259	576,536,454	5.00

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

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

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

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

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

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

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

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

Provider CCN: 15-0056

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2023 7:38 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	69,023,856	9		1.00
2.00	16,524,713	9		2.00
3.00	127,645,043	0		3.00
3.01	0	0		3.01
3.02	92,252,287	0		3.02
3.03	22,360,124	0		3.03
3.04	17,914,836	0		3.04
3.05	58,264,848	0		3.05
3.06	-147,212,138	0		3.06
3.07	13,268,552	0		3.07
3.08	36,333,790	0		3.08
3.09	5,530,562	0		3.09
3.10	5,405,501	0		3.10
3.11	9,224,435	0		3.11
3.12	4,555,107	0		3.12
3.13	4,884,703	0		3.13
3.14	0	0		3.14
3.15	-418,873	0		3.15
3.16	17,200,731	0		3.16
3.17	0	0		3.17
3.18	0	0		3.18
3.19	0	0		3.19
3.20	0	0		3.20
3.21	0	0		3.21
3.22	0	0		3.22
3.23	0	0		3.23
3.24	0	0		3.24
3.25	0	0		3.25
3.26	0	0		3.26
3.27	0	0		3.27
3.28	0	0		3.28
3.29	-63,000	0		3.29
3.30	0	0		3.30
3.31	0	0		3.31
3.32	0	0		3.32
3.33	0	0		3.33
3.34	-553	0		3.34
3.35	0	0		3.35
3.36	0	0		3.36
3.37	0	0		3.37
3.38	0	0		3.38
3.39	0	0		3.39
3.40	0	0		3.40
3.41	0	0		3.41
3.42	-28,597	0		3.42
3.43	0	0		3.43
3.44	-7,827	0		3.44
3.45	-14,812	0		3.45
3.46	0	0		3.46
3.47	0	0		3.47
3.48	0	0		3.48
3.49	0	0		3.49
3.50	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
3.55	0	0		3.55
3.56	-1,369,395	0		3.56
3.57	-21,363	0		3.57
3.58	0	0		3.58
3.59	0	0		3.59
3.60	0	0		3.60
3.61	-7,063,095	0		3.61
3.62	-8,577,891	0		3.62
3.63	0	0		3.63
3.64	0	0		3.64
3.65	0	0		3.65
3.66	0	0		3.66
3.67	0	0		3.67

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

Provider CCN: 15-0056

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2023 7:38 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
3.68	-6,735,982	0	3.68
3.69	0	0	3.69
3.70	0	0	3.70
3.71	-52,757	0	3.71
3.72	0	0	3.72
3.73	0	0	3.73
3.74	0	0	3.74
4.00	0	0	4.00
5.00	328,822,805		5.00

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

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

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

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0056

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

Worksheet A-8-2
Date/Time Prepared:
5/26/2023 7:38 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	27,670,948	27,670,948	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	21,796,212	21,796,212	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	33,507,767	33,507,767	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	730,000	730,000	0	0	0	4.00
5.00	32.00	CORONARY CARE UNIT	621,451	621,451	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	855,000	855,000	0	0	0	6.00
7.00	50.00	OPERATING ROOM	2,767,845	2,767,845	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	1,249,756	1,249,756	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	14,897,376	13,564,312	1,333,064	239,400	26,280	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	78,400	78,400	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	3,538,040	3,538,040	0	0	0	11.00
12.00	56.00	RADIOISOTOPE	133,193	133,193	0	0	0	12.00
13.00	60.00	LABORATORY	448,206	448,206	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	2,795,530	2,795,530	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	634,110	634,110	0	0	0	15.00
16.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	103,434	103,434	0	0	0	16.00
17.00	76.03	CARDIAC CATH	7,325,662	7,325,662	0	0	0	17.00
18.00	90.02	IUSCC HEM/ONC	6,691,371	6,691,371	0	0	0	18.00
19.00	90.06	OUTPATIENT SURGERY	4,769	4,769	0	0	0	19.00
20.00	90.07	AMB SVC-RILEY CLINICS	730,915	730,915	0	0	0	20.00
21.00	90.14	INFUSION CLINIC	41,600	41,600	0	0	0	21.00
22.00	90.22	EATING DISORDERS CLINIC	444,776	444,776	0	0	0	22.00
23.00	90.24	LIFE CARE CLINIC	115,522	115,522	0	0	0	23.00
24.00	91.00	EMERGENCY	16,859,423	12,905,741	3,953,682	197,500	21,180	24.00
25.00	95.00	AMBULANCE SERVICES	147,660	147,660	0	0	0	25.00
26.00	105.00	KIDNEY ACQUISITION	303,790	303,790	0	0	0	26.00
27.00	107.00	LIVER ACQUISITION	1,375,706	1,375,706	0	0	0	27.00
28.00	108.00	LUNG ACQUISITION	1,987,365	1,987,365	0	0	0	28.00
200.00			147,855,827	142,569,081	5,286,746		47,460	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0056

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

Worksheet A-8-2
Date/Time Prepared:
5/26/2023 7:38 am

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	32.00	CORONARY CARE UNIT	0	0	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	3,024,727	151,236	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	11.00
12.00	56.00	RADIOISOTOPE	0	0	0	0	0	12.00
13.00	60.00	LABORATORY	0	0	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	15.00
16.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	16.00
17.00	76.03	CARDIAC CATH	0	0	0	0	0	17.00
18.00	90.02	IUSCC HEM/ONC	0	0	0	0	0	18.00
19.00	90.06	OUTPATIENT SURGERY	0	0	0	0	0	19.00
20.00	90.07	AMB SVC-RILEY CLINICS	0	0	0	0	0	20.00
21.00	90.14	INFUSION CLINIC	0	0	0	0	0	21.00
22.00	90.22	EATING DISORDERS CLINIC	0	0	0	0	0	22.00
23.00	90.24	LIFE CARE CLINIC	0	0	0	0	0	23.00
24.00	91.00	EMERGENCY	2,011,082	100,554	0	0	0	24.00
25.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	25.00
26.00	105.00	KIDNEY ACQUISITION	0	0	0	0	0	26.00
27.00	107.00	LIVER ACQUISITION	0	0	0	0	0	27.00
28.00	108.00	LUNG ACQUISITION	0	0	0	0	0	28.00
200.00			5,035,809	251,790	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0056

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2023 7:38 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	27,670,948		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	21,796,212		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	33,507,767		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	730,000		4.00
5.00	32.00	CORONARY CARE UNIT	0	0	0	621,451		5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	855,000		6.00
7.00	50.00	OPERATING ROOM	0	0	0	2,767,845		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,249,756		8.00
9.00	53.00	ANESTHESIOLOGY	0	3,024,727	0	13,564,312		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	78,400		10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	3,538,040		11.00
12.00	56.00	RADIOISOTOPE	0	0	0	133,193		12.00
13.00	60.00	LABORATORY	0	0	0	448,206		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,795,530		14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	634,110		15.00
16.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	103,434		16.00
17.00	76.03	CARDIAC CATH	0	0	0	7,325,662		17.00
18.00	90.02	IUSCC HEM/ONC	0	0	0	6,691,371		18.00
19.00	90.06	OUTPATIENT SURGERY	0	0	0	4,769		19.00
20.00	90.07	AMB SVC-RILEY CLINICS	0	0	0	730,915		20.00
21.00	90.14	INFUSION CLINIC	0	0	0	41,600		21.00
22.00	90.22	EATING DISORDERS CLINIC	0	0	0	444,776		22.00
23.00	90.24	LIFE CARE CLINIC	0	0	0	115,522		23.00
24.00	91.00	EMERGENCY	0	2,011,082	1,942,600	14,848,341		24.00
25.00	95.00	AMBULANCE SERVICES	0	0	0	147,660		25.00
26.00	105.00	KIDNEY ACQUISITION	0	0	0	303,790		26.00
27.00	107.00	LIVER ACQUISITION	0	0	0	1,375,706		27.00
28.00	108.00	LUNG ACQUISITION	0	0	0	1,987,365		28.00
200.00			0	5,035,809	1,942,600	144,511,681		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	76,956,836	76,956,836			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	88,100,676		88,100,676		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	132,289,003	222,185	32,171	132,543,359	4.00
5.01 00540	NONPATIENT TELEPHONES	41,429	35,054	0	0	76,483 5.01
5.02 00550	DATA PROCESSING	92,252,344	68,566	0	0	0 5.02
5.03 00590	PURCHASING, RECEIVING & STORES	22,360,124	0	0	0	0 5.03
5.04 00570	ADMINISTRATIVE	17,914,836	0	0	0	0 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	58,264,848	0	0	0	0 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	195,057,771	2,492,731	4,414,239	3,889,407	1,594 5.06
6.00 00600	MAINTENANCE & REPAIRS	39,459,935	1,156,402	228,280	0	0 6.00
7.00 00700	OPERATION OF PLANT	49,580,641	1,205,866	578,109	1,068,018	1,008 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	114,315	15,533	0	0	0 8.00
9.00 00900	HOUSEKEEPING	0	0	0	0	0 9.00
9.01 00901	HOUSEKEEPING - UNIVERSITY	5,530,562	0	0	0	0 9.01
9.02 00902	HOUSEKEEPING - RILEY	5,405,501	0	0	0	0 9.02
9.03 00903	HOUSEKEEPING - METHODIST	9,224,435	0	0	0	0 9.03
9.04 00904	HOUSEKEEPING - SAXONY	938,345	27,044	214	90,656	121 9.04
9.05 00905	HOUSEKEEPING - MORGAN	802,161	33,713	13,458	71,914	103 9.05
10.00 01000	DIETARY	12,738,378	780,631	428,243	1,698,180	1,990 10.00
11.00 01100	CAFETERIA	4,555,107	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	78,189,755	861,043	4,178,760	9,904,156	2,146 13.00
13.01 01851	PARAMEDICAL ADMINISTRATION	270,046	436,562	5,119	32,826	17 13.01
14.00 01400	CENTRAL SERVICES & SUPPLY	130,333,254	485,205	101,108	11,239	9 14.00
15.00 01500	PHARMACY	45,776,056	934,167	1,841,512	5,787,433	2,999 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	17,200,731	0	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	10,661,895	174,598	0	763,608	612 17.00
18.00 01850	PATIENT TRANSPORTATION	5,690,798	50,134	32,412	402,290	500 18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	50,492,993	84,367	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	69,217,332	3,989,582	0	99	0 22.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	0 23.00
23.01 02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	0 23.01
23.02 02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	0	0	0 23.02
23.03 02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	0	0	0 23.03
23.04 02304	PARAMEDICAL EMERGENCY	0	0	0	0	0 23.04
23.05 02312	PARAMEDICAL PASTORAL EDUCATION	538,738	88,355	0	82,218	78 23.05
23.06 02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	0 23.06
23.07 02307	PARAMEDICAL PHARMACY	1,665,373	77,597	0	238,037	172 23.07
23.08 02308	PARAMEDICAL MEDICAL ASSIST	0	0	0	0	0 23.08
23.09 02309	PARAMEDICAL SURGERY TECHNOLOGY	260,491	34,584	0	40,045	26 23.09
23.10 02310	PARAMEDICAL PHARMACY TECH	182,794	39,276	0	28,325	17 23.10
23.11 02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	0 23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	233,448,231	15,239,075	3,246,868	22,931,058	12,575 30.00
31.00 03100	INTENSIVE CARE UNIT	29,507,921	693,349	595,687	2,649,573	1,267 31.00
32.00 03200	CORONARY CARE UNIT	31,755,836	822,839	1,403,910	3,661,733	1,766 32.00
32.01 03201	NEONATAL INTENSIVE CARE UNIT	34,725,297	1,858,916	1,253,165	4,687,006	2,197 32.01
33.00 03300	BURN INTENSIVE CARE UNIT	2,972,990	251,910	131,139	400,583	207 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.02 03401	UH SURG 61C	5,404,309	397,990	73,455	446,662	241 34.02
34.03 03402	UH NS 31C	0	0	0	0	0 34.03
34.04 03403	RH PEDIC	15,172,594	659,920	548,120	2,034,851	1,103 34.04
34.05 03404	TRANSPLANT ICU	3,474,763	263,807	52,821	306,508	146 34.05
34.06 03407	PEDS CANCER CARE	3,005,176	641,908	185,933	412,516	233 34.06
40.00 04000	SUBPROVIDER - I/PF	4,308,979	399,129	37,856	623,576	327 40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
43.00 04300	NURSERY	1,949,923	229,055	13,743	256,994	146 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	91,915,923	5,016,058	19,296,803	6,802,009	4,369 50.00
50.01 05001	ENDOSCOPY	6,560,597	383,194	1,312,824	477,913	250 50.01
51.00 05100	RECOVERY ROOM	15,466,100	866,204	410,362	1,430,492	879 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	14,202,565	508,144	430,292	1,624,058	853 52.00
53.00 05300	ANESTHESIOLOGY	4,339,521	145,727	791,624	227,957	155 53.00
53.01 05301	PULMONARY FUNCTION TESTING	3,018,874	349,079	66,799	406,165	241 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	49,456,289	4,423,748	17,513,723	5,414,272	3,205 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	5,878,410	1,125,688	2,293,880	747,605	422 55.00
56.00 05600	RADIOISOTOPE	1,928,761	341,924	877,128	170,666	103 56.00
59.00 05900	CARDIAC CATHETERIZATION	910,641	0	262,776	91,322	60 59.00
60.00 06000	LABORATORY	22,147,315	4,416,275	6,918,158	9,239,812	6,006 60.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
60.01	06001	TRANSPLANT IMMUNOLOGY	1,677,976	73,810	152,625	146,266	103	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,003,970	55,798	161,144	471,013	345	63.00
65.00	06500	RESPIRATORY THERAPY	39,089,112	461,277	1,239,681	4,077,537	2,137	65.00
66.00	06600	PHYSICAL THERAPY	28,361,242	1,037,903	283,662	3,717,042	2,507	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,183,843	70,158	12,528	870,751	586	67.00
68.00	06800	SPEECH PATHOLOGY	6,053,438	331,820	319,357	859,824	595	68.00
69.00	06900	ELECTROCARDIOLOGY	3,204,765	176,223	1,587,958	492,784	353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,063,905	519,488	595,034	980,669	620	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,872,900	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,711,033	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	350,643,805	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	346,070,428	121,917	69,657	1,587,561	931	73.03
74.00	07400	RENAL DIALYSIS	7,461,092	668,667	309,077	714,034	396	74.00
76.00	03020	RH NBN ECMO I C	1,908,085	2,379	70,600	277,104	112	76.00
76.01	03140	CARDIOLOGY	1,873,447	97,922	868,524	156,560	95	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,107,676	0	31,241	587,288	362	76.02
76.03	03950	CARDIAC CATH	8,878,876	1,190,718	2,032,361	1,495,146	758	76.03
76.04	03951	DAY SURGERY	5,885,523	436,462	161,211	777,343	465	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	2,184,924	7,272	110,612	317,819	129	76.08
76.97	07697	CARDIAC REHABILITATION	1,108,573	169,387	110,743	126,881	86	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	3,296,285	34,936	0	49,733	34	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	644,817	338,355	72,385	113,307	112	90.01
90.02	09002	IUSCC HEM/ONC	26,352,224	2,296,500	654,013	2,825,696	1,870	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	595,864	0	119,565	80,938	78	90.03
90.04	09004	AMB SVC-PSYCH ADULT	735,803	99,883	216	106,590	95	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,194,433	268,717	139,354	338,662	224	90.06
90.07	09007	AMB SVC-RILEY CLINICS	901,188	822,420	454,144	1,076,850	715	90.07
90.08	09008	MOTILITY LAB	335,859	0	57,432	29,580	17	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	4,726,220	249,045	265,706	757,279	603	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	664,168	0	9,125	79,064	52	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	955,884	181,066	4,229	110,562	121	90.17
90.18	09016	DERMATOLOGY CLINIC	772,411	135,808	20,041	134,062	103	90.18
90.19	09017	INFUSION/HEM/ONC	625	0	3,335	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	60,532	56,334	1,995	8,641	9	90.21
90.22	09020	EATING DISORDERS CLINIC	2,188,120	0	80,895	217,869	155	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,347,938	268,868	43,590	214,184	181	90.23
90.24	09021	LIFE CARE CLINIC	1,116,486	186,612	4,752	170,559	250	90.24
91.00	09100	EMERGENCY	40,950,881	2,284,453	1,278,905	4,902,177	3,025	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	50,002,783	0	6,483,527	4,659,121	3,490	95.00
101.00	10100	HOME HEALTH AGENCY	55,444,493	541,271	421,109	3,703,626	2,516	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	17,488,472	166,337	7,569	569,583	345	105.00
106.00	10600	HEART ACQUISITION	1,573,026	7,758	283	72,980	34	106.00
107.00	10700	LIVER ACQUISITION	13,289,546	91,723	4,174	264,088	172	107.00
108.00	10800	LUNG ACQUISITION	3,084,230	11,176	509	73,585	43	108.00
109.00	10900	PANCREAS ACQUISITION	1,547,994	13,204	601	32,821	17	109.00
110.00	11000	INTESTINAL ACQUISITION	854,524	3,938	179	23,184	17	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	227,801	0	0	23,768	9	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,198,215	176,877	8,048	698,149	431	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

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Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
116.00	11600	HOSPICE	18,331,345	16,656	14,076	1,979,947	1,293	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,011,845,298	66,000,272	87,836,463	130,124,009	74,734	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	136,550	389,964	12,268	6,862	241	190.00
191.00	19100	RESEARCH	2,784,754	108,412	7,951	209,959	43	191.00
191.01	19101	RESEARCH-GCRC	40,316	9,400	34,581	647	0	191.01
191.02	19102	OSA	2,021,967	11,562	0	352,562	78	191.02
191.03	19103	RESEARCH ADMIN	1,099,061	0	0	83,014	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,605,833	615,550	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	8,320,149	3,369,943	179,244	1,711,844	1,344	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	6,429,229	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	153,251	14,109	0	20,674	9	192.05
192.06	19206	BELTWAY SURGERY	0	0	30,169	0	0	192.06
192.07	19207	RHI	249,064	0	0	33,788	34	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19210	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	8,395	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,028,256,243	76,956,836	88,100,676	132,543,359	76,483	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	92,320,910					5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	22,360,124				5.03
5.04	00570	ADMINISTRATIVE	0	0	17,914,836			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	58,264,848		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,924,219	29,338	0	0	207,809,299	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	313	0	0	40,844,930	6.00
7.00	00700	OPERATION OF PLANT	1,216,939	2,815	0	0	53,653,396	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	129,848	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	5,530,562	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	5,405,501	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	9,224,435	9.03
9.04	00904	HOUSEKEEPING - SAXONY	145,617	60	0	0	1,202,057	9.04
9.05	00905	HOUSEKEEPING - MORGAN	124,814	0	0	0	1,046,163	9.05
10.00	01000	DIETARY	2,402,674	0	0	0	18,050,096	10.00
11.00	01100	CAFETERIA	0	0	0	0	4,555,107	11.00
13.00	01300	NURSING ADMINISTRATION	2,589,895	2,680	0	0	95,728,435	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	20,802	114	0	0	765,486	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	10,401	238,257	0	0	131,179,473	14.00
15.00	01500	PHARMACY	3,619,612	59,075	0	0	58,020,854	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	17,200,731	16.00
17.00	01700	SOCIAL SERVICE	738,484	0	0	0	12,339,197	17.00
18.00	01850	PATIENT TRANSPORTATION	603,269	352	0	0	6,779,755	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	50,577,360	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	73,207,013	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	93,611	0	0	0	803,000	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	208,024	0	0	0	2,189,203	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	31,204	0	0	0	366,350	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	20,802	27	0	0	271,241	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,175,327	485,444	3,248,387	5,817,861	299,604,826	30.00
31.00	03100	INTENSIVE CARE UNIT	1,528,974	67,803	473,092	762,714	36,280,380	31.00
32.00	03200	CORONARY CARE UNIT	2,132,243	115,337	448,595	723,221	41,065,480	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,652,302	81,527	698,472	1,126,070	47,084,952	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	249,628	4,294	41,625	67,107	4,119,483	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	291,233	13,669	71,447	115,186	6,814,192	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	1,331,352	52,534	244,058	393,468	20,438,000	34.04
34.05	03404	TRANSPLANT ICU	176,820	8,623	53,153	85,693	4,422,334	34.05
34.06	03407	PEDS CANCER CARE	280,832	5,002	36,721	59,201	4,627,522	34.06
40.00	04000	SUBPROVIDER - I PF	395,245	1,034	45,890	73,984	5,886,020	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	176,820	652	31,994	51,581	2,710,908	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,273,400	3,725,164	2,172,392	5,877,547	140,083,665	50.00
50.01	05001	ENDOSCOPY	301,634	270,784	132,289	540,595	9,980,080	50.01
51.00	05100	RECOVERY ROOM	1,060,921	10,841	153,768	797,720	20,197,287	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,029,717	24,864	215,401	454,999	18,490,893	52.00
53.00	05300	ANESTHESIOLOGY	187,221	142,835	184,613	477,453	6,497,106	53.00
53.01	05301	PULMONARY FUNCTION TESTING	291,233	8,321	11,816	142,359	4,294,887	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,869,240	448,800	953,875	3,675,658	85,758,810	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	509,658	9,510	47,199	988,137	11,600,509	55.00
56.00	05600	RADIOISOTOPE	124,814	3,927	18,696	363,093	3,829,112	56.00
59.00	05900	CARDIAC CATHETERIZATION	72,808	64	7,539	22,035	1,367,245	59.00
60.00	06000	LABORATORY	7,249,625	4,669,707	795,574	2,711,840	58,154,312	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	124,814	158,822	11,280	101,226	2,446,922	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	416,047	395,318	493,969	986,871	19,984,475	63.00
65.00	06500	RESPIRATORY THERAPY	2,579,494	451,629	576,294	950,505	49,427,666	65.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
66.00	06600	PHYSICAL THERAPY	3,026,745	20,534	151,458	527,592	37,128,685	66.00
67.00	06700	OCCUPATIONAL THERAPY	707,281	628	63,868	129,008	8,038,651	67.00
68.00	06800	SPEECH PATHOLOGY	717,682	6,410	45,994	156,660	8,491,780	68.00
69.00	06900	ELECTROCARDIOLOGY	426,449	716	209,909	609,207	6,708,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	748,885	9,403	182,556	435,354	10,535,914	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,740,276	724,715	2,067,089	61,404,980	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,253,962	1,544,552	3,709,385	70,218,932	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,445,423	9,389,786	362,479,014	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,123,328	6,157	0	1,922,470	350,902,449	73.03
74.00	07400	RENAL DIALYSIS	478,454	18,226	80,756	196,574	9,927,276	74.00
76.00	03020	RH NBN ECMO I/C	135,215	26,949	28,445	46,037	2,494,926	76.00
76.01	03140	CARDIOLOGY	114,413	34,130	33,145	334,829	3,513,065	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	436,850	1,866	0	0	5,165,283	76.02
76.03	03950	CARDIAC CATH	915,304	219,918	236,783	1,086,996	16,056,860	76.03
76.04	03951	DAY SURGERY	561,664	33,215	2,042	133,072	7,990,997	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	156,018	0	27,902	44,984	2,849,660	76.08
76.97	07697	CARDIAC REHABILITATION	104,012	1,318	1,283	37,070	1,659,353	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	41,605	0	26,307	43,089	3,491,989	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	135,215	4,282	15	29,714	1,338,202	90.01
90.02	09002	IUSCC HEM/ONC	2,257,057	48,918	3,233	750,220	35,189,731	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	93,611	489	26	24,818	915,389	90.03
90.04	09004	AMB SVC-PSYCH ADULT	114,413	571	0	3,776	1,061,347	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	270,431	279	42,923	147,646	3,402,669	90.06
90.07	09007	AMB SVC-RILEY CLINICS	863,298	8,524	1,539	148,291	4,276,969	90.07
90.08	09008	MOTILITY LAB	20,802	717	103	5,318	449,828	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	728,083	18,584	3,834	193,774	6,943,128	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	62,407	172	0	38,542	853,530	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	145,617	731	22	6,134	1,404,366	90.17
90.18	09016	DERMATOLOGY CLINIC	124,814	1,965	30	37,385	1,226,619	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	3,960	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	10,401	0	4	4,849	142,765	90.21
90.22	09020	EATING DISORDERS CLINIC	187,221	1,872	0	16,410	2,692,542	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	218,425	123	19	8,739	3,102,067	90.23
90.24	09021	LIFE CARE CLINIC	301,634	137	5	5,238	1,785,673	90.24
91.00	09100	EMERGENCY	3,650,816	121,666	700,822	3,924,016	57,816,761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	4,212,480	49,532	125	2,530,286	67,941,344	95.00
101.00	10100	HOME HEALTH AGENCY	3,037,146	191,390	0	1,638,777	64,980,328	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	416,047	10,797	90,153	145,343	18,894,646	105.00
106.00	10600	HEART ACQUISITION	41,605	0	12,347	19,906	1,727,939	106.00
107.00	10700	LIVER ACQUISITION	208,024	5,731	67,386	108,640	14,039,484	107.00
108.00	10800	LUNG ACQUISITION	52,006	0	15,101	24,345	3,260,995	108.00
109.00	10900	PANCREAS ACQUISITION	20,802	1,590	394	635	1,618,058	109.00
110.00	11000	INTESTINAL ACQUISITION	20,802	595	3,478	5,607	912,324	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	10,401	0	0	0	261,979	112.00
112.01	08601	POST TRANSPLANT EXPENSES	520,059	10,882	0	0	6,612,661	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	1,560,178	7,422	0	211,113	22,122,030	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	90,209,469	22,350,213	17,914,836	58,264,848	2,996,082,070	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEN	291,233	0	0	0	837,118	190.00
191.00	19100	RESEARCH	52,006	98	0	0	3,163,223	191.00
191.01	19101	RESEARCH-GCRC	0	1,654	0	0	86,598	191.01
191.02	19102	OSA	93,611	17	0	0	2,479,797	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	1,182,075	191.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

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Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	Subtotal		
		5.02	5.03	5.04	5.05	5A.05		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,221,383	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,622,585	3,524	0	0	15,208,633	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	6,429,229	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	10,401	0	0	0	198,444	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	30,169	192.06
192.07	19207	RHI	41,605	4,618	0	0	329,109	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	8,395	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	92,320,910	22,360,124	17,914,836	58,264,848	3,028,256,243	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	207,809,299				5.06
6.00	00600	MAINTENANCE & REPAIRS	3,009,454	43,854,384			6.00
7.00	00700	OPERATION OF PLANT	3,953,182	724,598	58,331,176		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,567	9,334	12,623	161,372	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	407,492	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	398,277	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	679,656	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	88,568	16,251	21,978	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	77,081	20,258	27,398	0	9.05
10.00	01000	DIETARY	1,329,931	469,076	634,406	0	10.00
11.00	01100	CAFETERIA	335,620	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,053,271	517,396	699,755	9	13.00
13.01	01851	PARAMED ED ADMINISTRATION	56,401	262,328	354,787	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	9,665,304	291,557	394,318	377	14.00
15.00	01500	PHARMACY	4,274,977	561,335	759,181	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,267,350	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	909,152	104,915	141,893	0	17.00
18.00	01850	PATIENT TRANSPORTATION	499,532	30,125	40,743	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,726,540	50,695	68,563	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,393,893	2,397,316	3,242,266	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	59,165	53,092	71,804	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	161,300	46,628	63,062	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	26,993	20,782	28,106	0	23.09
23.10	02310	PARAMED PHARMACY TECH	19,985	23,601	31,919	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,074,884	9,157,067	12,384,541	83,071	30.00
31.00	03100	INTENSIVE CARE UNIT	2,673,138	416,629	563,473	7,567	31.00
32.00	03200	CORONARY CARE UNIT	3,025,705	494,439	668,708	1,974	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	3,469,219	1,117,012	1,510,710	6,717	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	303,524	151,371	204,723	1,986	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	502,070	239,150	323,440	345	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PEDIC	1,505,872	396,542	536,306	3,678	34.04
34.05	03404	TRANSPLANT ICU	325,838	158,520	214,392	661	34.05
34.06	03407	PEDS CANCER CARE	340,956	385,718	521,667	1,695	34.06
40.00	04000	SUBPROVIDER - I PF	433,682	239,834	324,366	567	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	199,740	137,638	186,149	16	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,321,364	3,014,119	4,076,466	11,462	50.00
50.01	05001	ENDOSCOPY	735,332	230,259	311,415	314	50.01
51.00	05100	RECOVERY ROOM	1,488,136	520,497	703,949	982	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,362,409	305,341	412,960	2,374	52.00
53.00	05300	ANESTHESIOLOGY	478,707	87,567	118,430	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	316,447	209,759	283,690	15	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,318,709	2,658,204	3,595,106	5,895	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	854,726	676,419	914,828	517	55.00
56.00	05600	RADIOISOTOPE	282,129	205,460	277,876	406	56.00
59.00	05900	CARDIAC CATHETERIZATION	100,739	0	0	0	59.00
60.00	06000	LABORATORY	4,284,810	2,653,713	3,589,033	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	180,289	44,352	59,984	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,472,456	33,528	45,346	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,641,830	277,179	374,872	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
66.00	06600	PHYSICAL THERAPY	2,735,642	623,670	843,487	1,813		0 66.00
67.00	06700	OCCUPATIONAL THERAPY	592,288	42,157	57,016	0		0 67.00
68.00	06800	SPEECH PATHOLOGY	625,674	199,389	269,665	0		0 68.00
69.00	06900	ELECTROCARDIOLOGY	494,272	105,892	143,214	63		0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	776,286	312,157	422,179	126		0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,524,319	0	0	0		0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,173,731	0	0	0		0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,706,220	0	0	0		0 73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	25,854,492	73,259	99,080	0		0 73.03
74.00	07400	RENAL DIALYSIS	731,442	401,798	543,414	799		0 74.00
76.00	03020	RH NBN ECMO I C	183,826	1,430	1,934	0		0 76.00
76.01	03140	CARDIOLOGY	258,843	58,841	79,580	0		0 76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	380,578	0	0	0		0 76.02
76.03	03950	CARDIAC CATH	1,183,069	715,496	967,677	2,957		0 76.03
76.04	03951	DAY SURGERY	588,777	262,267	354,705	0		0 76.04
76.05	03480	ONCOLOGY	0	0	0	0		0 76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0		0 76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0		0 76.07
76.08	03954	ECMO-ADULT	209,963	4,370	5,910	0		0 76.08
76.97	07697	CARDIAC REHABILITATION	122,261	101,784	137,658	0		0 76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	257,290	20,993	28,392	0		0 77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		0 89.00
90.00	09000	CLINIC	0	0	0	0		0 90.00
90.01	09001	AMB SVC-OB & GYN	98,599	203,315	274,975	0		0 90.01
90.02	09002	IUSCC HEM/ONC	2,592,779	1,379,953	1,866,327	257		0 90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	67,446	0	0	0		0 90.03
90.04	09004	AMB SVC-PSYCH ADULT	78,200	60,019	81,173	0		0 90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0		0 90.05
90.06	09006	OUTPATIENT SURGERY	250,709	161,470	218,382	0		0 90.06
90.07	09007	AMB SVC-RILEY CLINICS	315,127	494,188	668,367	1,051		0 90.07
90.08	09008	MOTILITY LAB	33,143	0	0	0		0 90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0		0 90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0		0 90.10
90.11	09023	SLEEP LAB	511,570	149,650	202,395	777		0 90.11
90.12	09024	OP CARE ADULTS	0	0	0	0		0 90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0		0 90.13
90.14	09012	INFUSION CLINIC	62,888	0	0	0		0 90.14
90.15	09013	NEUROLOGY UH	0	0	0	0		0 90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0		0 90.16
90.17	09015	PHYSICAL MEDICINE	103,474	108,801	147,149	0		0 90.17
90.18	09016	DERMATOLOGY CLINIC	90,377	81,606	110,369	0		0 90.18
90.19	09017	INFUSION/HEM/ONC	292	0	0	0		0 90.19
90.20	09025	IUMG - MH	0	0	0	0		0 90.20
90.21	09019	OP REHAB CLINIC	10,519	33,851	45,782	50		0 90.21
90.22	09020	EATING DISORDERS CLINIC	198,386	0	0	0		0 90.22
90.23	09018	GASTROENTEROLOGY CLINIC	228,560	161,561	218,504	395		0 90.23
90.24	09021	LIFE CARE CLINIC	131,568	112,134	151,657	0		0 90.24
91.00	09100	EMERGENCY	4,259,939	1,372,714	1,856,537	22,305		0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		0 94.00
95.00	09500	AMBULANCE SERVICES	5,005,918	0	0	0		0 95.00
101.00	10100	HOME HEALTH AGENCY	4,787,751	325,246	439,882	0		0 101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0		0 102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,392,158	99,951	135,180	0		0 105.00
106.00	10600	HEART ACQUISITION	127,315	4,662	6,305	0		0 106.00
107.00	10700	LIVER ACQUISITION	1,034,429	55,116	74,541	0		0 107.00
108.00	10800	LUNG ACQUISITION	240,270	6,716	9,083	0		0 108.00
109.00	10900	PANCREAS ACQUISITION	119,219	7,934	10,730	0		0 109.00
110.00	11000	INTESTINAL ACQUISITION	67,220	2,366	3,200	0		0 110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	19,303	0	0	0		0 112.00
112.01	08601	POST TRANSPLANT EXPENSES	487,221	106,284	143,745	0		0 112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,629,951	10,008	13,536	0		0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	205,438,706	37,270,652	49,426,962	161,221		0 118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	61,679	234,327	316,917	0		0 190.00
191.00	19100	RESEARCH	233,066	65,144	88,104	0		0 191.00
191.01	19101	RESEARCH-GCRC	6,381	5,648	7,639	18		0 191.01
191.02	19102	OSA	182,711	6,947	9,396	0		0 191.02
191.03	19103	RESEARCH ADMIN	87,095	0	0	0		0 191.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	163,671	369,880	500,247	0	0
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,120,572	2,024,979	2,738,696	133	0
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES	473,706	3,863,285	5,224,927	0	0
192.04	19204	MHH RADIOLOGY	0	0	0	0	0
192.05	19205	IUH TIPTON	14,621	8,478	11,466	0	0
192.06	19206	BELTWAY SURGERY	2,223	0	0	0	0
192.07	19207	RHI	24,249	0	0	0	0
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0
192.09	19209	ARTHRTIS CLINIC - NR	0	0	0	0	0
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0
192.11	19211	UNUSED SPACE	619	5,044	6,822	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	207,809,299	43,854,384	58,331,176	161,372	0

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	5,938,054					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	5,803,778				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	9,904,091			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	1,328,854		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	1,170,900	9.05
10.00	01000	DIETARY	83,420	11,076	166,442	27,625	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	25,436	85,299	187,547	0	11,603	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	0	67,362	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	38,919	106,797	16,186	40,007	14.00
15.00	01500	PHARMACY	128,416	49,366	97,418	59,377	19,269	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	827	17,518	29,697	0	31,416	17.00
18.00	01850	PATIENT TRANSPORTATION	6,227	0	11,915	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,493	16,261	11,336	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	311,881	422,568	254,015	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	1,688	31,365	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	29,149	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	12,992	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	14,754	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,204,337	1,234,828	2,864,812	232,380	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	260,455	0	0	31.00
32.00	03200	CORONARY CARE UNIT	107,604	50,769	134,662	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	597,444	51,872	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	87,499	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	133,748	0	932	0	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	229,219	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	89,211	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	222,962	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	312	63,550	80,864	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	79,561	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	589,361	368,755	616,565	213,751	83,792	50.00
50.01	05001	ENDOSCOPY	87,414	0	40,756	0	0	50.01
51.00	05100	RECOVERY ROOM	47,456	97,015	88,153	99,218	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	176,500	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,202	35,386	8,479	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	22,830	42,423	57,864	2,526	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	448,711	303,797	704,459	89,607	114,590	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	144,106	0	232,036	0	60,301	55.00
56.00	05600	RADIOISOTOPE	48,441	12,763	54,969	7,304	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	43,240	37,121	128,915	60,013	46,179	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	27,727	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,771	3,015	12,400	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	28,689	39,646	92,533	4,025	5,431	65.00
66.00	06600	PHYSICAL THERAPY	19,860	4,930	288,225	47,200	43,106	66.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
67.00	06700	OCCUPATIONAL THERAPY	3,638	6,623	9,593	0	10,900	67.00
68.00	06800	SPEECH PATHOLOGY	26,637	69,707	14,792	0	9,554	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,753	47,000	0	19,072	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	23,513	169,709	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	45,798	0	0	73.03
74.00	07400	RENAL DIALYSIS	177,277	24,054	28,243	0	0	74.00
76.00	03020	RH NBN ECMO I/C	0	826	0	0	0	76.00
76.01	03140	CARDIOLOGY	8,103	25,690	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	19,393	290,221	169,634	0	76.03
76.04	03951	DAY SURGERY	144,622	0	3,305	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	2,732	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	55,431	37,575	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	8,055	4,419	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	114,420	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	621,449	355	113,890	0	89,310	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	37,521	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	79,759	0	12,343	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	285,662	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	41,544	0	35,094	40,143	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	61,230	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	45,926	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	19,567	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	90,922	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	70,100	0	0	90.24
91.00	09100	EMERGENCY	0	215,227	423,309	106,860	226,811	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,961	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	33,318	3,323	21,879	0	0	105.00
106.00	10600	HEART ACQUISITION	1,247	122	818	0	0	106.00
107.00	10700	LIVER ACQUISITION	18,370	1,833	12,060	0	0	107.00
108.00	10800	LUNG ACQUISITION	2,238	221	1,467	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,646	262	1,737	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	788	81	516	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	35,432	3,533	23,264	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	3,779	0	850	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,061,755	5,088,222	8,103,033	1,226,231	889,059	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,143	47,474	17,184	80,365	0	190.00
191.00	19100	RESEARCH	2,488	0	37,703	0	0	191.00
191.01	19101	RESEARCH-GCRC	3,179	0	0	0	0	191.01
191.02	19102	OSA	0	2,706	1,423	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	87,517	0	281,841	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	47,677	26,505	1,177,424	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

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Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES	810,812	638,871	479,807	15,652	0	0
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	0
192.05	19205	IUH TIPTON	0	0	0	6,606	0	0
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	0
192.07	19207	RHI	0	0	0	0	0	0
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	0
192.11	19211	UNUSED SPACE	0	0	0	0	0	0
200.00		Cross Foot Adjustments						
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	5,938,054	5,803,778	9,904,091	1,328,854	1,170,900	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	PARAMED ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	13.00	13.01	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
9.03	00903						9.03
9.04	00904						9.04
9.05	00905						9.05
10.00	01000	20,772,072					10.00
11.00	01100	0	4,890,727				11.00
13.00	01300	0	146,422	104,455,173			13.00
13.01	01851	0	1,176	0	1,507,540		13.01
14.00	01400	0	588	0	0	141,733,526	14.00
15.00	01500	0	204,638	0	0	379,093	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	41,751	0	0	0	17.00
18.00	01850	0	34,106	0	0	2,257	18.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	0	5,292	0	175,557	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	0	11,761	0	532,798	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	0	1,764	0	91,172	0	23.09
23.10	02310	0	1,176	0	63,183	173	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	17,835,107	857,949	37,111,085	0	3,115,183	30.00
31.00	03100	536,429	86,442	4,310,266	0	435,107	31.00
32.00	03200	502,402	120,548	6,022,145	0	740,139	32.00
32.01	03201	221,391	149,950	7,642,316	0	523,176	32.01
33.00	03300	160,890	14,113	703,093	0	27,553	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	50,230	16,465	733,662	0	87,716	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	128,874	75,269	3,546,035	0	337,121	34.04
34.05	03404	63,219	9,997	519,677	0	55,337	34.05
34.06	03407	170,032	15,877	794,801	0	32,097	34.06
40.00	04000	195,024	22,346	764,232	0	6,636	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	9,997	458,539	0	4,187	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	298,136	6,450,115	0	23,905,063	50.00
50.01	05001	0	17,053	733,662	0	1,737,668	50.01
51.00	05100	10,554	59,980	2,812,372	0	69,567	51.00
52.00	05200	125,909	58,216	2,445,541	0	159,558	52.00
53.00	05300	0	10,585	366,831	0	916,595	53.00
53.01	05301	0	16,465	152,846	0	53,394	53.01
54.00	05400	0	218,751	2,048,141	275,044	2,880,031	54.00
55.00	05500	0	28,814	244,554	0	61,030	55.00
56.00	05600	0	7,056	0	0	25,201	56.00
59.00	05900	0	4,116	0	0	414	59.00
60.00	06000	0	409,864	305,693	129,833	29,966,370	60.00
60.01	06001	0	7,056	0	0	1,019,189	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	0	23,522	0	0	2,536,825	63.00
65.00	06500	0	145,834	0	239,953	2,898,185	65.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
66.00	06600	PHYSICAL THERAPY	0	171,120	152,846	0	131,768	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	39,987	0	0	4,031	67.00
68.00	06800	SPEECH PATHOLOGY	0	40,575	152,846	0	41,136	68.00
69.00	06900	ELECTROCARDIOLOGY	0	24,110	122,277	0	4,594	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	42,339	0	0	60,343	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	30,419,225	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	33,715,726	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	63,508	0	0	39,514	73.03
74.00	07400	RENAL DIALYSIS	0	27,050	1,131,063	0	116,961	74.00
76.00	03020	RH NBN ECMO IC	0	7,645	397,400	0	172,935	76.00
76.01	03140	CARDIOLOGY	0	6,468	183,416	0	219,020	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	24,698	550,247	0	11,977	76.02
76.03	03950	CARDIAC CATH	22,273	51,748	1,620,171	0	1,411,256	76.03
76.04	03951	DAY SURGERY	0	31,754	1,467,325	0	213,146	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	8,821	213,985	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	5,880	122,277	0	8,458	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	2,352	91,708	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	7,645	152,846	0	27,481	90.01
90.02	09002	IUSCC HEM/ONC	0	127,605	3,637,742	0	313,916	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	5,292	30,569	0	3,138	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	6,468	30,569	0	3,662	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	15,289	244,554	0	1,793	90.06
90.07	09007	AMB SVC-RILEY CLINICS	81,645	48,807	1,345,048	0	54,701	90.07
90.08	09008	MOTILITY LAB	0	1,176	61,139	0	4,602	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	5,754	41,163	91,708	0	119,255	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	3,528	91,708	0	1,104	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	8,233	91,708	0	4,692	90.17
90.18	09016	DERMATOLOGY CLINIC	0	7,056	213,985	0	12,607	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	588	30,569	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	10,585	0	0	12,015	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	12,349	305,693	0	788	90.23
90.24	09021	LIFE CARE CLINIC	0	17,053	122,277	0	879	90.24
91.00	09100	EMERGENCY	643,913	206,402	7,122,638	0	780,755	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	238,156	1,283,909	0	317,858	95.00
101.00	10100	HOME HEALTH AGENCY	0	171,708	1,803,587	0	1,228,182	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	23,522	30,569	0	69,283	105.00
106.00	10600	HEART ACQUISITION	0	2,352	30,569	0	1	106.00
107.00	10700	LIVER ACQUISITION	0	11,761	0	0	36,779	107.00
108.00	10800	LUNG ACQUISITION	0	2,940	0	0	2	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,176	0	0	10,200	109.00
110.00	11000	INTESTINAL ACQUISITION	0	1,176	0	0	3,817	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	588	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	29,402	0	0	69,833	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	88,206	1,925,864	0	47,627	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,753,646	4,771,356	103,018,418	1,507,540	141,669,925	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	16,465	0	0	0	190.00
191.00	19100	RESEARCH	0	2,940	0	0	626	191.00
191.01	19101	RESEARCH-GCRC	18,426	0	0	0	10,615	191.01
191.02	19102	OSA	0	5,292	122,277	0	112	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	PARAMED ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	13.00	13.01	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	91,734	1,314,478	22,613	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	588	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	192.06
192.07	19207	RHI	0	2,352	0	29,635	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	192.11
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	20,772,072	4,890,727	104,455,173	1,507,540	141,733,526

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
	15.00	16.00	17.00	PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.01 00540						5.01
5.02 00550						5.02
5.03 00590						5.03
5.04 00570						5.04
5.05 00580						5.05
5.06 00560						5.06
6.00 00600						6.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
9.01 00901						9.01
9.02 00902						9.02
9.03 00903						9.03
9.04 00904						9.04
9.05 00905						9.05
10.00 01000						10.00
11.00 01100						11.00
13.00 01300						13.00
13.01 01851						13.01
14.00 01400						14.00
15.00 01500	64,553,924					15.00
16.00 01600	0	18,468,081				16.00
17.00 01700	297	0	13,616,663			17.00
18.00 01850	0	0	0	7,404,660		18.00
21.00 02100	0	0	0	0	54,453,248	21.00
22.00 02200	0	0	0	0	0	22.00
23.00 02300	0	0	0	0	0	23.00
23.01 02301	0	0	0	0	0	23.01
23.02 02302	0	0	0	0	0	23.02
23.03 02303	0	0	0	0	0	23.03
23.04 02304	0	0	0	0	0	23.04
23.05 02312	0	0	0	0	0	23.05
23.06 02306	0	0	0	0	0	23.06
23.07 02307	0	0	0	0	0	23.07
23.08 02308	0	0	0	0	0	23.08
23.09 02309	0	0	0	0	0	23.09
23.10 02310	0	0	0	0	0	23.10
23.11 02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	269,045	1,844,216	9,475,631	739,620	24,038,821	30.00
31.00 03100	39,138	241,774	793,916	96,963	2,183,115	31.00
32.00 03200	109,242	229,255	781,348	91,942	493,930	32.00
32.01 03201	66,958	356,955	1,305,750	143,156	482,104	32.01
33.00 03300	2,095	21,272	83,360	8,531	0	33.00
34.00 03400	0	0	0	0	0	34.00
34.02 03401	17,418	36,513	125,253	14,643	124,619	34.02
34.03 03402	0	0	0	0	0	34.03
34.04 03403	43,874	124,726	430,065	50,021	695,868	34.04
34.05 03404	11,083	27,164	85,222	10,894	78,228	34.05
34.06 03407	6,950	18,766	133,089	7,526	0	34.06
40.00 04000	107	23,452	192,515	9,405	120,981	40.00
41.00 04100	0	0	0	0	0	41.00
43.00 04300	0	16,351	210,514	6,557	31,837	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	118,366	1,863,136	0	747,208	4,290,730	50.00
50.01 05001	3,100	171,364	0	68,725	0	50.01
51.00 05100	13,788	252,871	0	101,414	213,763	51.00
52.00 05200	20,442	144,231	0	57,844	0	52.00
53.00 05300	136,577	151,349	0	60,698	3,993,281	53.00
53.01 05301	116	45,127	0	18,098	237,414	53.01
54.00 05400	138,983	1,165,155	0	467,283	3,271,943	54.00
55.00 05500	414	313,232	0	125,621	24,560	55.00
56.00 05600	3,276	115,097	0	46,160	0	56.00
59.00 05900	1,570	6,985	0	2,801	105,517	59.00
60.00 06000	159,886	859,632	0	344,754	1,882,936	60.00
60.01 06001	26	32,088	0	12,869	0	60.01
60.02 06002	0	0	0	0	0	60.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
				PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV		
				15.00	16.00		17.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	4,842	312,830		0	125,460	20,012	63.00
65.00 06500 RESPIRATORY THERAPY	354	301,303		0	120,837	15,464	65.00
66.00 06600 PHYSICAL THERAPY	0	167,243		0	67,072	30,018	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	40,895		0	16,401	22,741	67.00
68.00 06800 SPEECH PATHOLOGY	27	49,660		0	19,916	0	68.00
69.00 06900 ELECTROCARDIOLOGY	2,141	193,114		0	77,448	533,044	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3	138,004		0	55,346	958,751	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	655,251		0	262,787	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,175,846		0	471,571	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	62,872,811	2,975,073		0	1,191,217	0	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	609,408		0	244,402	0	73.03
74.00 07400 RENAL DIALYSIS	4,670	62,312		0	24,990	198,300	74.00
76.00 03020 RH NBN ECMO IC	1,823	14,593		0	5,853	0	76.00
76.01 03140 CARDIOLOGY	6,149	106,138		0	42,567	928,733	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,135	0		0	0	0	76.02
76.03 03950 CARDIAC CATH	42,357	344,569		0	138,189	0	76.03
76.04 03951 DAY SURGERY	21,851	42,183		0	16,917	0	76.04
76.05 03480 ONCOLOGY	0	0		0	0	0	76.05
76.06 03952 DAY SURGERY-RILEY	0	0		0	0	0	76.06
76.07 03953 CARDIOLOGY-RILEY	0	0		0	0	0	76.07
76.08 03954 ECMO-ADULT	0	14,259		0	5,719	0	76.08
76.97 07697 CARDIAC REHABILITATION	64	11,751		0	4,713	0	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	13,659		0	5,478	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	0	89.00
90.00 09000 CLINIC	0	0		0	0	0	90.00
90.01 09001 AMB SVC-OB & GYN	24	9,419		0	3,777	181,017	90.01
90.02 09002 IUSCC HEM/ONC	128,162	237,814		0	95,375	171,011	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	146	7,867		0	3,155	0	90.03
90.04 09004 AMB SVC-PSYCH ADULT	1	1,197		0	480	57,307	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0		0	0	0	90.05
90.06 09006 OUTPATIENT SURGERY	85	46,802		0	18,770	0	90.06
90.07 09007 AMB SVC-RILEY CLINICS	15,951	47,007		0	18,852	235,594	90.07
90.08 09008 MOTILITY LAB	8	1,686		0	676	0	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0		0	0	0	90.09
90.10 09010 CLINICAL GERIATRICS	0	0		0	0	0	90.10
90.11 09023 SLEEP LAB	129	61,425		0	24,634	9,096	90.11
90.12 09024 OP CARE ADULTS	0	0		0	0	198,300	90.12
90.13 09011 PEDIATRIC CLINIC	0	0		0	0	0	90.13
90.14 09012 INFUSION CLINIC	3,924	12,218		0	4,900	138,264	90.14
90.15 09013 NEUROLOGY UH	0	0		0	0	0	90.15
90.16 09014 ORTHOPEDICS UH	0	0		0	0	0	90.16
90.17 09015 PHYSICAL MEDICINE	20	1,944		0	780	0	90.17
90.18 09016 DERMATOLOGY CLINIC	0	11,851		0	4,753	129,168	90.18
90.19 09017 INFUSION/HEM/ONC	0	0		0	0	798,656	90.19
90.20 09025 IUMG - MH	0	0		0	0	31,837	90.20
90.21 09019 OP REHAB CLINIC	0	1,537		0	616	119,162	90.21
90.22 09020 EATING DISORDERS CLINIC	0	5,202		0	2,086	0	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	5	2,770		0	1,111	0	90.23
90.24 09021 LIFE CARE CLINIC	90	1,660		0	666	0	90.24
91.00 09100 EMERGENCY	167,553	1,243,882		0	498,857	4,511,770	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART							92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0		0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	15,272	802,081		0	321,673	0	95.00
101.00 10100 HOME HEALTH AGENCY	62,829	519,480		0	208,336	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	129	46,073		0	18,477	0	105.00
106.00 10600 HEART ACQUISITION	0	6,310		0	2,531	0	106.00
107.00 10700 LIVER ACQUISITION	35,490	34,438		0	13,811	91,873	107.00
108.00 10800 LUNG ACQUISITION	0	7,717		0	3,095	0	108.00
109.00 10900 PANCREAS ACQUISITION	32	201		0	81	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	1,777		0	713	0	110.00
112.00 08600 OTHER ORGAN ACQUISITION EXP	0	0		0	0	0	112.00
112.01 08601 POST TRANSPLANT EXPENSES	0	0		0	0	0	112.01
113.00 11300 INTEREST EXPENSE							113.00
116.00 11600 HOSPICE	453	66,921		0	26,839	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	64,551,281	18,468,081	13,616,663	7,404,660	51,649,765		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
						PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
191.00	19100	RESEARCH	0	0	0	0	2,772,556	191.00
191.01	19101	RESEARCH-GCRC	1,743	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	30,927	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	900	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	64,553,924	18,468,081	13,616,663	7,404,660	54,453,248	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-MET HODIST	PARAMED RESPIRATORY THERAPY	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01
9.02	00902	HOUSEKEEPING - RILEY					9.02
9.03	00903	HOUSEKEEPING - METHODIST					9.03
9.04	00904	HOUSEKEEPING - SAXONY					9.04
9.05	00905	HOUSEKEEPING - MORGAN					9.05
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01851	PARAMED ADMINISTRATION					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PATIENT TRANSPORTATION					18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	85,228,952				22.00
23.00	02300	PARAMED PRGM		0			23.00
23.01	02301	PARAMED HEALTH SCIENCES			0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					0 23.03
23.04	02304	PARAMED EMERGENCY					23.04
23.05	02312	PARAMED PASTORAL EDUCATION					23.05
23.06	02306	PARAMED LAB SCIENCE PRO					23.06
23.07	02307	PARAMED PHARMACY					23.07
23.08	02308	PARAMED MEDICAL ASSIST					23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					23.09
23.10	02310	PARAMED PHARMACY TECH					23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY					23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	37,625,004	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	3,416,960	0	0	0	0 31.00
32.00	03200	CORONARY CARE UNIT	773,087	0	0	0	0 32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	754,579	0	0	0	0 32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.02	03401	UH SURG 61C	195,051	0	0	0	0 34.02
34.03	03402	UH NS 31C	0	0	0	0	0 34.03
34.04	03403	RH PEDIC	1,089,156	0	0	0	0 34.04
34.05	03404	TRANSPLANT ICU	122,441	0	0	0	0 34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0 34.06
40.00	04000	SUBPROVIDER - I PF	189,357	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
43.00	04300	NURSERY	49,831	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,715,750	0	0	0	0 50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0 50.01
51.00	05100	RECOVERY ROOM	334,577	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	6,250,190	0	0	0	0 53.00
53.01	05301	PULMONARY FUNCTION TESTING	371,594	0	0	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,121,169	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	38,441	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
59.00	05900	CARDIAC CATHETERIZATION	165,153	0	0	0	0 59.00
60.00	06000	LABORATORY	2,947,128	0	0	0	0 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0 60.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-MET HODIST	PARAMED RESPIRATORY THERAPY	
		SERVICES-OTHER PRGM COSTS APPRV	23.00	23.01	23.02	23.03	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	31,322	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	24,203	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	46,983	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	35,593	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	834,308	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,500,615	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	310,374	0	0	0	0	74.00
76.00	03020 RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140 CARDIOLOGY	1,453,632	0	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950 CARDIAC CATH	0	0	0	0	0	76.03
76.04	03951 DAY SURGERY	0	0	0	0	0	76.04
76.05	03480 ONCOLOGY	0	0	0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953 CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954 ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	283,323	0	0	0	0	90.01
90.02	09002 IUSCC HEM/ONC	267,662	0	0	0	0	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004 AMB SVC-PSYCH ADULT	89,695	0	0	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007 AMB SVC-RILEY CLINICS	368,747	0	0	0	0	90.07
90.08	09008 MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023 SLEEP LAB	14,237	0	0	0	0	90.11
90.12	09024 OP CARE ADULTS	310,374	0	0	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012 INFUSION CLINIC	216,407	0	0	0	0	90.14
90.15	09013 NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	202,170	0	0	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	1,250,038	0	0	0	0	90.19
90.20	09025 IUMG - MH	49,831	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	186,509	0	0	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021 LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100 EMERGENCY	7,061,718	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	143,797	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601 POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE						116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	80,841,006	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
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Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-MET HODIST	PARAMED RESPIRATORY THERAPY		
			SERVICES-OTHER PRGM COSTS APPRV						
			22.00	23.00	23.01	23.02	23.03		
191.00	19100	RESEARCH	4,339,539	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	48,407	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	85,228,952	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED PRGM						23.00
23.01	02301	PARAMED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY	0					23.04
23.05	02312	PARAMED PASTORAL EDUCATION		1,200,963				23.05
23.06	02306	PARAMED LAB SCIENCE PRO			0			23.06
23.07	02307	PARAMED PHARMACY				3,033,901		23.07
23.08	02308	PARAMED MEDICAL ASSIST					0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	835,733	0	12,644	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	70,022	0	1,839	0	31.00
32.00	03200	CORONARY CARE UNIT	0	68,913	0	5,134	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	115,165	0	3,147	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	7,352	0	98	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	11,047	0	819	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	37,931	0	2,062	0	34.04
34.05	03404	TRANSPLANT ICU	0	7,516	0	521	0	34.05
34.06	03407	PEDS CANCER CARE	0	11,738	0	327	0	34.06
40.00	04000	SUBPROVIDER - I PF	0	16,979	0	5	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	18,567	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	5,563	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	146	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	648	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	961	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,419	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	5	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	6,532	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	19	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	154	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	74	0	59.00
60.00	06000	LABORATORY	0	0	0	7,514	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	1	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	228	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	17	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
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Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
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	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	101	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,954,907	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	219	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	86	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	289	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	53	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	1,991	0	76.03
76.04	03951	DAY SURGERY	0	0	0	1,027	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	3	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	1	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	6,023	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	7	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	4	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	750	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	6	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	184	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	1	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	4	0	90.24
91.00	09100	EMERGENCY	0	0	0	7,875	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	718	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	2,953	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	6	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	1,668	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	2	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	21	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,200,963	0	3,033,777	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	82	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	42	0	0
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	0
192.05	19205	IUH TIPTON	0	0	0	0	0	0
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	0
192.07	19207	RHI	0	0	0	0	0	0
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	0
192.11	19211	UNUSED SPACE	0	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	1,200,963	0	3,033,901	0	0

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Cost Center Description		PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		23.09	23.10	23.11	24.00	25.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00590	PURCHASING, RECEIVING & STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01	
9.02	00902	HOUSEKEEPING - RILEY					9.02	
9.03	00903	HOUSEKEEPING - METHODIST					9.03	
9.04	00904	HOUSEKEEPING - SAXONY					9.04	
9.05	00905	HOUSEKEEPING - MORGAN					9.05	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
13.01	01851	PARAMED ADMINISTRATION					13.01	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE					17.00	
18.00	01850	PATIENT TRANSPORTATION					18.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00	
23.00	02300	PARAMED PRGM					23.00	
23.01	02301	PARAMED HEALTH SCIENCES					23.01	
23.02	02302	PARAMED RADIOLOGY-METHODIST					23.02	
23.03	02303	PARAMED RESPIRATORY THERAPY					23.03	
23.04	02304	PARAMED EMERGENCY					23.04	
23.05	02312	PARAMED PASTORAL EDUCATION					23.05	
23.06	02306	PARAMED LAB SCIENCE PRO					23.06	
23.07	02307	PARAMED PHARMACY					23.07	
23.08	02308	PARAMED MEDICAL ASSIST					23.08	
23.09	02309	PARAMED SURGERY TECHNOLOGY	548,159				23.09	
23.10	02310	PARAMED PHARMACY TECH		426,032			23.10	
23.11	02311	PARAMED NEUROPHYSIOLOGY			0		23.11	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	482,600,784	-61,663,825	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	52,413,613	-5,600,075	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	55,487,426	-1,267,017	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	65,602,573	-1,236,683	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	5,896,943	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	0	0	9,427,313	-319,670	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	0	0	29,670,619	-1,785,024	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	6,202,255	-200,669	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	7,291,723	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	8,570,234	-310,338	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	4,120,392	-81,668	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	548,159	0	0	204,321,526	-11,006,480	50.00
50.01	05001	ENDOSCOPY	0	0	0	14,117,288	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	27,112,227	-548,340	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,763,179	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,125,402	-10,243,471	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	6,125,500	-609,008	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	115,590,920	-8,393,112	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,320,127	-63,001	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,915,404	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,754,614	-270,670	59.00
60.00	06000	LABORATORY	0	0	0	106,010,946	-4,830,064	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	3,830,503	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

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Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	24,611,032	-51,334	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	57,638,021	-39,667	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	42,503,668	-77,001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,920,514	-58,334	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	10,011,359	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,317,767	-1,367,352	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	14,995,285	-2,459,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	97,266,562	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	110,755,806	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	426,032	0	459,605,274	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	377,931,910	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	13,710,242	-508,674	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	3,283,277	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	6,890,534	-2,382,365	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	6,133,971	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	23,037,861	0	76.03
76.04	03951	DAY SURGERY	0	0	0	11,138,876	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	3,315,419	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,267,208	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	3,924,335	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	2,695,044	-464,340	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	46,839,361	-438,673	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	1,033,009	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	1,507,639	-147,002	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	4,452,629	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	8,258,466	-604,341	90.07
90.08	09008	MOTILITY LAB	0	0	0	552,258	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	8,291,708	-23,333	90.11
90.12	09024	OP CARE ADULTS	0	0	0	508,674	-508,674	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	1,388,655	-354,671	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	1,932,398	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	2,136,487	-331,338	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	2,052,946	-2,048,694	90.19
90.20	09025	IUMG - MH	0	0	0	81,668	-81,668	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	591,515	-305,671	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	2,920,816	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	4,124,725	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	2,393,761	0	90.24
91.00	09100	EMERGENCY	0	0	0	88,545,826	-11,573,488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	75,926,929	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	74,534,243	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	20,768,514	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,910,171	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	15,605,450	-235,670	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	3,534,744	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	1,772,278	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	993,978	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	281,870	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	7,511,375	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	25,936,085	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	548,159	426,032	0	2,965,613,654	-132,490,771	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,623,672	0	190.00

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Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
191.00	19100	RESEARCH	0	0	0	10,705,389	-7,112,095	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	140,329	0	191.01
191.02	19102	OSA	0	0	0	2,810,661	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	1,269,170	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,703,873	-79,334	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	23,774,386	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	17,936,289	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	240,203	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	32,392	0	192.06
192.07	19207	RHI	0	0	0	385,345	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	20,880	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	548,159	426,032	0	3,028,256,243	-139,682,200	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	5.03
5.04	00570	ADMINISTRATIVE	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	9.01
9.02	00902	HOUSEKEEPING - RILEY	9.02
9.03	00903	HOUSEKEEPING - METHODIST	9.03
9.04	00904	HOUSEKEEPING - SAXONY	9.04
9.05	00905	HOUSEKEEPING - MORGAN	9.05
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	PATIENT TRANSPORTATION	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMEDICAL PRGM	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	23.03
23.04	02304	PARAMEDICAL EMERGENCY	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	23.06
23.07	02307	PARAMEDICAL PHARMACY	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	23.11
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	420,936,959
31.00	03100	INTENSIVE CARE UNIT	46,813,538
32.00	03200	CORONARY CARE UNIT	54,220,409
32.01	03201	NEONATAL INTENSIVE CARE UNIT	64,365,890
33.00	03300	BURN INTENSIVE CARE UNIT	5,896,943
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0
34.02	03401	UH SURGIC	9,107,643
34.03	03402	UH NSIC	0
34.04	03403	RH PEDIC	27,885,595
34.05	03404	TRANSPLANT ICU	6,001,586
34.06	03407	PEDS CANCER CARE	7,291,723
40.00	04000	SUBPROVIDER - IPF	8,259,896
41.00	04100	SUBPROVIDER - IRF	0
43.00	04300	NURSERY	4,038,724
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	193,315,046
50.01	05001	ENDOSCOPY	14,117,288
51.00	05100	RECOVERY ROOM	26,563,887
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,763,179
53.00	05300	ANESTHESIOLOGY	8,881,931
53.01	05301	PULMONARY FUNCTION TESTING	5,516,492
54.00	05400	RADIOLOGY-DIAGNOSTIC	107,197,808
55.00	05500	RADIOLOGY-THERAPEUTIC	15,257,126
56.00	05600	RADIOISOTOPE	4,915,404
59.00	05900	CARDIAC CATHETERIZATION	1,483,944
60.00	06000	LABORATORY	101,180,882
60.01	06001	TRANSPLANT IMMUNOLOGY	3,830,503
60.02	06002	BONE MARROW TRANSPLANT LAB	0
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	24,559,698
65.00	06500	RESPIRATORY THERAPY	57,598,354
66.00	06600	PHYSICAL THERAPY	42,426,667
67.00	06700	OCCUPATIONAL THERAPY	8,862,180

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Total	
			26.00	
68.00	06800	SPEECH PATHOLOGY	10,011,359	68.00
69.00	06900	ELECTROCARDIOLOGY	7,950,415	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,535,919	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	97,266,562	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	110,755,806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	459,605,274	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	377,931,910	73.03
74.00	07400	RENAL DIALYSIS	13,201,568	74.00
76.00	03020	RH NBN ECMO IC	3,283,277	76.00
76.01	03140	CARDIOLOGY	4,508,169	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,133,971	76.02
76.03	03950	CARDIAC CATH	23,037,861	76.03
76.04	03951	DAY SURGERY	11,138,876	76.04
76.05	03480	ONCOLOGY	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	76.07
76.08	03954	ECMO-ADULT	3,315,419	76.08
76.97	07697	CARDIAC REHABILITATION	2,267,208	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	3,924,335	77.00
OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,230,704	90.01
90.02	09002	IUSCC HEM/ONC	46,400,688	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	1,033,009	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,360,637	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,452,629	90.06
90.07	09007	AMB SVC-RILEY CLINICS	7,654,125	90.07
90.08	09008	MOTILITY LAB	552,258	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	90.10
90.11	09023	SLEEP LAB	8,268,375	90.11
90.12	09024	OP CARE ADULTS	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	90.13
90.14	09012	INFUSION CLINIC	1,033,984	90.14
90.15	09013	NEUROLOGY UH	0	90.15
90.16	09014	ORTHOPEDICS UH	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,932,398	90.17
90.18	09016	DERMATOLOGY CLINIC	1,805,149	90.18
90.19	09017	INFUSION/HEM/ONC	4,252	90.19
90.20	09025	IUMG - MH	0	90.20
90.21	09019	OP REHAB CLINIC	285,844	90.21
90.22	09020	EATING DISORDERS CLINIC	2,920,816	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	4,124,725	90.23
90.24	09021	LIFE CARE CLINIC	2,393,761	90.24
91.00	09100	EMERGENCY	76,972,338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	75,926,929	95.00
101.00	10100	HOME HEALTH AGENCY	74,534,243	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	20,768,514	105.00
106.00	10600	HEART ACQUISITION	1,910,171	106.00
107.00	10700	LIVER ACQUISITION	15,369,780	107.00
108.00	10800	LUNG ACQUISITION	3,534,744	108.00
109.00	10900	PANCREAS ACQUISITION	1,772,278	109.00
110.00	11000	INTESTINAL ACQUISITION	993,978	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	281,870	112.00
112.01	08601	POST TRANSPLANT EXPENSES	7,511,375	112.01
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	25,936,085	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,833,122,883	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,623,672	190.00
191.00	19100	RESEARCH	3,593,294	191.00
191.01	19101	RESEARCH-GCRC	140,329	191.01
191.02	19102	OSA	2,810,661	191.02
191.03	19103	RESEARCH ADMIN	1,269,170	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,624,539	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	23,774,386	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMG	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	17,936,289	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Total	
			26.00	
192.04	19204	MHH RADIOLOGY	0	192.04
192.05	19205	IUH TIPTON	240,203	192.05
192.06	19206	BELTWAY SURGERY	32,392	192.06
192.07	19207	RHI	385,345	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	192.10
192.11	19211	UNUSED SPACE	20,880	192.11
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,888,574,043	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP				
			0	1.00	2.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	222,185	32,171	254,356	254,356	4.00
5.01	00540	NONPATIENT TELEPHONES	0	35,054	0	35,054	0	5.01
5.02	00550	DATA PROCESSING	0	68,566	0	68,566	0	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,492,731	4,414,239	6,906,970	7,463	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,156,402	228,280	1,384,682	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,205,866	578,109	1,783,975	2,049	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,533	0	15,533	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	27,044	214	27,258	174	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	33,713	13,458	47,171	138	9.05
10.00	01000	DIETARY	0	780,631	428,243	1,208,874	3,259	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	861,043	4,178,760	5,039,803	19,005	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	0	436,562	5,119	441,681	63	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	485,205	101,108	586,313	22	14.00
15.00	01500	PHARMACY	0	934,167	1,841,512	2,775,679	11,105	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	174,598	0	174,598	1,465	17.00
18.00	01850	PATIENT TRANSPORTATION	0	50,134	32,412	82,546	772	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	84,367	0	84,367	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,989,582	0	3,989,582	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	0	88,355	0	88,355	158	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	0	77,597	0	77,597	457	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSISTANT	0	0	0	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	0	34,584	0	34,584	77	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	0	39,276	0	39,276	54	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	15,239,075	3,246,868	18,485,943	44,024	30.00
31.00	03100	INTENSIVE CARE UNIT	0	693,349	595,687	1,289,036	5,084	31.00
32.00	03200	CORONARY CARE UNIT	0	822,839	1,403,910	2,226,749	7,026	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	1,858,916	1,253,165	3,112,081	8,994	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	251,910	131,139	383,049	769	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	397,990	73,455	471,445	857	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	659,920	548,120	1,208,040	3,905	34.04
34.05	03404	TRANSPLANT ICU	0	263,807	52,821	316,628	588	34.05
34.06	03407	PEDS CANCER CARE	0	641,908	185,933	827,841	792	34.06
40.00	04000	SUBPROVIDER - I PF	0	399,129	37,856	436,985	1,197	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	229,055	13,743	242,798	493	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,016,058	19,296,803	24,312,861	13,052	50.00
50.01	05001	ENDOSCOPY	0	383,194	1,312,824	1,696,018	917	50.01
51.00	05100	RECOVERY ROOM	0	866,204	410,362	1,276,566	2,745	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	508,144	430,292	938,436	3,116	52.00
53.00	05300	ANESTHESIOLOGY	0	145,727	791,624	937,351	437	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	349,079	66,799	415,878	779	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,423,748	17,513,723	21,937,471	10,389	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,125,688	2,293,880	3,419,568	1,435	55.00
56.00	05600	RADIOISOTOPE	0	341,924	877,128	1,219,052	327	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	262,776	262,776	175	59.00
60.00	06000	LABORATORY	0	4,416,275	6,918,158	11,334,433	17,730	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	73,810	152,625	226,435	281	60.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	55,798	161,144	216,942	904	63.00
65.00 06500 RESPIRATORY THERAPY	0	461,277	1,239,681	1,700,958	7,824	65.00
66.00 06600 PHYSICAL THERAPY	0	1,037,903	283,662	1,321,565	7,133	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	70,158	12,528	82,686	1,671	67.00
68.00 06800 SPEECH PATHOLOGY	0	331,820	319,357	651,177	1,650	68.00
69.00 06900 ELECTROCARDIOLOGY	0	176,223	1,587,958	1,764,181	946	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	519,488	595,034	1,114,522	1,882	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	121,917	69,657	191,574	3,046	73.03
74.00 07400 RENAL DIALYSIS	0	668,667	309,077	977,744	1,370	74.00
76.00 03020 RH NBN ECMO IC	0	2,379	70,600	72,979	532	76.00
76.01 03140 CARDIOLOGY	0	97,922	868,524	966,446	300	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	31,241	31,241	1,127	76.02
76.03 03950 CARDIAC CATH	0	1,190,718	2,032,361	3,223,079	2,869	76.03
76.04 03951 DAY SURGERY	0	436,462	161,211	597,673	1,492	76.04
76.05 03480 ONCOLOGY	0	0	0	0	0	76.05
76.06 03952 DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07 03953 CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08 03954 ECMO-ADULT	0	7,272	110,612	117,884	610	76.08
76.97 07697 CARDIAC REHABILITATION	0	169,387	110,743	280,130	243	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	34,936	0	34,936	95	77.00
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 AMB SVC-OB & GYN	0	338,355	72,385	410,740	217	90.01
90.02 09002 IUSCC HEM/ONC	0	2,296,500	654,013	2,950,513	5,422	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	0	119,565	119,565	155	90.03
90.04 09004 AMB SVC-PSYCH ADULT	0	99,883	216	100,099	205	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06 09006 OUTPATIENT SURGERY	0	268,717	139,354	408,071	650	90.06
90.07 09007 AMB SVC-RILEY CLINICS	0	822,420	454,144	1,276,564	2,066	90.07
90.08 09008 MOTILITY LAB	0	0	57,432	57,432	57	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10 09010 CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11 09023 SLEEP LAB	0	249,045	265,706	514,751	1,453	90.11
90.12 09024 OP CARE ADULTS	0	0	0	0	0	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14 09012 INFUSION CLINIC	0	0	9,125	9,125	152	90.14
90.15 09013 NEUROLOGY UH	0	0	0	0	0	90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17 09015 PHYSICAL MEDICINE	0	181,066	4,229	185,295	212	90.17
90.18 09016 DERMATOLOGY CLINIC	0	135,808	20,041	155,849	257	90.18
90.19 09017 INFUSION/HEM/ONC	0	0	3,335	3,335	0	90.19
90.20 09025 IUMG - MH	0	0	0	0	0	90.20
90.21 09019 OP REHAB CLINIC	0	56,334	1,995	58,329	17	90.21
90.22 09020 EATING DISORDERS CLINIC	0	0	80,895	80,895	418	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	268,868	43,590	312,458	411	90.23
90.24 09021 LIFE CARE CLINIC	0	186,612	4,752	191,364	327	90.24
91.00 09100 EMERGENCY	0	2,284,453	1,278,905	3,563,358	9,407	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	6,483,527	6,483,527	8,940	95.00
101.00 10100 HOME HEALTH AGENCY	0	541,271	421,109	962,380	7,107	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	166,337	7,569	173,906	1,093	105.00
106.00 10600 HEART ACQUISITION	0	7,758	283	8,041	140	106.00
107.00 10700 LIVER ACQUISITION	0	91,723	4,174	95,897	507	107.00
108.00 10800 LUNG ACQUISITION	0	11,176	509	11,685	141	108.00
109.00 10900 PANCREAS ACQUISITION	0	13,204	601	13,805	63	109.00
110.00 11000 INTESTINAL ACQUISITION	0	3,938	179	4,117	44	110.00
112.00 08600 OTHER ORGAN ACQUISITION EXP	0	0	0	0	46	112.00
112.01 08601 POST TRANSPLANT EXPENSES	0	176,877	8,048	184,925	1,340	112.01
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	16,656	14,076	30,732	3,799	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	66,000,272	87,836,463	153,836,735	249,713	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	389,964	12,268	402,232	13 190.00
191.00 19100	RESEARCH	0	108,412	7,951	116,363	403 191.00
191.01 19101	RESEARCH-GCRC	0	9,400	34,581	43,981	1 191.01
191.02 19102	OSA	0	11,562	0	11,562	677 191.02
191.03 19103	RESEARCH ADMIN	0	0	0	0	159 191.03
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	615,550	0	615,550	0 192.00
192.01 19201	OTHER NONREIMBURSABLE-METHODIST	0	3,369,943	179,244	3,549,187	3,285 192.01
192.02 19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0 192.02
192.03 19203	PHYSICIANS' PRIVATE OFFICES	0	6,429,229	0	6,429,229	0 192.03
192.04 19204	MHH RADIOLOGY	0	0	0	0	0 192.04
192.05 19205	IUH TIPTON	0	14,109	0	14,109	40 192.05
192.06 19206	BELTWAY SURGERY	0	0	30,169	30,169	0 192.06
192.07 19207	RHI	0	0	0	0	65 192.07
192.08 19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0 192.08
192.09 19209	ARTHRITIS CLINIC - NR	0	0	0	0	0 192.09
192.10 19212	CARDIO PHYSICIANS	0	0	0	0	0 192.10
192.11 19211	UNUSED SPACE	0	8,395	0	8,395	0 192.11
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	0	76,956,836	88,100,676	165,057,512	254,356 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINITTING	CASHIERING/AC COUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	35,054					5.01
5.02	00550	DATA PROCESSING	0	68,566				5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	0	0			5.03
5.04	00570	ADMINITTING	0	0	0	0		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	731	1,429	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	462	904	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	55	108	0	0	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	47	93	0	0	0	9.05
10.00	01000	DIETARY	912	1,784	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	983	1,923	0	0	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	8	15	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	4	8	0	0	0	14.00
15.00	01500	PHARMACY	1,374	2,688	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	280	548	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	229	448	0	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	36	70	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	79	154	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	12	23	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	8	15	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,760	11,272	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	581	1,136	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	810	1,584	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	1,007	1,970	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	95	185	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	111	216	0	0	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	506	989	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	67	131	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	107	209	0	0	0	34.06
40.00	04000	SUBPROVIDER - I PF	150	294	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	67	131	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,002	3,917	0	0	0	50.00
50.01	05001	ENDOSCOPY	115	224	0	0	0	50.01
51.00	05100	RECOVERY ROOM	403	788	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	391	765	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	71	139	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	111	216	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,469	2,874	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	194	379	0	0	0	55.00
56.00	05600	RADIOISOTOPE	47	93	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	28	54	0	0	0	59.00
60.00	06000	LABORATORY	2,753	5,384	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	47	93	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	158	309	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	979	1,916	0	0	0	65.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
66.00	06600	PHYSICAL THERAPY	1,149	2,248	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	269	525	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	273	533	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	162	317	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	284	556	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	427	834	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	182	355	0	0	0	74.00
76.00	03020	RH NBN ECMO I/C	51	100	0	0	0	76.00
76.01	03140	CARDIOLOGY	43	85	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	166	324	0	0	0	76.02
76.03	03950	CARDIAC CATH	348	680	0	0	0	76.03
76.04	03951	DAY SURGERY	213	417	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	59	116	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	39	77	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	16	31	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	51	100	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	857	1,676	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	36	70	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	43	85	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	103	201	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	328	641	0	0	0	90.07
90.08	09008	MOTILITY LAB	8	15	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	276	541	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	24	46	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	55	108	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	47	93	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	4	8	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	71	139	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	83	162	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	115	224	0	0	0	90.24
91.00	09100	EMERGENCY	1,386	2,711	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,599	3,129	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,153	2,256	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	158	309	0	0	0	105.00
106.00	10600	HEART ACQUISITION	16	31	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	79	154	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	20	39	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	8	15	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	8	15	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	4	8	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	197	386	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	592	1,159	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,251	66,997	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	111	216	0	0	0	190.00
191.00	19100	RESEARCH	20	39	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	36	70	0	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	616	1,205	0	0	0	0192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	0192.04
192.05	19205 IUH TIPTON	4	8	0	0	0	0192.05
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	0192.06
192.07	19207 RHI	16	31	0	0	0	0192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	0192.09
192.10	19212 CARDIO PHYSICIANS	0	0	0	0	0	0192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	0192.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	0201.00
202.00	TOTAL (sum lines 118 through 201)	35,054	68,566	0	0	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center	Description	OTHER ADMINI STRATI V E AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINI STRATI VE AND GENERAL	6,916,593					5.06
6.00	00600	MAINTENANCE & REPAIRS	100,152	1,484,834				6.00
7.00	00700	OPERATION OF PLANT	131,558	24,534	1,943,482			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	318	316	421	16,588		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	13,561	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	13,254	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	22,618	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	2,947	550	732	0	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	2,565	686	913	0	0	9.05
10.00	01000	DIETARY	44,259	15,882	21,137	0	0	10.00
11.00	01100	CAFETERIA	11,169	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	234,726	17,518	23,314	1	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	1,877	8,882	11,821	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	321,652	9,872	13,138	39	0	14.00
15.00	01500	PHARMACY	142,267	19,006	25,294	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	42,176	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	30,256	3,552	4,728	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	16,624	1,020	1,357	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	124,016	1,716	2,284	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	179,504	81,169	108,026	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	1,969	1,798	2,392	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	5,368	1,579	2,101	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	898	704	936	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	665	799	1,063	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	734,631	310,046	412,632	8,539	0	30.00
31.00	03100	INTENSIVE CARE UNIT	88,959	14,106	18,774	778	0	31.00
32.00	03200	CORONARY CARE UNIT	100,693	16,741	22,280	203	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	115,452	37,820	50,334	691	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	10,101	5,125	6,821	204	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	16,708	8,097	10,776	35	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	50,114	13,426	17,869	378	0	34.04
34.05	03404	TRANSPLANT ICU	10,844	5,367	7,143	68	0	34.05
34.06	03407	PEDS CANCER CARE	11,347	13,060	17,381	174	0	34.06
40.00	04000	SUBPROVIDER - I PF	14,433	8,120	10,807	58	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	6,647	4,660	6,202	2	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	343,485	102,053	135,820	1,178	0	50.00
50.01	05001	ENDOSCOPY	24,471	7,796	10,376	32	0	50.01
51.00	05100	RECOVERY ROOM	49,524	17,623	23,454	101	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,340	10,338	13,759	244	0	52.00
53.00	05300	ANESTHESIOLOGY	15,931	2,965	3,946	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	10,531	7,102	9,452	2	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	210,281	90,002	119,782	606	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	28,444	22,902	30,480	53	0	55.00
56.00	05600	RADIOISOTOPE	9,389	6,957	9,258	42	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,352	0	0	0	0	59.00
60.00	06000	LABORATORY	142,594	89,850	119,580	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	6,000	1,502	1,999	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	49,002	1,135	1,511	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	121,197	9,385	12,490	0	0	65.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am			
Cost Center	Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
66.00	06600	PHYSICAL THERAPY	91,040	21,116	28,103	186	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,711	1,427	1,900	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	20,822	6,751	8,985	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,449	3,585	4,772	6	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,834	10,569	14,066	13	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	150,565	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	172,177	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	889,656	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	860,413	2,480	3,301	0	0	73.03
74.00	07400	RENAL DIALYSIS	24,342	13,604	18,106	82	0	74.00
76.00	03020	RH NBN ECMO IC	6,118	48	64	0	0	76.00
76.01	03140	CARDIOLOGY	8,614	1,992	2,651	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	12,665	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	39,371	24,225	32,241	304	0	76.03
76.04	03951	DAY SURGERY	19,594	8,880	11,818	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	6,987	148	197	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	4,069	3,446	4,586	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	8,562	711	946	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	3,281	6,884	9,162	0	0	90.01
90.02	09002	IUSCC HEM/ONC	86,285	46,723	62,182	26	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	2,245	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,602	2,032	2,705	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	8,343	5,467	7,276	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	10,487	16,732	22,269	108	0	90.07
90.08	09008	MOTILITY LAB	1,103	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	17,025	5,067	6,743	80	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	2,093	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	3,444	3,684	4,903	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	3,008	2,763	3,677	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	10	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	350	1,146	1,525	5	0	90.21
90.22	09020	EATING DISORDERS CLINIC	6,602	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	7,606	5,470	7,280	41	0	90.23
90.24	09021	LIFE CARE CLINIC	4,378	3,797	5,053	0	0	90.24
91.00	09100	EMERGENCY	141,767	46,478	61,856	2,293	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	166,592	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	159,332	11,012	14,656	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	46,330	3,384	4,504	0	0	105.00
106.00	10600	HEART ACQUISITION	4,237	158	210	0	0	106.00
107.00	10700	LIVER ACQUISITION	34,425	1,866	2,484	0	0	107.00
108.00	10800	LUNG ACQUISITION	7,996	227	303	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	3,967	269	358	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	2,237	80	107	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	642	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	16,214	3,599	4,789	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	54,243	339	451	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,837,702	1,261,920	1,646,812	16,572	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	2,053	7,934	10,559	0	0	190.00
191.00	19100	RESEARCH	7,756	2,206	2,935	0	0	191.00
191.01	19101	RESEARCH-GCRC	212	191	255	2	0	191.01
191.02	19102	OSA	6,080	235	313	0	0	191.02
191.03	19103	RESEARCH ADMIN	2,898	0	0	0	0	191.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,447	12,524	16,667	0	0
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	37,292	68,562	91,248	14	0
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES	15,764	130,804	174,084	0	0
192.04	19204	MHH RADIOLOGY	0	0	0	0	0
192.05	19205	IUH TIPTON	487	287	382	0	0
192.06	19206	BELTWAY SURGERY	74	0	0	0	0
192.07	19207	RHI	807	0	0	0	0
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0
192.11	19211	UNUSED SPACE	21	171	227	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	6,916,593	1,484,834	1,943,482	16,588	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	13,561					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	13,254				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	22,618			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	31,824		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	51,613	9.05
10.00	01000	DIETARY	191	25	380	662	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	58	195	428	0	511	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	0	154	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	89	244	388	1,764	14.00
15.00	01500	PHARMACY	293	113	222	1,422	849	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2	40	68	0	1,385	17.00
18.00	01850	PATIENT TRANSPORTATION	14	0	27	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6	37	26	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	712	965	580	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	4	72	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	67	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	30	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	34	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,748	2,818	6,542	5,566	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	595	0	0	31.00
32.00	03200	CORONARY CARE UNIT	246	116	308	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	1,364	118	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	200	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	305	0	2	0	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	523	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	204	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	509	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	1	145	185	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	182	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,346	842	1,408	5,119	3,694	50.00
50.01	05001	ENDOSCOPY	200	0	93	0	0	50.01
51.00	05100	RECOVERY ROOM	108	222	201	2,376	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	403	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	16	81	19	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	52	97	132	61	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,025	694	1,609	2,146	5,051	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	329	0	530	0	2,658	55.00
56.00	05600	RADIOISOTOPE	111	29	126	175	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	99	85	294	1,437	2,036	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	63	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11	7	28	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	66	91	211	96	239	65.00
66.00	06600	PHYSICAL THERAPY	45	11	658	1,130	1,900	66.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
67.00	06700	OCCUPATIONAL THERAPY	8	15	22	0	480	67.00
68.00	06800	SPEECH PATHOLOGY	61	159	34	0	421	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20	107	0	841	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	54	388	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	105	0	0	73.03
74.00	07400	RENAL DIALYSIS	405	55	64	0	0	74.00
76.00	03020	RH NBN ECMO I C	0	2	0	0	0	76.00
76.01	03140	CARDIOLOGY	19	59	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	44	663	4,062	0	76.03
76.04	03951	DAY SURGERY	330	0	8	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	6	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,327	1,656	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	18	10	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	261	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	1,419	1	260	0	3,937	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	86	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	182	0	28	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	652	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	95	0	840	1,769	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	140	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	105	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	45	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	208	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	160	0	0	90.24
91.00	09100	EMERGENCY	0	492	967	2,559	9,998	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	9	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	76	8	50	0	0	105.00
106.00	10600	HEART ACQUISITION	3	0	2	0	0	106.00
107.00	10700	LIVER ACQUISITION	42	4	28	0	0	107.00
108.00	10800	LUNG ACQUISITION	5	1	3	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	6	1	4	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	2	0	1	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	81	8	53	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	9	0	2	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,559	11,620	18,505	29,366	39,189	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28	108	39	1,925	0	190.00
191.00	19100	RESEARCH	6	0	86	0	0	191.00
191.01	19101	RESEARCH-GCRC	7	0	0	0	0	191.01
191.02	19102	OSA	0	6	3	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	200	0	12,424	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	109	61	2,689	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

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Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN		
			9.01	9.02	9.03	9.04	9.05		
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	1,852	1,459	1,096	375	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	158	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,561	13,254	22,618	31,824	51,613		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY	1,297,365					10.00
11.00	01100	CAFETERIA	0	11,169				11.00
13.00	01300	NURSING ADMINISTRATION	0	334	5,338,799			13.00
13.01	01851	PARAMED ADMINISTRATION	0	3	0	464,504		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1	0	0	933,534	14.00
15.00	01500	PHARMACY	0	467	0	0	2,497	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	95	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	78	0	0	15	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	12	0	54,093	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	27	0	164,165	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	4	0	28,092	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	3	0	19,468	1	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,113,930	1,963	1,896,784	0	20,518	30.00
31.00	03100	INTENSIVE CARE UNIT	33,504	197	220,302	0	2,866	31.00
32.00	03200	CORONARY CARE UNIT	31,379	275	307,797	0	4,875	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	13,827	342	390,606	0	3,446	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	10,049	32	35,936	0	181	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	3,137	38	37,498	0	578	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	8,049	172	181,241	0	2,220	34.04
34.05	03404	TRANSPLANT ICU	3,949	23	26,561	0	364	34.05
34.06	03407	PEDS CANCER CARE	10,620	36	40,623	0	211	34.06
40.00	04000	SUBPROVIDER - I PF	12,181	51	39,061	0	44	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	23	23,436	0	28	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	681	329,671	0	157,448	50.00
50.01	05001	ENDOSCOPY	0	39	37,498	0	11,445	50.01
51.00	05100	RECOVERY ROOM	659	137	143,743	0	458	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,864	133	124,994	0	1,051	52.00
53.00	05300	ANESTHESIOLOGY	0	24	18,749	0	6,037	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	38	7,812	0	352	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	500	104,682	84,747	18,969	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	66	12,499	0	402	55.00
56.00	05600	RADIOISOTOPE	0	16	0	0	166	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	9	0	0	3	59.00
60.00	06000	LABORATORY	0	936	15,624	40,004	197,371	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	16	0	0	6,713	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	54	0	0	16,709	63.00
65.00	06500	RESPIRATORY THERAPY	0	333	0	73,935	19,089	65.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
66.00	06600	PHYSICAL THERAPY	0	391	7,812	0	868	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	91	0	0	27	67.00
68.00	06800	SPEECH PATHOLOGY	0	93	7,812	0	271	68.00
69.00	06900	ELECTROCARDIOLOGY	0	55	6,250	0	30	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	97	0	0	397	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	200,353	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	222,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	145	0	0	260	73.03
74.00	07400	RENAL DIALYSIS	0	62	57,810	0	770	74.00
76.00	03020	RH NBN ECMO IC	0	17	20,311	0	1,139	76.00
76.01	03140	CARDIOLOGY	0	15	9,375	0	1,443	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	56	28,124	0	79	76.02
76.03	03950	CARDIAC CATH	1,391	118	82,808	0	9,295	76.03
76.04	03951	DAY SURGERY	0	73	74,996	0	1,404	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	20	10,937	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	13	6,250	0	56	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	5	4,687	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	17	7,812	0	181	90.01
90.02	09002	IUSCC HEM/ONC	0	291	185,928	0	2,068	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	12	1,562	0	21	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	15	1,562	0	24	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	35	12,499	0	12	90.06
90.07	09007	AMB SVC-RILEY CLINICS	5,099	111	68,747	0	360	90.07
90.08	09008	MOTILITY LAB	0	3	3,125	0	30	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	359	94	4,687	0	785	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	8	4,687	0	7	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	19	4,687	0	31	90.17
90.18	09016	DERMATOLOGY CLINIC	0	16	10,937	0	83	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	1	1,562	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	24	0	0	79	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	28	15,624	0	5	90.23
90.24	09021	LIFE CARE CLINIC	0	39	6,250	0	6	90.24
91.00	09100	EMERGENCY	40,217	471	364,045	0	5,142	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	544	65,622	0	2,094	95.00
101.00	10100	HOME HEALTH AGENCY	0	392	92,183	0	8,089	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	54	1,562	0	456	105.00
106.00	10600	HEART ACQUISITION	0	5	1,562	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	27	0	0	242	107.00
108.00	10800	LUNG ACQUISITION	0	7	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	3	0	0	67	109.00
110.00	11000	INTESTINAL ACQUISITION	0	3	0	0	25	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	1	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	67	0	0	460	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	201	98,433	0	314	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,296,214	10,897	5,265,365	464,504	933,115	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	38	0	0	0	190.00
191.00	19100	RESEARCH	0	7	0	0	4	191.00
191.01	19101	RESEARCH-GCRC	1,151	0	0	0	70	191.01
191.02	19102	OSA	0	12	6,250	0	1	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	13.00	13.01	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	209	67,184	0	149 192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0 192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0 192.04
192.05	19205	IUH TIPTON	0	1	0	0	0 192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0 192.06
192.07	19207	RHI	0	5	0	0	195 192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0 192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0 192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0 192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0 192.11
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	1,297,365	11,169	5,338,799	464,504	933,534 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
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To 12/31/2022

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
				PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
	15.00	16.00	17.00	18.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00590 PURCHASING, RECEIVING & STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING - UNIVERSITY						9.01
9.02 00902 HOUSEKEEPING - RILEY						9.02
9.03 00903 HOUSEKEEPING - METHODIST						9.03
9.04 00904 HOUSEKEEPING - SAXONY						9.04
9.05 00905 HOUSEKEEPING - MORGAN						9.05
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
13.01 01851 PARAMED ED ADMINISTRATION						13.01
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	2,983,276					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	42,176				16.00
17.00 01700 SOCIAL SERVICE	14	0	217,031			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	103,130		18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	212,452	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
23.01 02301 PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03 02303 PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04 02304 PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05 02312 PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06 02306 PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07 02307 PARAMED PHARMACY	0	0	0	0	0	23.07
23.08 02308 PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09 02309 PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10 02310 PARAMED PHARMACY TECH	0	0	0	0	0	23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	12,433	3,626	151,029	10,877		30.00
31.00 03100 INTENSIVE CARE UNIT	1,809	475	12,654	1,426		31.00
32.00 03200 CORONARY CARE UNIT	5,048	451	12,454	1,352		32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	3,094	702	20,812	2,105		32.01
33.00 03300 BURN INTENSIVE CARE UNIT	97	42	1,329	125		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.02 03401 UH SURG 61C	805	72	1,996	215		34.02
34.03 03402 UH NS 31C	0	0	0	0		34.03
34.04 03403 RH PEDIC	2,027	245	6,855	736		34.04
34.05 03404 TRANSPLANT ICU	512	53	1,358	160		34.05
34.06 03407 PEDS CANCER CARE	321	37	2,121	111		34.06
40.00 04000 SUBPROVIDER - I PF	5	46	3,068	138		40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0		41.00
43.00 04300 NURSERY	0	32	3,355	96		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,470	3,663	0	10,988		50.00
50.01 05001 ENDOSCOPY	143	337	0	1,011		50.01
51.00 05100 RECOVERY ROOM	637	497	0	1,491		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	945	284	0	851		52.00
53.00 05300 ANESTHESIOLOGY	6,311	298	0	893		53.00
53.01 05301 PULMONARY FUNCTION TESTING	5	89	0	266		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,423	2,291	0	6,872		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	19	616	0	1,847		55.00
56.00 05600 RADIOISOTOPE	151	226	0	679		56.00
59.00 05900 CARDIAC CATHETERIZATION	73	14	0	41		59.00
60.00 06000 LABORATORY	7,389	1,690	0	5,070		60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	1	63	0	189		60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0		60.02

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV	
				PATIENT TRANSPORTATION				
	15.00	16.00	17.00	18.00	21.00			
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	224	615	0	1,845			63.00	
65.00 06500 RESPIRATORY THERAPY	16	592	0	1,777			65.00	
66.00 06600 PHYSICAL THERAPY	0	329	0	986			66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	80	0	241			67.00	
68.00 06800 SPEECH PATHOLOGY	1	98	0	293			68.00	
69.00 06900 ELECTROCARDIOLOGY	99	380	0	1,139			69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	271	0	814			70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,288	0	3,865			71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,312	0	6,935			72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	2,905,591	11,717	0	11,757			73.00	
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	1,198	0	3,594			73.03	
74.00 07400 RENAL DIALYSIS	216	123	0	368			74.00	
76.00 03020 RH NBN ECMO IC	84	29	0	86			76.00	
76.01 03140 CARDIOLOGY	284	209	0	626			76.01	
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	52	0	0	0			76.02	
76.03 03950 CARDIAC CATH	1,957	677	0	2,032			76.03	
76.04 03951 DAY SURGERY	1,010	83	0	249			76.04	
76.05 03480 ONCOLOGY	0	0	0	0			76.05	
76.06 03952 DAY SURGERY-RILEY	0	0	0	0			76.06	
76.07 03953 CARDIOLOGY-RILEY	0	0	0	0			76.07	
76.08 03954 ECMO-ADULT	0	28	0	84			76.08	
76.97 07697 CARDIAC REHABILITATION	3	23	0	69			76.97	
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	27	0	81			77.00	
OUTPATIENT SERVICE COST CENTERS								
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0			89.00	
90.00 09000 CLINIC	0	0	0	0			90.00	
90.01 09001 AMB SVC-OB & GYN	1	19	0	56			90.01	
90.02 09002 IUSCC HEM/ONC	5,923	468	0	1,403			90.02	
90.03 09003 AMB SVC-OPHTHALMOLOGY	7	15	0	46			90.03	
90.04 09004 AMB SVC-PSYCH ADULT	0	2	0	7			90.04	
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0			90.05	
90.06 09006 OUTPATIENT SURGERY	4	92	0	276			90.06	
90.07 09007 AMB SVC-RILEY CLINICS	737	92	0	277			90.07	
90.08 09008 MOTILITY LAB	0	3	0	10			90.08	
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0			90.09	
90.10 09010 CLINICAL GERIATRICS	0	0	0	0			90.10	
90.11 09023 SLEEP LAB	6	121	0	362			90.11	
90.12 09024 OP CARE ADULTS	0	0	0	0			90.12	
90.13 09011 PEDIATRIC CLINIC	0	0	0	0			90.13	
90.14 09012 INFUSION CLINIC	181	24	0	72			90.14	
90.15 09013 NEUROLOGY UH	0	0	0	0			90.15	
90.16 09014 ORTHOPEDICS UH	0	0	0	0			90.16	
90.17 09015 PHYSICAL MEDICINE	1	4	0	11			90.17	
90.18 09016 DERMATOLOGY CLINIC	0	23	0	70			90.18	
90.19 09017 INFUSION/HEM/ONC	0	0	0	0			90.19	
90.20 09025 IUMG - MH	0	0	0	0			90.20	
90.21 09019 OP REHAB CLINIC	0	3	0	9			90.21	
90.22 09020 EATING DISORDERS CLINIC	0	10	0	31			90.22	
90.23 09018 GASTROENTEROLOGY CLINIC	0	5	0	16			90.23	
90.24 09021 LIFE CARE CLINIC	4	3	0	10			90.24	
91.00 09100 EMERGENCY	7,743	2,445	0	7,336			91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART							92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0			94.00	
95.00 09500 AMBULANCE SERVICES	706	1,577	0	4,730			95.00	
101.00 10100 HOME HEALTH AGENCY	2,903	1,021	0	3,064			101.00	
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0			102.00	
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	6	91	0	272			105.00	
106.00 10600 HEART ACQUISITION	0	12	0	37			106.00	
107.00 10700 LIVER ACQUISITION	1,640	68	0	203			107.00	
108.00 10800 LUNG ACQUISITION	0	15	0	46			108.00	
109.00 10900 PANCREAS ACQUISITION	1	0	0	1			109.00	
110.00 11000 INTESTINAL ACQUISITION	0	3	0	10			110.00	
112.00 08600 OTHER ORGAN ACQUISITION EXP	0	0	0	0			112.00	
112.01 08601 POST TRANSPLANT EXPENSES	0	0	0	0			112.01	
113.00 11300 INTEREST EXPENSE							113.00	
116.00 11600 HOSPICE	21	132	0	395			116.00	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	2,983,153	42,176	217,031	103,130	0		118.00	
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0			190.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
						PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	81	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	42	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						212,452
201.00		Negative Cost Centers						0
202.00		TOTAL (sum lines 118 through 201)	2,983,276	42,176	217,031	103,130	212,452	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-MET HODIST	PARAMED RESPIRATORY THERAPY	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01
9.02	00902	HOUSEKEEPING - RILEY					9.02
9.03	00903	HOUSEKEEPING - METHODIST					9.03
9.04	00904	HOUSEKEEPING - SAXONY					9.04
9.05	00905	HOUSEKEEPING - MORGAN					9.05
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01851	PARAMED ADMINISTRATION					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PATIENT TRANSPORTATION					18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,360,538				22.00
23.00	02300	PARAMED PRGM		0			23.00
23.01	02301	PARAMED HEALTH SCIENCES			0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					0 23.03
23.04	02304	PARAMED EMERGENCY					23.04
23.05	02312	PARAMED PASTORAL EDUCATION					23.05
23.06	02306	PARAMED LAB SCIENCE PRO					23.06
23.07	02307	PARAMED PHARMACY					23.07
23.08	02308	PARAMED MEDICAL ASSIST					23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					23.09
23.10	02310	PARAMED PHARMACY TECH					23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY					23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
32.00	03200	CORONARY CARE UNIT					32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT					32.01
33.00	03300	BURN INTENSIVE CARE UNIT					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					34.00
34.02	03401	UH SURG 61C					34.02
34.03	03402	UH NS 31C					34.03
34.04	03403	RH PEDIC					34.04
34.05	03404	TRANSPLANT ICU					34.05
34.06	03407	PEDS CANCER CARE					34.06
40.00	04000	SUBPROVIDER - I PF					40.00
41.00	04100	SUBPROVIDER - I RF					41.00
43.00	04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
50.01	05001	ENDOSCOPY					50.01
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
53.01	05301	PULMONARY FUNCTION TESTING					53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
56.00	05600	RADIOISOTOPE					56.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
60.01	06001	TRANSPLANT IMMUNOLOGY					60.01
60.02	06002	BONE MARROW TRANSPLANT LAB					60.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-MET HODIST	PARAMED RESPIRATORY THERAPY	
		22.00	23.00	23.01	23.02	23.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY					73.03
74.00	07400	RENAL DIALYSIS					74.00
76.00	03020	RH NBN ECMO IC					76.00
76.01	03140	CARDIOLOGY					76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					76.02
76.03	03950	CARDIAC CATH					76.03
76.04	03951	DAY SURGERY					76.04
76.05	03480	ONCOLOGY					76.05
76.06	03952	DAY SURGERY-RILEY					76.06
76.07	03953	CARDIOLOGY-RILEY					76.07
76.08	03954	ECMO-ADULT					76.08
76.97	07697	CARDIAC REHABILITATION					76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION					77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC					90.00
90.01	09001	AMB SVC-OB & GYN					90.01
90.02	09002	IUSCC HEM/ONC					90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY					90.03
90.04	09004	AMB SVC-PSYCH ADULT					90.04
90.05	09005	AMB SVC-DIABETES ADULT					90.05
90.06	09006	OUTPATIENT SURGERY					90.06
90.07	09007	AMB SVC-RILEY CLINICS					90.07
90.08	09008	MOTILITY LAB					90.08
90.09	09009	AMB SVC - PSYCH CHILD					90.09
90.10	09010	CLINICAL GERIATRICS					90.10
90.11	09023	SLEEP LAB					90.11
90.12	09024	OP CARE ADULTS					90.12
90.13	09011	PEDIATRIC CLINIC					90.13
90.14	09012	INFUSION CLINIC					90.14
90.15	09013	NEUROLOGY UH					90.15
90.16	09014	ORTHOPEDECS UH					90.16
90.17	09015	PHYSICAL MEDICINE					90.17
90.18	09016	DERMATOLOGY CLINIC					90.18
90.19	09017	INFUSION/HEM/ONC					90.19
90.20	09025	IUMG - MH					90.20
90.21	09019	OP REHAB CLINIC					90.21
90.22	09020	EATING DISORDERS CLINIC					90.22
90.23	09018	GASTROENTEROLOGY CLINIC					90.23
90.24	09021	LIFE CARE CLINIC					90.24
91.00	09100	EMERGENCY					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS					94.00
95.00	09500	AMBULANCE SERVICES					95.00
101.00	10100	HOME HEALTH AGENCY					101.00
102.00	10200	OPIOID TREATMENT PROGRAM					102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION					105.00
106.00	10600	HEART ACQUISITION					106.00
107.00	10700	LIVER ACQUISITION					107.00
108.00	10800	LUNG ACQUISITION					108.00
109.00	10900	PANCREAS ACQUISITION					109.00
110.00	11000	INTESTINAL ACQUISITION					110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP					112.00
112.01	08601	POST TRANSPLANT EXPENSES					112.01
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-MET HODIST	PARAMED RESPIRATORY THERAPY	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	23.01	23.02	23.03	
191.00	19100	RESEARCH						191.00
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02
191.03	19103	RESEARCH ADMIN						191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.05	19205	IUH TIPTON						192.05
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
200.00		Cross Foot Adjustments	4,360,538	0	0	0	0	0200.00
201.00		Negative Cost Centers	0	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	4,360,538	0	0	0	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED PRGM						23.00
23.01	02301	PARAMED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY	0					23.04
23.05	02312	PARAMED PASTORAL EDUCATION		148,959				23.05
23.06	02306	PARAMED LAB SCIENCE PRO			0			23.06
23.07	02307	PARAMED PHARMACY				251,594		23.07
23.08	02308	PARAMED MEDICAL ASSIST					0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.02	03401	UH SURG 61C						34.02
34.03	03402	UH NS 31C						34.03
34.04	03403	RH PED 1C						34.04
34.05	03404	TRANSPLANT 1CU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - I PF						40.00
41.00	04100	SUBPROVIDER - I RF						41.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RH NBN ECMO IC						76.00
76.01	03140	CARDIOLOGY						76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						76.02
76.03	03950	CARDIAC CATH						76.03
76.04	03951	DAY SURGERY						76.04
76.05	03480	ONCOLOGY						76.05
76.06	03952	DAY SURGERY-RILEY						76.06
76.07	03953	CARDIOLOGY-RILEY						76.07
76.08	03954	ECMO-ADULT						76.08
76.97	07697	CARDIAC REHABILITATION						76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION						77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	INFUSION CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDECS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	OP REHAB CLINIC						90.21
90.22	09020	EATING DISORDERS CLINIC						90.22
90.23	09018	GASTROENTEROLOGY CLINIC						90.23
90.24	09021	LIFE CARE CLINIC						90.24
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
101.00	10100	HOME HEALTH AGENCY						101.00
102.00	10200	OPIOID TREATMENT PROGRAM						102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02
191.03	19103	RESEARCH ADMIN						191.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
		23.04	23.05	23.06	23.07	23.08	
192.00	19200						192.00
192.01	19201						192.01
192.02	19202						192.02
192.03	19203						192.03
192.04	19204						192.04
192.05	19205						192.05
192.06	19206						192.06
192.07	19207						192.07
192.08	19208						192.08
192.09	19209						192.09
192.10	19212						192.10
192.11	19211						192.11
200.00	Cross Foot Adjustments	0	148,959	0	251,594		0200.00
201.00	Negative Cost Centers	0	0	0	0		0201.00
202.00	TOTAL (sum lines 118 through 201)	0	148,959	0	251,594		0202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED PRGM						23.00
23.01	02301	PARAMED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	65,360					23.09
23.10	02310	PARAMED PHARMACY TECH		61,386				23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			0			23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				23,241,681	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,692,282	0	31.00
32.00	03200	CORONARY CARE UNIT				2,740,387	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT				3,764,765	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT				454,340	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
34.02	03401	UH SURG 61C				552,891	0	34.02
34.03	03402	UH NS 31C				0	0	34.03
34.04	03403	RH PEDIC				1,497,295	0	34.04
34.05	03404	TRANSPLANT ICU				374,020	0	34.05
34.06	03407	PEDS CANCER CARE				925,500	0	34.06
40.00	04000	SUBPROVIDER - I PF				526,969	0	40.00
41.00	04100	SUBPROVIDER - I RF				0	0	41.00
43.00	04300	NURSERY				288,152	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				25,434,698	0	50.00
50.01	05001	ENDOSCOPY				1,790,715	0	50.01
51.00	05100	RECOVERY ROOM				1,521,733	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				1,148,914	0	52.00
53.00	05300	ANESTHESIOLOGY				993,268	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING				452,975	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC				22,607,883	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				3,522,421	0	55.00
56.00	05600	RADIOISOTOPE				1,246,844	0	56.00
59.00	05900	CARDIAC CATHETERIZATION				266,525	0	59.00
60.00	06000	LABORATORY				11,984,359	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY				243,402	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB				0	0	60.02

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am			
Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				289,454	0	63.00
65.00	06500	RESPIRATORY THERAPY				1,951,194	0	65.00
66.00	06600	PHYSICAL THERAPY				1,486,670	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				109,153	0	67.00
68.00	06800	SPEECH PATHOLOGY				699,434	0	68.00
69.00	06900	ELECTROCARDIOLOGY				1,799,339	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				1,169,747	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				356,071	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				403,509	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				3,818,721	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY				1,067,377	0	73.03
74.00	07400	RENAL DIALYSIS				1,095,658	0	74.00
76.00	03020	RH NBN ECMO IC				101,560	0	76.00
76.01	03140	CARDIOLOGY				992,161	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				73,834	0	76.02
76.03	03950	CARDIAC CATH				3,426,164	0	76.03
76.04	03951	DAY SURGERY				718,240	0	76.04
76.05	03480	ONCOLOGY				0	0	76.05
76.06	03952	DAY SURGERY-RILEY				0	0	76.06
76.07	03953	CARDIOLOGY-RILEY				0	0	76.07
76.08	03954	ECMO-ADULT				137,076	0	76.08
76.97	07697	CARDIAC REHABILITATION				301,987	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION				50,125	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00	09000	CLINIC				0	0	90.00
90.01	09001	AMB SVC-OB & GYN				438,782	0	90.01
90.02	09002	IUSCC HEM/ONC				3,355,382	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY				123,734	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT				109,467	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT				0	0	90.05
90.06	09006	OUTPATIENT SURGERY				443,239	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS				1,405,270	0	90.07
90.08	09008	MOTILITY LAB				61,786	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD				0	0	90.09
90.10	09010	CLINICAL GERIATRICS				0	0	90.10
90.11	09023	SLEEP LAB				555,054	0	90.11
90.12	09024	OP CARE ADULTS				0	0	90.12
90.13	09011	PEDIATRIC CLINIC				0	0	90.13
90.14	09012	INFUSION CLINIC				16,419	0	90.14
90.15	09013	NEUROLOGY UH				0	0	90.15
90.16	09014	ORTHOPEDECS UH				0	0	90.16
90.17	09015	PHYSICAL MEDICINE				202,594	0	90.17
90.18	09016	DERMATOLOGY CLINIC				176,928	0	90.18
90.19	09017	INFUSION/HEM/ONC				3,345	0	90.19
90.20	09025	IUMG - MH				0	0	90.20
90.21	09019	OP REHAB CLINIC				63,004	0	90.21
90.22	09020	EATING DISORDERS CLINIC				88,269	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC				349,397	0	90.23
90.24	09021	LIFE CARE CLINIC				211,730	0	90.24
91.00	09100	EMERGENCY				4,270,671	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS				0	0	94.00
95.00	09500	AMBULANCE SERVICES				6,739,060	0	95.00
101.00	10100	HOME HEALTH AGENCY				1,265,557	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM				0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION				232,259	0	105.00
106.00	10600	HEART ACQUISITION				14,454	0	106.00
107.00	10700	LIVER ACQUISITION				137,666	0	107.00
108.00	10800	LUNG ACQUISITION				20,488	0	108.00
109.00	10900	PANCREAS ACQUISITION				18,568	0	109.00
110.00	11000	INTESTINAL ACQUISITION				6,652	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP				701	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES				212,119	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				190,822	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	148,032,910	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				425,256	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
			23.09	23.10	23.11	24.00	25.00
191.00	19100	RESEARCH				129,825	0
191.01	19101	RESEARCH-GCRC				45,951	0
191.02	19102	OSA				25,245	0
191.03	19103	RESEARCH ADMIN				3,057	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES				662,812	0
192.01	19201	OTHER NONREIMBURSABLE-METHODIST				3,821,852	0
192.02	19202	OTHER NONREIMBURSABLE - IUMC				0	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES				6,754,663	0
192.04	19204	MHH RADIOLOGY				0	0
192.05	19205	IUH TIPTON				15,476	0
192.06	19206	BELTWAY SURGERY				30,243	0
192.07	19207	RHI				1,119	0
192.08	19208	NON-ALLOWABLE ADVERTISING				0	0
192.09	19209	ARTHRITIS CLINIC - NR				0	0
192.10	19212	CARDIO PHYSICIANS				0	0
192.11	19211	UNUSED SPACE				8,814	0
200.00		Cross Foot Adjustments	65,360	61,386	0	5,100,289	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	65,360	61,386	0	165,057,512	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00590 PURCHASING, RECEIVING & STORES		5.03
5.04	00570 ADMINITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING - UNIVERSITY		9.01
9.02	00902 HOUSEKEEPING - RILEY		9.02
9.03	00903 HOUSEKEEPING - METHODIST		9.03
9.04	00904 HOUSEKEEPING - SAXONY		9.04
9.05	00905 HOUSEKEEPING - MORGAN		9.05
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
13.01	01851 PARAMED ED ADMINISTRATION		13.01
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
18.00	01850 PATIENT TRANSPORTATION		18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02301 PARAMED ED HEALTH SCIENCES		23.01
23.02	02302 PARAMED RADIOLOGY-METHODIST		23.02
23.03	02303 PARAMED RESPIRATORY THERAPY		23.03
23.04	02304 PARAMED EMERGENCY		23.04
23.05	02312 PARAMED PASTORAL EDUCATION		23.05
23.06	02306 PARAMED LAB SCIENCE PRO		23.06
23.07	02307 PARAMED PHARMACY		23.07
23.08	02308 PARAMED MEDICAL ASSIST		23.08
23.09	02309 PARAMED SURGERY TECHNOLOGY		23.09
23.10	02310 PARAMED PHARMACY TECH		23.10
23.11	02311 PARAMED NEUROPHYSIOLOGY		23.11
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	23,241,681	30.00
31.00	03100 INTENSIVE CARE UNIT	1,692,282	31.00
32.00	03200 CORONARY CARE UNIT	2,740,387	32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT	3,764,765	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	454,340	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401 UH SURG 6IC	552,891	34.02
34.03	03402 UH NS 3IC	0	34.03
34.04	03403 RH PED IC	1,497,295	34.04
34.05	03404 TRANSPLANT ICU	374,020	34.05
34.06	03407 PEDS CANCER CARE	925,500	34.06
40.00	04000 SUBPROVIDER - IPF	526,969	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
43.00	04300 NURSERY	288,152	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	25,434,698	50.00
50.01	05001 ENDOSCOPY	1,790,715	50.01
51.00	05100 RECOVERY ROOM	1,521,733	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,148,914	52.00
53.00	05300 ANESTHESIOLOGY	993,268	53.00
53.01	05301 PULMONARY FUNCTION TESTING	452,975	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	22,607,883	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,522,421	55.00
56.00	05600 RADIOISOTOPE	1,246,844	56.00
59.00	05900 CARDIAC CATHETERIZATION	266,525	59.00
60.00	06000 LABORATORY	11,984,359	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	243,402	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	289,454	63.00
65.00	06500 RESPIRATORY THERAPY	1,951,194	65.00
66.00	06600 PHYSICAL THERAPY	1,486,670	66.00
67.00	06700 OCCUPATIONAL THERAPY	109,153	67.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description		Total	
		26.00	
68.00	06800 SPEECH PATHOLOGY	699,434	68.00
69.00	06900 ELECTROCARDIOLOGY	1,799,339	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,169,747	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	356,071	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	403,509	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,818,721	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	1,067,377	73.03
74.00	07400 RENAL DIALYSIS	1,095,658	74.00
76.00	03020 RH NBN ECMO I C	101,560	76.00
76.01	03140 CARDIOLOGY	992,161	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	73,834	76.02
76.03	03950 CARDIAC CATH	3,426,164	76.03
76.04	03951 DAY SURGERY	718,240	76.04
76.05	03480 ONCOLOGY	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	76.06
76.07	03953 CARDIOLOGY-RILEY	0	76.07
76.08	03954 ECMO-ADULT	137,076	76.08
76.97	07697 CARDIAC REHABILITATION	301,987	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	50,125	77.00
OUTPATIENT SERVICE COST CENTERS			
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 AMB SVC-OB & GYN	438,782	90.01
90.02	09002 IUSCC HEM/ONC	3,355,382	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	123,734	90.03
90.04	09004 AMB SVC-PSYCH ADULT	109,467	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	90.05
90.06	09006 OUTPATIENT SURGERY	443,239	90.06
90.07	09007 AMB SVC-RILEY CLINICS	1,405,270	90.07
90.08	09008 MOTILITY LAB	61,786	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	90.10
90.11	09023 SLEEP LAB	555,054	90.11
90.12	09024 OP CARE ADULTS	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	90.13
90.14	09012 INFUSION CLINIC	16,419	90.14
90.15	09013 NEUROLOGY UH	0	90.15
90.16	09014 ORTHOPEDICS UH	0	90.16
90.17	09015 PHYSICAL MEDICINE	202,594	90.17
90.18	09016 DERMATOLOGY CLINIC	176,928	90.18
90.19	09017 INFUSION/HEM/ONC	3,345	90.19
90.20	09025 IUMG - MH	0	90.20
90.21	09019 OP REHAB CLINIC	63,004	90.21
90.22	09020 EATING DISORDERS CLINIC	88,269	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	349,397	90.23
90.24	09021 LIFE CARE CLINIC	211,730	90.24
91.00	09100 EMERGENCY	4,270,671	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	6,739,060	95.00
101.00	10100 HOME HEALTH AGENCY	1,265,557	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	232,259	105.00
106.00	10600 HEART ACQUISITION	14,454	106.00
107.00	10700 LIVER ACQUISITION	137,666	107.00
108.00	10800 LUNG ACQUISITION	20,488	108.00
109.00	10900 PANCREAS ACQUISITION	18,568	109.00
110.00	11000 INTESTINAL ACQUISITION	6,652	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	701	112.00
112.01	08601 POST TRANSPLANT EXPENSES	212,119	112.01
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	190,822	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	148,032,910	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	425,256	190.00
191.00	19100 RESEARCH	129,825	191.00
191.01	19101 RESEARCH-GCRC	45,951	191.01
191.02	19102 OSA	25,245	191.02
191.03	19103 RESEARCH ADMIN	3,057	191.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	662,812	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	3,821,852	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMG	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	6,754,663	192.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description			Total	
			26.00	
192.04	19204	MHH RADIOLOGY	0	192.04
192.05	19205	IUH TIPTON	15,476	192.05
192.06	19206	BELTWAY SURGERY	30,243	192.06
192.07	19207	RHI	1,119	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	192.10
192.11	19211	UNUSED SPACE	8,814	192.11
200.00		Cross Foot Adjustments	5,100,289	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	165,057,512	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,592,779				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		71,370,516			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,260	26,062	839,388,221		4.00
5.01	00540	NONPATIENT TELEPHONES	2,092	0	0	8,876	5.01
5.02	00550	DATA PROCESSING	4,092	0	0	0	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	148,766	3,575,982	24,631,309	185	5.06
6.00	00600	MAINTENANCE & REPAIRS	69,014	184,930	0	0	6.00
7.00	00700	OPERATION OF PLANT	71,966	468,327	6,763,676	117	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	927	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	1,614	173	574,118	14	9.04
9.05	00905	HOUSEKEEPING - MORGAN	2,012	10,902	455,428	12	9.05
10.00	01000	DIETARY	46,588	346,920	10,754,444	231	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	51,387	3,385,220	62,722,243	249	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	26,054	4,147	207,885	2	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	28,957	81,908	71,174	1	14.00
15.00	01500	PHARMACY	55,751	1,491,812	36,651,362	348	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	10,420	0	4,835,872	71	17.00
18.00	01850	PATIENT TRANSPORTATION	2,992	26,257	2,547,672	58	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,035	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	238,098	0	629	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	0	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	5,273	0	520,678	9	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	4,631	0	1,507,468	20	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	2,064	0	253,602	3	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	2,344	0	179,377	2	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	909,467	2,630,293	145,222,124	1,459	30.00
31.00	03100	INTENSIVE CARE UNIT	41,379	482,567	16,779,537	147	31.00
32.00	03200	CORONARY CARE UNIT	49,107	1,137,310	23,189,470	205	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	110,940	1,015,191	29,682,441	255	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	15,034	106,236	2,536,863	24	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURGIC	23,752	59,506	2,828,674	28	34.02
34.03	03402	UH NSIC	0	0	0	0	34.03
34.04	03403	RH PEDI	39,384	444,033	12,886,553	128	34.04
34.05	03404	TRANSPLANT ICU	15,744	42,790	1,941,089	17	34.05
34.06	03407	PEDS CANCER CARE	38,309	150,625	2,612,432	27	34.06
40.00	04000	SUBPROVIDER - IPF	23,820	30,667	3,949,057	38	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	13,670	11,133	1,627,525	17	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	299,358	15,632,387	43,076,589	507	50.00
50.01	05001	ENDOSCOPY	22,869	1,063,521	3,026,586	29	50.01
51.00	05100	RECOVERY ROOM	51,695	332,435	9,059,194	102	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,326	348,580	10,285,030	99	52.00
53.00	05300	ANESTHESIOLOGY	8,697	641,296	1,443,633	18	53.00
53.01	05301	PULMONARY FUNCTION TESTING	20,833	54,114	2,572,214	28	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	264,009	14,187,896	34,288,163	372	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	67,181	1,858,276	4,734,524	49	55.00
56.00	05600	RADIOLOGY-SOTOPE	20,406	710,563	1,080,817	12	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	212,875	578,338	7	59.00
60.00	06000	LABORATORY	263,563	5,604,411	58,515,003	697	60.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
1.00	2.00	4.00	5.01	5.02				
60.01	06001	TRANSPLANT IMMUNOLOGY	4,405	123,642	926,289	12	12	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,330	130,543	2,982,888	40	40	63.00
65.00	06500	RESPIRATORY THERAPY	27,529	1,004,268	25,822,724	248	248	65.00
66.00	06600	PHYSICAL THERAPY	61,942	229,795	23,539,739	291	291	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,187	10,149	5,514,395	68	68	67.00
68.00	06800	SPEECH PATHOLOGY	19,803	258,712	5,445,198	69	69	68.00
69.00	06900	ELECTROCARDIOLOGY	10,517	1,286,407	3,120,765	41	41	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,003	482,038	6,210,500	72	72	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	7,276	56,429	10,053,902	108	108	73.03
74.00	07400	RENAL DIALYSIS	39,906	250,384	4,521,919	46	46	74.00
76.00	03020	RH NBN ECMO IC	142	57,193	1,754,875	13	13	76.00
76.01	03140	CARDIOLOGY	5,844	703,593	991,480	11	11	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	25,308	3,719,246	42	42	76.02
76.03	03950	CARDIAC CATH	71,062	1,646,419	9,468,642	88	88	76.03
76.04	03951	DAY SURGERY	26,048	130,597	4,922,854	54	54	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	434	89,607	2,012,722	15	15	76.08
76.97	07697	CARDIAC REHABILITATION	10,109	89,713	803,528	10	10	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,085	0	314,955	4	4	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	20,193	58,639	717,562	13	13	90.01
90.02	09002	IUSCC HEM/ONC	137,055	529,817	17,894,910	217	217	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	96,860	512,575	9	9	90.03
90.04	09004	AMB SVC-PSYCH ADULT	5,961	175	675,023	11	11	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	16,037	112,891	2,144,717	26	26	90.06
90.07	09007	AMB SVC-RILEY CLINICS	49,082	367,903	6,819,609	83	83	90.07
90.08	09008	MOTILITY LAB	0	46,526	187,325	2	2	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	14,863	215,249	4,795,788	70	70	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	7,392	500,704	6	6	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	10,806	3,426	700,179	14	14	90.17
90.18	09016	DERMATOLOGY CLINIC	8,105	16,235	849,005	12	12	90.18
90.19	09017	INFUSION/HEM/ONC	0	2,702	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	3,362	1,616	54,724	1	1	90.21
90.22	09020	EATING DISORDERS CLINIC	0	65,533	1,379,748	18	18	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	16,046	35,312	1,356,412	21	21	90.23
90.24	09021	LIFE CARE CLINIC	11,137	3,850	1,080,135	29	29	90.24
91.00	09100	EMERGENCY	136,336	1,036,043	31,045,104	351	351	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	5,252,316	29,505,846	405	405	95.00
101.00	10100	HOME HEALTH AGENCY	32,303	341,141	23,454,772	292	292	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,927	6,132	3,607,123	40	40	105.00
106.00	10600	HEART ACQUISITION	463	229	462,175	4	4	106.00
107.00	10700	LIVER ACQUISITION	5,474	3,381	1,672,446	20	20	107.00
108.00	10800	LUNG ACQUISITION	667	412	466,005	5	5	108.00
109.00	10900	PANCREAS ACQUISITION	788	487	207,850	2	2	109.00
110.00	11000	INTESTINAL ACQUISITION	235	145	146,823	2	2	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	150,523	1	1	112.00
112.01	08601	POST TRANSPLANT EXPENSES	10,556	6,520	4,421,326	50	50	112.01
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
116.00	11600	HOSPICE	994	11,403	12,538,849	150	150	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,938,892	71,156,477	824,066,672	8,673	8,673	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	23,273	9,938	43,456	28	28	190.00
191.00	19100	RESEARCH	6,470	6,441	1,329,651	5	5	191.00
191.01	19101	RESEARCH-GCRC	561	28,014	4,095	0	0	191.01
191.02	19102	OSA	690	0	2,232,748	9	9	191.02
191.03	19103	RESEARCH ADMIN	0	0	525,719	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	36,736	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	201,118	145,206	10,840,976	156	156	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	383,696	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	842	0	130,925	1	1	192.05
192.06	19206	BELTWAY SURGERY	0	24,440	0	0	0	192.06
192.07	19207	RHI	0	0	213,979	4	4	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19210	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	501	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	76,956,836	88,100,676	132,543,359	76,483	92,320,910	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.756050	1.234413	0.157905	8.616832	10,401.184092	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			254,356	35,054	68,566	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000303	3.949301	7.724876	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: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet B-1	
Cost Center Description			PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES	254,121,366					5.03
5.04	00570	ADMITTING	0	5,999,196,410				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	12,103,093,811			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	333,424	0	0	-207,809,299	2,820,446,944	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,562	0	0	0	40,844,930	6.00
7.00	00700	OPERATION OF PLANT	31,997	0	0	0	53,653,396	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	129,848	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	5,530,562	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	5,405,501	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	9,224,435	9.03
9.04	00904	HOUSEKEEPING - SAXONY	684	0	0	0	1,202,057	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	1,046,163	9.05
10.00	01000	DIETARY	4	0	0	0	18,050,096	10.00
11.00	01100	CAFETERIA	0	0	0	0	4,555,107	11.00
13.00	01300	NURSING ADMINISTRATION	30,457	0	0	0	95,728,435	13.00
13.01	01851	PARAMED ED ADMINISTRATION	1,290	0	0	0	765,486	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	2,707,776	0	0	0	131,179,473	14.00
15.00	01500	PHARMACY	671,379	0	0	0	58,020,854	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	17,200,731	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	12,339,197	17.00
18.00	01850	PATIENT TRANSPORTATION	3,998	0	0	0	6,779,755	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	50,577,360	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	73,207,013	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	803,000	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	2,189,203	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	366,350	23.09
23.10	02310	PARAMED PHARMACY TECH	307	0	0	0	271,241	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,517,035	1,087,458,350	1,208,529,433	0	299,604,826	30.00
31.00	03100	INTENSIVE CARE UNIT	770,581	158,436,676	158,436,676	0	36,280,380	31.00
32.00	03200	CORONARY CARE UNIT	1,310,797	150,232,824	150,232,824	0	41,065,480	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	926,553	233,915,593	233,915,593	0	47,084,952	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	48,797	13,940,007	13,940,007	0	4,119,483	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	155,347	23,927,267	23,927,267	0	6,814,192	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	597,047	81,734,188	81,734,188	0	20,438,000	34.04
34.05	03404	TRANSPLANT ICU	98,002	17,800,802	17,800,802	0	4,422,334	34.05
34.06	03407	PEDS CANCER CARE	56,844	12,297,756	12,297,756	0	4,627,522	34.06
40.00	04000	SUBPROVIDER - I PF	11,753	15,368,454	15,368,454	0	5,886,020	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	7,415	10,714,789	10,714,789	0	2,710,908	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,336,222	727,525,654	1,220,927,912	0	140,083,665	50.00
50.01	05001	ENDOSCOPY	3,077,436	44,302,996	112,296,333	0	9,980,080	50.01
51.00	05100	RECOVERY ROOM	123,205	51,496,343	165,708,414	0	20,197,287	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	282,580	72,137,114	94,515,705	0	18,490,893	52.00
53.00	05300	ANESTHESIOLOGY	1,623,304	61,826,211	99,180,124	0	6,497,106	53.00
53.01	05301	PULMONARY FUNCTION TESTING	94,562	3,957,244	29,571,808	0	4,294,887	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,100,578	319,448,933	763,535,067	0	85,758,810	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	108,085	15,806,643	205,263,157	0	11,600,509	55.00
56.00	05600	RADIOISOTOPE	44,632	6,261,100	75,424,291	0	3,829,112	56.00
59.00	05900	CARDIAC CATHETERIZATION	733	2,524,660	4,577,192	0	1,367,245	59.00
60.00	06000	LABORATORY	53,070,886	266,434,703	563,323,553	0	58,154,312	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,804,999	3,777,541	21,027,362	0	2,446,922	60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,492,755	165,428,270	205,000,269	0	19,984,475	63.00
65.00	06500	RESPIRATORY THERAPY	5,132,729	192,998,809	197,446,022	0	49,427,666	65.00
66.00	06600	PHYSICAL THERAPY	233,363	50,722,637	109,595,423	0	37,128,685	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,139	21,389,036	26,798,511	0	8,038,651	67.00
68.00	06800	SPEECH PATHOLOGY	72,852	15,403,133	32,542,521	0	8,491,780	68.00
69.00	06900	ELECTROCARDIOLOGY	8,136	70,297,848	126,549,080	0	6,708,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	106,869	61,137,309	90,434,930	0	10,535,914	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,872,900	242,704,132	429,391,123	0	61,404,980	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,711,033	517,264,579	770,541,060	0	70,218,932	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	818,962,673	1,950,402,205	0	362,479,014	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	69,979	0	399,349,842	0	350,902,449	73.03
74.00	07400	RENAL DIALYSIS	207,139	27,044,941	40,833,731	0	9,927,276	74.00
76.00	03020	RH NBN ECMO IC	306,270	9,526,138	9,563,132	0	2,494,926	76.00
76.01	03140	CARDIOLOGY	387,887	11,100,161	69,553,172	0	3,513,065	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21,211	0	0	0	5,165,283	76.02
76.03	03950	CARDIAC CATH	2,499,356	79,297,775	225,798,851	0	16,056,860	76.03
76.04	03951	DAY SURGERY	377,485	683,837	27,642,628	0	7,990,997	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	9,344,315	9,344,315	0	2,849,660	76.08
76.97	07697	CARDIAC REHABILITATION	14,979	429,766	7,700,462	0	1,659,353	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	8,810,278	8,950,853	0	3,491,989	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	48,670	4,897	6,172,313	0	1,338,202	90.01
90.02	09002	IUSCC HEM/ONC	555,950	1,082,777	155,841,306	0	35,189,731	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	5,557	8,679	5,155,389	0	915,389	90.03
90.04	09004	AMB SVC-PSYCH ADULT	6,486	0	784,366	0	1,061,347	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	3,175	14,374,833	30,670,027	0	3,402,669	90.06
90.07	09007	AMB SVC-RILEY CLINICS	96,877	515,405	30,804,069	0	4,276,969	90.07
90.08	09008	MOTILITY LAB	8,151	34,576	1,104,594	0	449,828	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	211,202	1,284,011	40,252,085	0	6,943,128	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	1,956	0	8,006,279	0	853,530	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	8,310	7,271	1,274,150	0	1,404,366	90.17
90.18	09016	DERMATOLOGY CLINIC	22,328	10,034	7,765,946	0	1,226,619	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	3,960	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	1,461	1,007,318	0	142,765	90.21
90.22	09020	EATING DISORDERS CLINIC	21,278	0	3,408,802	0	2,692,542	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,395	6,495	1,815,384	0	3,102,067	90.23
90.24	09021	LIFE CARE CLINIC	1,556	1,775	1,088,047	0	1,785,673	90.24
91.00	09100	EMERGENCY	1,382,729	234,702,643	815,125,836	0	57,816,761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	562,932	42,010	525,609,884	0	67,941,344	95.00
101.00	10100	HOME HEALTH AGENCY	2,175,129	0	340,419,080	0	64,980,328	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	122,702	30,191,741	30,191,741	0	18,894,646	105.00
106.00	10600	HEART ACQUISITION	2	4,135,100	4,135,100	0	1,727,939	106.00
107.00	10700	LIVER ACQUISITION	65,136	22,567,480	22,567,480	0	14,039,484	107.00
108.00	10800	LUNG ACQUISITION	3	5,057,189	5,057,189	0	3,260,995	108.00
109.00	10900	PANCREAS ACQUISITION	18,065	131,804	131,804	0	1,618,058	109.00
110.00	11000	INTESTINAL ACQUISITION	6,760	1,164,744	1,164,744	0	912,324	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	261,979	112.00
112.01	08601	POST TRANSPLANT EXPENSES	123,676	0	0	0	6,612,661	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	84,349	0	43,854,041	0	22,122,030	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	254,008,727	5,999,196,410	12,103,093,811	-207,809,299	2,788,272,771	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	837,118	190.00
191.00	19100	RESEARCH	1,109	0	0	0	3,163,223	191.00
191.01	19101	RESEARCH-GCRC	18,800	0	0	0	86,598	191.01
191.02	19102	OSA	198	0	0	0	2,479,797	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	1,182,075	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,221,383	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	40,048	0	0	0	15,208,633	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	6,429,229	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	0	198,444	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	30,169	192.06
192.07	19207	RHI	52,484	0	0	0	329,109	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	8,395	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	22,360,124	17,914,836	58,264,848		207,809,299	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.087990	0.002986	0.004814		0.073680	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0		6,916,593	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		0.002452	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: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
		6.00	7.00	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600	4,355,555					6.00
7.00	00700	71,966	4,283,589				7.00
8.00	00800	927	927	4,874,590			8.00
9.00	00900	0	0	0	4,282,662		9.00
9.01	00901	0	0	0	0	1,047,954	9.01
9.02	00902	0	0	0	0	0	9.02
9.03	00903	0	0	0	0	0	9.03
9.04	00904	1,614	1,614	0	1,614	0	9.04
9.05	00905	2,012	2,012	0	2,012	0	9.05
10.00	01000	46,588	46,588	0	46,588	14,722	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	51,387	51,387	283	51,387	4,489	13.00
13.01	01851	26,054	26,054	0	26,054	0	13.01
14.00	01400	28,957	28,957	11,374	28,957	0	14.00
15.00	01500	55,751	55,751	0	55,751	22,663	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	10,420	10,420	0	10,420	146	17.00
18.00	01850	2,992	2,992	0	2,992	1,099	18.00
21.00	02100	5,035	5,035	0	5,035	440	21.00
22.00	02200	238,098	238,098	0	238,098	55,041	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	5,273	5,273	0	5,273	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	4,631	4,631	0	4,631	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	2,064	2,064	0	2,064	0	23.09
23.10	02310	2,344	2,344	0	2,344	0	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	909,467	909,467	2,509,324	909,467	212,543	30.00
31.00	03100	41,379	41,379	228,587	41,379	0	31.00
32.00	03200	49,107	49,107	59,631	49,107	18,990	32.00
32.01	03201	110,940	110,940	202,913	110,940	0	32.01
33.00	03300	15,034	15,034	59,992	15,034	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	23,752	23,752	10,417	23,752	23,604	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	39,384	39,384	111,116	39,384	0	34.04
34.05	03404	15,744	15,744	19,964	15,744	15,744	34.05
34.06	03407	38,309	38,309	51,204	38,309	0	34.06
40.00	04000	23,820	23,820	17,126	23,820	55	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	13,670	13,670	471	13,670	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	299,358	299,358	346,222	299,358	104,011	50.00
50.01	05001	22,869	22,869	9,482	22,869	15,427	50.01
51.00	05100	51,695	51,695	29,677	51,695	8,375	51.00
52.00	05200	30,326	30,326	71,703	30,326	0	52.00
53.00	05300	8,697	8,697	0	8,697	1,271	53.00
53.01	05301	20,833	20,833	455	20,833	4,029	53.01
54.00	05400	264,009	264,009	178,076	264,009	79,189	54.00
55.00	05500	67,181	67,181	15,626	67,181	25,432	55.00
56.00	05600	20,406	20,406	12,275	20,406	8,549	56.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	263,563	263,563	7	263,563	7,631	60.00
60.01	06001	4,405	4,405	0	4,405	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	3,330	3,330	0	3,330	842	63.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
			6.00	7.00	8.00	9.00	9.01	
65.00	06500	RESPIRATORY THERAPY	27,529	27,529	9	27,529	5,063	65.00
66.00	06600	PHYSICAL THERAPY	61,942	61,942	54,754	61,942	3,505	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,187	4,187	0	4,187	642	67.00
68.00	06800	SPEECH PATHOLOGY	19,803	19,803	0	19,803	4,701	68.00
69.00	06900	ELECTROCARDIOLOGY	10,517	10,517	1,894	10,517	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,003	31,003	3,809	31,003	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	7,276	7,276	0	7,276	0	73.03
74.00	07400	RENAL DIALYSIS	39,906	39,906	24,131	39,906	31,286	74.00
76.00	03020	RH NBN ECMO I C	142	142	0	142	0	76.00
76.01	03140	CARDIOLOGY	5,844	5,844	0	5,844	1,430	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	71,062	71,062	89,320	71,062	0	76.03
76.04	03951	DAY SURGERY	26,048	26,048	0	26,048	25,523	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	434	434	0	434	0	76.08
76.97	07697	CARDIAC REHABILITATION	10,109	10,109	0	10,109	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,085	2,085	0	2,085	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	20,193	20,193	0	20,193	20,193	90.01
90.02	09002	IUSCC HEM/ONC	137,055	137,055	7,761	137,055	109,674	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	5,961	5,961	0	5,961	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	16,037	16,037	0	16,037	14,076	90.06
90.07	09007	AMB SVC-RILEY CLINICS	49,082	49,082	31,758	49,082	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	14,863	14,863	23,478	14,863	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	10,806	10,806	0	10,806	10,806	90.17
90.18	09016	DERMATOLOGY CLINIC	8,105	8,105	0	8,105	8,105	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	3,362	3,362	1,512	3,362	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	16,046	16,046	11,928	16,046	16,046	90.23
90.24	09021	LIFE CARE CLINIC	11,137	11,137	0	11,137	0	90.24
91.00	09100	EMERGENCY	136,336	136,336	673,764	136,336	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	32,303	32,303	0	32,303	699	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,927	9,927	0	9,927	5,880	105.00
106.00	10600	HEART ACQUISITION	463	463	0	463	220	106.00
107.00	10700	LIVER ACQUISITION	5,474	5,474	0	5,474	3,242	107.00
108.00	10800	LUNG ACQUISITION	667	667	0	667	395	108.00
109.00	10900	PANCREAS ACQUISITION	788	788	0	788	467	109.00
110.00	11000	INTESTINAL ACQUISITION	235	235	0	235	139	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	10,556	10,556	0	10,556	6,253	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	994	994	0	994	667	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,701,668	3,629,702	4,870,043	3,628,775	893,304	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,273	23,273	0	23,273	2,143	190.00
191.00	19100	RESEARCH	6,470	6,470	0	6,470	439	191.00
191.01	19101	RESEARCH-GCRC	561	561	542	561	561	191.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
		6.00	7.00	8.00	9.00	9.01	
191.02	19102 OSA	690	690	0	690	0	191.02
191.03	19103 RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	36,736	36,736	0	36,736	0	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	201,118	201,118	4,005	201,118	8,414	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	383,696	383,696	0	383,696	143,093	192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205 IUH TIPTON	842	842	0	842	0	192.05
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207 RHI	0	0	0	0	0	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212 RADIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211 UNUSED SPACE	501	501	0	501	0	192.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	43,854,384	58,331,176	161,372	0	5,938,054	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.068610	13.617361	0.033105	0.000000	5.666331	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,484,834	1,943,482	16,588	0	13,561	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.340906	0.453704	0.003403	0.000000	0.012940	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: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
		9.02	9.03	9.04	9.05	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902	997,197					9.02
9.03	00903	0	1,573,485				9.03
9.04	00904	0	0	169,371			9.04
9.05	00905	0	0	0	94,855		9.05
10.00	01000	1,903	26,443	3,521	0	588,471	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	14,656	29,796	0	940	0	13.00
13.01	01851	0	10,702	0	0	0	13.01
14.00	01400	6,687	16,967	2,063	3,241	0	14.00
15.00	01500	8,482	15,477	7,568	1,561	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	3,010	4,718	0	2,545	0	17.00
18.00	01850	0	1,893	0	0	0	18.00
21.00	02100	2,794	1,801	0	0	0	21.00
22.00	02200	72,605	40,356	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	290	4,983	0	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	0	4,631	0	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	0	2,064	0	0	0	23.09
23.10	02310	0	2,344	0	0	0	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	212,166	455,140	29,618	0	505,267	30.00
31.00	03100	0	41,379	0	0	15,197	31.00
32.00	03200	8,723	21,394	0	0	14,233	32.00
32.01	03201	102,652	8,241	0	0	6,272	32.01
33.00	03300	15,034	0	0	0	4,558	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	0	148	0	0	1,423	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	39,384	0	0	0	3,651	34.04
34.05	03404	0	0	0	0	1,791	34.05
34.06	03407	38,309	0	0	0	4,817	34.06
40.00	04000	10,919	12,847	0	0	5,525	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	13,670	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	63,359	97,955	27,244	6,788	0	50.00
50.01	05001	0	6,475	0	0	0	50.01
51.00	05100	16,669	14,005	12,646	0	299	51.00
52.00	05200	30,326	0	0	0	3,567	52.00
53.00	05300	6,080	1,347	0	0	0	53.00
53.01	05301	7,289	9,193	322	0	0	53.01
54.00	05400	52,198	111,919	11,421	9,283	0	54.00
55.00	05500	0	36,864	0	4,885	0	55.00
56.00	05600	2,193	8,733	931	0	0	56.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	6,378	20,481	7,649	3,741	0	60.00
60.01	06001	0	4,405	0	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	518	1,970	0	0	0	63.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
			9.02	9.03	9.04	9.05	10.00	
65.00	06500	RESPIRATORY THERAPY	6,812	14,701	513	440	0	65.00
66.00	06600	PHYSICAL THERAPY	847	45,791	6,016	3,492	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,138	1,524	0	883	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,977	2,350	0	774	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,504	7,467	0	1,545	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,040	26,962	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	7,276	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	4,133	4,487	0	0	0	74.00
76.00	03020	RH NBN ECMO I C	142	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	4,414	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	3,332	46,108	21,621	0	631	76.03
76.04	03951	DAY SURGERY	0	525	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	434	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	7,065	3,044	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,384	702	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	61	18,094	0	7,235	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	5,961	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	1,961	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	49,082	0	0	0	2,313	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	7,138	0	4,473	3,252	163	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	3,362	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	11,137	0	0	0	90.24
91.00	09100	EMERGENCY	36,980	67,252	13,620	18,374	18,242	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	571	3,476	0	0	0	105.00
106.00	10600	HEART ACQUISITION	21	130	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	315	1,916	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	38	233	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	45	276	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	14	82	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	607	3,696	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	135	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	874,251	1,287,347	156,291	72,023	587,949	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,157	2,730	10,243	0	0	190.00
191.00	19100	RESEARCH	0	5,990	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	522	191.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (METHODIST SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
		9.02	9.03	9.04	9.05	10.00	
191.02	19102 OSA	465	226	0	0	0	191.02
191.03	19103 RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	13,904	0	22,832	0	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	4,554	187,060	0	0	0	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	109,770	76,228	1,995	0	0	192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205 IUH TIPTON	0	0	842	0	0	192.05
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207 RHI	0	0	0	0	0	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212 RADIOLOGY	0	0	0	0	0	192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	192.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,803,778	9,904,091	1,328,854	1,170,900	20,772,072	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.820092	6.294366	7.845818	12.344104	35.298378	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	13,254	22,618	31,824	51,613	1,297,365	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.013291	0.014374	0.187895	0.544125	2.204637	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: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATIVE (DIRECT NURSING HR)	PARAMED ADMINISTRATIVE (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
			11.00	13.00	13.01	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	8,317					11.00
13.00	01300	NURSING ADMINISTRATION	249	3,417				13.00
13.01	01851	PARAMED ADMINISTRATION	2	0	4,712,146			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1	0	0	251,012,172		14.00
15.00	01500	PHARMACY	348	0	0	671,379	360,019,420	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	71	0	0	0	1,654	17.00
18.00	01850	PATIENT TRANSPORTATION	58	0	0	3,998	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	9	0	548,742	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	20	0	1,665,373	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	3	0	284,977	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	2	0	197,494	307	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,459	1,214	0	5,517,035	1,500,471	30.00
31.00	03100	INTENSIVE CARE UNIT	147	141	0	770,581	218,274	31.00
32.00	03200	CORONARY CARE UNIT	205	197	0	1,310,797	609,243	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	255	250	0	926,553	373,429	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	24	23	0	48,797	11,684	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	28	24	0	155,347	97,143	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	128	116	0	597,047	244,688	34.04
34.05	03404	TRANSPLANT ICU	17	17	0	98,002	61,808	34.05
34.06	03407	PEDS CANCER CARE	27	26	0	56,844	38,759	34.06
40.00	04000	SUBPROVIDER - IPF	38	25	0	11,753	598	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	17	15	0	7,415	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	507	211	0	42,336,222	660,129	50.00
50.01	05001	ENDOSCOPY	29	24	0	3,077,436	17,288	50.01
51.00	05100	RECOVERY ROOM	102	92	0	123,205	76,898	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	99	80	0	282,580	114,005	52.00
53.00	05300	ANESTHESIOLOGY	18	12	0	1,623,304	761,695	53.00
53.01	05301	PULMONARY FUNCTION TESTING	28	5	0	94,562	648	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	372	67	859,710	5,100,578	775,110	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	49	8	0	108,085	2,311	55.00
56.00	05600	RADIOISOTOPE	12	0	0	44,632	18,271	56.00
59.00	05900	CARDIAC CATHETERIZATION	7	0	0	733	8,754	59.00
60.00	06000	LABORATORY	697	10	405,822	53,070,886	891,687	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	12	0	0	1,804,999	146	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATIVE (DIRECT NRSING HR)	PARAMED ADMINISTRATIVE (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
			11.00	13.00	13.01	14.00	15.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	40	0	0	4,492,755	27,004	63.00
65.00	06500	RESPIRATORY THERAPY	248	0	750,028	5,132,729	1,977	65.00
66.00	06600	PHYSICAL THERAPY	291	5	0	233,363	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	68	0	0	7,139	0	67.00
68.00	06800	SPEECH PATHOLOGY	69	5	0	72,852	149	68.00
69.00	06900	ELECTROCARDIOLOGY	41	4	0	8,136	11,943	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	72	0	0	106,869	14	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	53,872,900	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	59,711,033	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	350,643,805	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	108	0	0	69,979	0	73.03
74.00	07400	RENAL DIALYSIS	46	37	0	207,139	26,046	74.00
76.00	03020	RH NBN ECMO IC	13	13	0	306,270	10,168	76.00
76.01	03140	CARDIOLOGY	11	6	0	387,887	34,292	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	42	18	0	21,211	6,330	76.02
76.03	03950	CARDIAC CATH	88	53	0	2,499,356	236,227	76.03
76.04	03951	DAY SURGERY	54	48	0	377,485	121,863	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	15	7	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	10	4	0	14,979	359	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4	3	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	13	5	0	48,670	135	90.01
90.02	09002	IUSCC HEM/ONC	217	119	0	555,950	714,765	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	9	1	0	5,557	812	90.03
90.04	09004	AMB SVC-PSYCH ADULT	11	1	0	6,486	6	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	26	8	0	3,175	474	90.06
90.07	09007	AMB SVC-RILEY CLINICS	83	44	0	96,877	88,959	90.07
90.08	09008	MOTILITY LAB	2	2	0	8,151	44	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	70	3	0	211,202	719	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	6	3	0	1,956	21,882	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	14	3	0	8,310	114	90.17
90.18	09016	DERMATOLOGY CLINIC	12	7	0	22,328	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	1	1	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	18	0	0	21,278	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	21	10	0	1,395	29	90.23
90.24	09021	LIFE CARE CLINIC	29	4	0	1,556	500	90.24
91.00	09100	EMERGENCY	351	233	0	1,382,729	934,446	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	405	42	0	562,932	85,174	95.00
101.00	10100	HOME HEALTH AGENCY	292	59	0	2,175,129	350,397	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	40	1	0	122,702	719	105.00
106.00	10600	HEART ACQUISITION	4	1	0	2	0	106.00
107.00	10700	LIVER ACQUISITION	20	0	0	65,136	197,928	107.00
108.00	10800	LUNG ACQUISITION	5	0	0	3	0	108.00
109.00	10900	PANCREAS ACQUISITION	2	0	0	18,065	180	109.00
110.00	11000	INTESTINAL ACQUISITION	2	0	0	6,760	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	1	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	50	0	0	123,676	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	150	63	0	84,349	2,527	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,114	3,370	4,712,146	250,899,533	360,004,680	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
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To 12/31/2022

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Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATIVE (DIRECT NRSING HR)	PARAMED ADMINISTRATIVE (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
		11.00	13.00	13.01	14.00	15.00	
191.00	19100 RESEARCH	5	0	0	1,109	0	191.00
191.01	19101 RESEARCH-GCRC	0	0	0	18,800	9,722	191.01
191.02	19102 OSA	9	4	0	198	0	191.02
191.03	19103 RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	156	43	0	40,048	5,018	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205 IUH TIPTON	1	0	0	0	0	192.05
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207 RHI	4	0	0	52,484	0	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212 CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	192.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,890,727	104,455,173	1,507,540	141,733,526	64,553,924	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	588.039798	30,569.263389	0.319926	0.564648	0.179307	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	11,169	5,338,799	464,504	933,534	2,983,276	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.342912	1,562.422886	0.098576	0.003719	0.008286	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: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
			PATIENT TRANSPORTATION (GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	16.00	17.00	18.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00590 PURCHASING, RECEIVING & STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING - UNIVERSITY						9.01
9.02 00902 HOUSEKEEPING - RILEY						9.02
9.03 00903 HOUSEKEEPING - METHODIST						9.03
9.04 00904 HOUSEKEEPING - SAXONY						9.04
9.05 00905 HOUSEKEEPING - MORGAN						9.05
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
13.01 01851 PARAMED ED ADMINISTRATION						13.01
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	12,103,093.81					16.00
17.00 01700 SOCIAL SERVICE	0	351,035				17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	12,103,093.81			18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	59,863		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	59,863	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
23.01 02301 PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03 02303 PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04 02304 PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05 02312 PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06 02306 PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07 02307 PARAMED PHARMACY	0	0	0	0	0	23.07
23.08 02308 PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09 02309 PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10 02310 PARAMED PHARMACY TECH	0	0	0	0	0	23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,208,529,433	244,280	1,208,529,433	26,427	26,427	30.00
31.00 03100 INTENSIVE CARE UNIT	158,436,676	20,467	158,436,676	2,400	2,400	31.00
32.00 03200 CORONARY CARE UNIT	150,232,824	20,143	150,232,824	543	543	32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	233,915,593	33,662	233,915,593	530	530	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	13,940,007	2,149	13,940,007	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02 03401 UH SURG 61C	23,927,267	3,229	23,927,267	137	137	34.02
34.03 03402 UH NS 31C	0	0	0	0	0	34.03
34.04 03403 RH PEDIC	81,734,188	11,087	81,734,188	765	765	34.04
34.05 03404 TRANSPLANT ICU	17,800,802	2,197	17,800,802	86	86	34.05
34.06 03407 PEDS CANCER CARE	12,297,756	3,431	12,297,756	0	0	34.06
40.00 04000 SUBPROVIDER - I/PF	15,368,454	4,963	15,368,454	133	133	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
43.00 04300 NURSERY	10,714,789	5,427	10,714,789	35	35	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,220,927,912	0	1,220,927,912	4,717	4,717	50.00
50.01 05001 ENDOSCOPY	112,296,333	0	112,296,333	0	0	50.01
51.00 05100 RECOVERY ROOM	165,708,414	0	165,708,414	235	235	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	94,515,705	0	94,515,705	0	0	52.00
53.00 05300 ANESTHESIOLOGY	99,180,124	0	99,180,124	4,390	4,390	53.00
53.01 05301 PULMONARY FUNCTION TESTING	29,571,808	0	29,571,808	261	261	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	763,535,067	0	763,535,067	3,597	3,597	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	205,263,157	0	205,263,157	27	27	55.00
56.00 05600 RADIOISOTOPE	75,424,291	0	75,424,291	0	0	56.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
			PATIENT TRANSPORTATION (GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	18.00	
59.00 05900 CARDIAC CATHETERIZATION LABORATORY	4,577,192	0	4,577,192	116	116	59.00
60.00 06000 TRANSPLANT IMMUNOLOGY	563,323,553	0	563,323,553	2,070	2,070	60.00
60.01 06001 BONE MARROW TRANSPLANT LAB	21,027,362	0	21,027,362	0	0	60.01
60.02 06002 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	60.02
63.00 06300 RESPIRATORY THERAPY	205,000,269	0	205,000,269	22	22	63.00
65.00 06500 PHYSICAL THERAPY	197,446,022	0	197,446,022	17	17	65.00
66.00 06600 OCCUPATIONAL THERAPY	109,595,423	0	109,595,423	33	33	66.00
67.00 06700 SPEECH PATHOLOGY	26,798,511	0	26,798,511	25	25	67.00
68.00 06800 ELECTROCARDIOLOGY	32,542,521	0	32,542,521	0	0	68.00
69.00 06900 ELECTROENCEPHALOGRAPHY	126,549,080	0	126,549,080	586	586	69.00
70.00 07000 MEDICAL SUPPLIES CHARGED TO PATIENT	90,434,930	0	90,434,930	1,054	1,054	70.00
71.00 07100 IMPL. DEV. CHARGED TO PATIENTS	429,391,123	0	429,391,123	0	0	71.00
72.00 07200 DRUGS CHARGED TO PATIENTS	770,541,060	0	770,541,060	0	0	72.00
73.00 07300 OUTPATIENT RETAIL PHARMACY	1,950,402,205	0	1,950,402,205	0	0	73.00
73.03 07303 RENAL DIALYSIS	399,349,842	0	399,349,842	0	0	73.03
74.00 07400 RH NBN ECMO IC	40,833,731	0	40,833,731	218	218	74.00
76.00 03020 CARDIOLOGY	9,563,132	0	9,563,132	0	0	76.00
76.01 03140 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	69,553,172	0	69,553,172	1,021	1,021	76.01
76.02 03550 CARDIAC CATH	0	0	0	0	0	76.02
76.03 03950 DAY SURGERY	225,798,851	0	225,798,851	0	0	76.03
76.04 03951 ONCOLOGY	27,642,628	0	27,642,628	0	0	76.04
76.05 03480 DAY SURGERY-RILEY	0	0	0	0	0	76.05
76.06 03952 CARDIOLOGY-RILEY	0	0	0	0	0	76.06
76.07 03953 ECMO-ADULT	0	0	0	0	0	76.07
76.08 03954 CARDIAC REHABILITATION	9,344,315	0	9,344,315	0	0	76.08
76.97 07697 ALLOGENEIC STEM CELL ACQUISITION	7,700,462	0	7,700,462	0	0	76.97
77.00 07700 OUTPATIENT SERVICE COST CENTERS	8,950,853	0	8,950,853	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 AMB SVC-OB & GYN	6,172,313	0	6,172,313	199	199	90.01
90.02 09002 IUSCC HEM/ONC	155,841,306	0	155,841,306	188	188	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	5,155,389	0	5,155,389	0	0	90.03
90.04 09004 AMB SVC-PSYCH ADULT	784,366	0	784,366	63	63	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06 09006 OUTPATIENT SURGERY	30,670,027	0	30,670,027	0	0	90.06
90.07 09007 AMB SVC-RILEY CLINICS	30,804,069	0	30,804,069	259	259	90.07
90.08 09008 MOTILITY LAB	1,104,594	0	1,104,594	0	0	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10 09010 CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11 09023 SLEEP LAB	40,252,085	0	40,252,085	10	10	90.11
90.12 09024 OP CARE ADULTS	0	0	0	218	218	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14 09012 INFUSION CLINIC	8,006,279	0	8,006,279	152	152	90.14
90.15 09013 NEUROLOGY UH	0	0	0	0	0	90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17 09015 PHYSICAL MEDICINE	1,274,150	0	1,274,150	0	0	90.17
90.18 09016 DERMATOLOGY CLINIC	7,765,946	0	7,765,946	142	142	90.18
90.19 09017 INFUSION/HEM/ONC	0	0	0	878	878	90.19
90.20 09025 IUMG - MH	0	0	0	35	35	90.20
90.21 09019 OP REHAB CLINIC	1,007,318	0	1,007,318	131	131	90.21
90.22 09020 EATING DISORDERS CLINIC	3,408,802	0	3,408,802	0	0	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	1,815,384	0	1,815,384	0	0	90.23
90.24 09021 LIFE CARE CLINIC	1,088,047	0	1,088,047	0	0	90.24
91.00 09100 EMERGENCY	815,125,836	0	815,125,836	4,960	4,960	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	525,609,884	0	525,609,884	0	0	95.00
101.00 10100 HOME HEALTH AGENCY	340,419,080	0	340,419,080	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	30,191,741	0	30,191,741	0	0	105.00
106.00 10600 HEART ACQUISITION	4,135,100	0	4,135,100	0	0	106.00
107.00 10700 LIVER ACQUISITION	22,567,480	0	22,567,480	101	101	107.00
108.00 10800 LUNG ACQUISITION	5,057,189	0	5,057,189	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	131,804	0	131,804	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	1,164,744	0	1,164,744	0	0	110.00
112.00 08600 OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
					PATIENT TRANSPORTATION (GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	18.00	21.00	22.00	
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	43,854,041	0	43,854,041			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,103,093,811	351,035	12,103,093,811	56,781	56,781	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	3,048	3,048	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	34	34	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	18,468,081	13,616,663	7,404,660	54,453,248	85,228,952	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001526	38.790044	0.000612	909.631124	1,423.733391	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	42,176	217,031	103,130	212,452	4,360,538	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000003	0.618260	0.000009	3.548970	72.841956	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

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Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-MET HODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
9.03	00903						9.03
9.04	00904						9.04
9.05	00905						9.05
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
13.01	01851						13.01
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
18.00	01850						18.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300	0					23.00
23.01	02301		0				23.01
23.02	02302			100			23.02
23.03	02303				100		23.03
23.04	02304					0	23.04
23.05	02312						23.05
23.06	02306						23.06
23.07	02307						23.07
23.08	02308						23.08
23.09	02309						23.09
23.10	02310						23.10
23.11	02311						23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
32.01	03201	0	0	0	0	0	32.01
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	0	0	0	0	0	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	0	0	0	0	0	34.04
34.05	03404	0	0	0	0	0	34.05
34.06	03407	0	0	0	0	0	34.06
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	0	0	0	0	0	53.01
54.00	05400	0	0	100	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
60.02	06002	0	0	0	0	0	60.02

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Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METRODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	23.04	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	100	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	0	76.03
76.04	03951	DAY SURGERY	0	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	100	100	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-MET HODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	23.04	
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102 OSA	0	0	0	0	0	191.02
191.03	19103 RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205 IUH TIPTON	0	0	0	0	0	192.05
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207 RHI	0	0	0	0	0	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212 CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	192.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
		23.05	23.06	23.07	23.08	23.09	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01
9.02	00902	HOUSEKEEPING - RILEY					9.02
9.03	00903	HOUSEKEEPING - METHODIST					9.03
9.04	00904	HOUSEKEEPING - SAXONY					9.04
9.05	00905	HOUSEKEEPING - MORGAN					9.05
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01851	PARAMED ADMINISTRATION					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PATIENT TRANSPORTATION					18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED PRGM					23.00
23.01	02301	PARAMED HEALTH SCIENCES					23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST					23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					23.03
23.04	02304	PARAMED EMERGENCY					23.04
23.05	02312	PARAMED PASTORAL EDUCATION	351,035				23.05
23.06	02306	PARAMED LAB SCIENCE PRO		100			23.06
23.07	02307	PARAMED PHARMACY			360,017,766		23.07
23.08	02308	PARAMED MEDICAL ASSIST				0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					23.09
23.10	02310	PARAMED PHARMACY TECH				100	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY					23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	244,280	0	1,500,471	0	30.00
31.00	03100	INTENSIVE CARE UNIT	20,467	0	218,274	0	31.00
32.00	03200	CORONARY CARE UNIT	20,143	0	609,243	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	33,662	0	373,429	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,149	0	11,684	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	3,229	0	97,143	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PEDIC	11,087	0	244,688	0	34.04
34.05	03404	TRANSPLANT ICU	2,197	0	61,808	0	34.05
34.06	03407	PEDS CANCER CARE	3,431	0	38,759	0	34.06
40.00	04000	SUBPROVIDER - I PF	4,963	0	598	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	5,427	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	660,129	0	100
50.01	05001	ENDOSCOPY	0	0	17,288	0	0
51.00	05100	RECOVERY ROOM	0	0	76,898	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	114,005	0	0
53.00	05300	ANESTHESIOLOGY	0	0	761,695	0	0
53.01	05301	PULMONARY FUNCTION TESTING	0	0	648	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	775,110	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,311	0	0
56.00	05600	RADIO SOTOPE	0	0	18,271	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	8,754	0	0
60.00	06000	LABORATORY	0	100	891,687	0	0
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	146	0	0
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
		23.05	23.06	23.07	23.08	23.09	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	27,004	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,977	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	149	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	11,943	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	14	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	350,643,805	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	26,046	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	10,168	0	76.00
76.01	03140	CARDIOLOGY	0	0	34,292	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	6,330	0	76.02
76.03	03950	CARDIAC CATH	0	0	236,227	0	76.03
76.04	03951	DAY SURGERY	0	0	121,863	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	359	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	135	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	714,765	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	812	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	6	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	474	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	88,959	0	90.07
90.08	09008	MOTILITY LAB	0	0	44	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	719	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	21,882	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	114	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	29	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	500	0	90.24
91.00	09100	EMERGENCY	0	0	934,446	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	85,174	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	350,397	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	719	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	197,928	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	180	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	2,527	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	351,035	100	360,003,026	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
		23.05	23.06	23.07	23.08	23.09	
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 RESEARCH-GCRC	0	0	9,722	0	0	191.01
191.02	19102 OSA	0	0	0	0	0	191.02
191.03	19103 RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	0	0	5,018	0	0	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205 IUH TIPTON	0	0	0	0	0	192.05
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207 RHI	0	0	0	0	0	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212 CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	192.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,200,963	0	3,033,901	0	548,159	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.421206	0.000000	0.008427	0.000000	5,481.590000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	148,959	0	251,594	0	65,360	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.424342	0.000000	0.000699	0.000000	653.600000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
		23.10	23.11	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00590	PURCHASING, RECEIVING & STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY		9.01
9.02	00902	HOUSEKEEPING - RILEY		9.02
9.03	00903	HOUSEKEEPING - METHODIST		9.03
9.04	00904	HOUSEKEEPING - SAXONY		9.04
9.05	00905	HOUSEKEEPING - MORGAN		9.05
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
13.01	01851	PARAMED ED ADMINISTRATION		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY		23.03
23.04	02304	PARAMED EMERGENCY		23.04
23.05	02312	PARAMED PASTORAL EDUCATION		23.05
23.06	02306	PARAMED LAB SCIENCE PRO		23.06
23.07	02307	PARAMED PHARMACY		23.07
23.08	02308	PARAMED MEDICAL ASSIST		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY		23.09
23.10	02310	PARAMED PHARMACY TECH	100	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY		23.11
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401	UH SURG 61C	0	34.02
34.03	03402	UH NS 31C	0	34.03
34.04	03403	RH PEDIC	0	34.04
34.05	03404	TRANSPLANT ICU	0	34.05
34.06	03407	PEDS CANCER CARE	0	34.06
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ENDOSCOPY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	60.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)		
		23.10	23.11		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	76.03
76.04	03951	DAY SURGERY	0	0	76.04
76.05	03480	ONCOLOGY	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	90.10
90.11	09023	SLEEP LAB	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	90.19
90.20	09025	IUMG - MH	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	90.24
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

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Cost Center Description		PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
		23.10	23.11	
191.00	19100 RESEARCH	0	0	191.00
191.01	19101 RESEARCH-GCRC	0	0	191.01
191.02	19102 OSA	0	0	191.02
191.03	19103 RESEARCH ADMIN	0	0	191.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	0	0	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	0	192.03
192.04	19204 MHH RADIOLOGY	0	0	192.04
192.05	19205 IUH TIPTON	0	0	192.05
192.06	19206 BELTWAY SURGERY	0	0	192.06
192.07	19207 RHI	0	0	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	192.09
192.10	19212 CARDIO PHYSICIANS	0	0	192.10
192.11	19211 UNUSED SPACE	0	0	192.11
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	426,032	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4,260.320000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	61,386	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	613.860000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2023 7:38 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance			Total Costs
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	420,936,959		420,936,959	0	420,936,959	30.00
31.00	03100	INTENSIVE CARE UNIT	46,813,538		46,813,538	0	46,813,538	31.00
32.00	03200	CORONARY CARE UNIT	54,220,409		54,220,409	0	54,220,409	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	64,365,890		64,365,890	0	64,365,890	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	5,896,943		5,896,943	0	5,896,943	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.02	03401	UH SURG 6IC	9,107,643		9,107,643	0	9,107,643	34.02
34.03	03402	UH NS 3IC	0		0	0	0	34.03
34.04	03403	RH PED IC	27,885,595		27,885,595	0	27,885,595	34.04
34.05	03404	TRANSPLANT ICU	6,001,586		6,001,586	0	6,001,586	34.05
34.06	03407	PEDS CANCER CARE	7,291,723		7,291,723	0	7,291,723	34.06
40.00	04000	SUBPROVIDER - I PF	8,259,896		8,259,896	0	8,259,896	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	4,038,724		4,038,724	0	4,038,724	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	193,315,046		193,315,046	0	193,315,046	50.00
50.01	05001	ENDOSCOPY	14,117,288		14,117,288	0	14,117,288	50.01
51.00	05100	RECOVERY ROOM	26,563,887		26,563,887	0	26,563,887	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,763,179		23,763,179	0	23,763,179	52.00
53.00	05300	ANESTHESIOLOGY	8,881,931		8,881,931	0	8,881,931	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,516,492		5,516,492	0	5,516,492	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	107,197,808		107,197,808	0	107,197,808	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,257,126		15,257,126	0	15,257,126	55.00
56.00	05600	RADIO SOTOPE	4,915,404		4,915,404	0	4,915,404	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,483,944		1,483,944	0	1,483,944	59.00
60.00	06000	LABORATORY	101,180,882		101,180,882	0	101,180,882	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,830,503		3,830,503	0	3,830,503	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,559,698		24,559,698	0	24,559,698	63.00
65.00	06500	RESPIRATORY THERAPY	57,598,354	0	57,598,354	0	57,598,354	65.00
66.00	06600	PHYSICAL THERAPY	42,426,667	0	42,426,667	0	42,426,667	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,862,180	0	8,862,180	0	8,862,180	67.00
68.00	06800	SPEECH PATHOLOGY	10,011,359	0	10,011,359	0	10,011,359	68.00
69.00	06900	ELECTROCARDIOLOGY	7,950,415		7,950,415	0	7,950,415	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,535,919		12,535,919	0	12,535,919	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	97,266,562		97,266,562	0	97,266,562	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	110,755,806		110,755,806	0	110,755,806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	459,605,274		459,605,274	0	459,605,274	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	377,931,910		377,931,910	0	377,931,910	73.03
74.00	07400	RENAL DIALYSIS	13,201,568		13,201,568	0	13,201,568	74.00
76.00	03020	RH NBN ECMO IC	3,283,277		3,283,277	0	3,283,277	76.00
76.01	03140	CARDIOLOGY	4,508,169		4,508,169	0	4,508,169	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,133,971		6,133,971	0	6,133,971	76.02
76.03	03950	CARDIAC CATH	23,037,861		23,037,861	0	23,037,861	76.03
76.04	03951	DAY SURGERY	11,138,876		11,138,876	0	11,138,876	76.04
76.05	03480	ONCOLOGY	0		0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0		0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0		0	0	0	76.07
76.08	03954	ECMO-ADULT	3,315,419		3,315,419	0	3,315,419	76.08
76.97	07697	CARDIAC REHABILITATION	2,267,208		2,267,208	0	2,267,208	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	3,924,335		3,924,335	0	3,924,335	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,230,704		2,230,704	0	2,230,704	90.01
90.02	09002	IUSCC HEM/ONC	46,400,688		46,400,688	0	46,400,688	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	1,033,009		1,033,009	0	1,033,009	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,360,637		1,360,637	0	1,360,637	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,452,629		4,452,629	0	4,452,629	90.06
90.07	09007	AMB SVC-RILEY CLINICS	7,654,125		7,654,125	0	7,654,125	90.07
90.08	09008	MOTILITY LAB	552,258		552,258	0	552,258	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0		0	0	0	90.10
90.11	09023	SLEEP LAB	8,268,375		8,268,375	0	8,268,375	90.11
90.12	09024	OP CARE ADULTS	0		0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0		0	0	0	90.13
90.14	09012	INFUSION CLINIC	1,033,984		1,033,984	0	1,033,984	90.14
90.15	09013	NEUROLOGY UH	0		0	0	0	90.15

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII		Hospital		PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
90.16	09014	ORTHOPEDICS UH	0		0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,932,398		1,932,398	0	0	1,932,398	90.17
90.18	09016	DERMATOLOGY CLINIC	1,805,149		1,805,149	0	0	1,805,149	90.18
90.19	09017	INFUSION/HEM/ONC	4,252		4,252	0	0	4,252	90.19
90.20	09025	IUMG - MH	0		0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	285,844		285,844	0	0	285,844	90.21
90.22	09020	EATING DISORDERS CLINIC	2,920,816		2,920,816	0	0	2,920,816	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	4,124,725		4,124,725	0	0	4,124,725	90.23
90.24	09021	LIFE CARE CLINIC	2,393,761		2,393,761	0	0	2,393,761	90.24
91.00	09100	EMERGENCY	76,972,338		76,972,338	1,942,600	0	78,914,938	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	25,933,606		25,933,606	0	0	25,933,606	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	75,926,929		75,926,929	0	0	75,926,929	95.00
101.00	10100	HOME HEALTH AGENCY	74,534,243		74,534,243	0	0	74,534,243	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	20,768,514		20,768,514	0	0	20,768,514	105.00
106.00	10600	HEART ACQUISITION	1,910,171		1,910,171	0	0	1,910,171	106.00
107.00	10700	LIVER ACQUISITION	15,369,780		15,369,780	0	0	15,369,780	107.00
108.00	10800	LUNG ACQUISITION	3,534,744		3,534,744	0	0	3,534,744	108.00
109.00	10900	PANCREAS ACQUISITION	1,772,278		1,772,278	0	0	1,772,278	109.00
110.00	11000	INTESTINAL ACQUISITION	993,978		993,978	0	0	993,978	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	281,870		281,870	0	0	281,870	112.00
112.01	08601	POST TRANSPLANT EXPENSES	7,511,375		7,511,375	0	0	7,511,375	112.01
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
116.00	11600	HOSPICE	25,936,085		25,936,085	0	0	25,936,085	116.00
200.00		Subtotal (see instructions)	2,859,056,489	0	2,859,056,489	1,942,600	0	2,860,999,089	200.00
201.00		Less Observation Beds	25,933,606		25,933,606	0	0	25,933,606	201.00
202.00		Total (see instructions)	2,833,122,883	0	2,833,122,883	1,942,600	0	2,835,065,483	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/26/2023 7:38 am		
				Title XVIII	Hospital	PPS		
Cost Center Description	Charges			Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient						
	6.00	7.00	8.00					
9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,085,633,670		1,085,633,670			30.00
31.00	03100	INTENSIVE CARE UNIT	158,436,676		158,436,676			31.00
32.00	03200	CORONARY CARE UNIT	150,232,824		150,232,824			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	233,915,593		233,915,593			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	13,940,007		13,940,007			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.02	03401	UH SURG 6IC	23,927,267		23,927,267			34.02
34.03	03402	UH NS 3IC	0		0			34.03
34.04	03403	RH PED IC	81,734,188		81,734,188			34.04
34.05	03404	TRANSPLANT ICU	17,800,802		17,800,802			34.05
34.06	03407	PEDS CANCER CARE	12,297,756		12,297,756			34.06
40.00	04000	SUBPROVIDER - I PF	15,368,454		15,368,454			40.00
41.00	04100	SUBPROVIDER - I RF	0		0			41.00
43.00	04300	NURSERY	10,714,789		10,714,789			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	727,525,654	493,402,258	1,220,927,912	0.158335	0.000000	50.00
50.01	05001	ENDOSCOPY	44,302,996	67,993,337	112,296,333	0.125715	0.000000	50.01
51.00	05100	RECOVERY ROOM	51,496,343	114,212,071	165,708,414	0.160305	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	72,137,114	22,378,591	94,515,705	0.251420	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	61,826,211	37,353,913	99,180,124	0.089554	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,957,244	25,614,564	29,571,808	0.186546	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	319,448,933	444,086,134	763,535,067	0.140397	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,806,643	189,456,514	205,263,157	0.074330	0.000000	55.00
56.00	05600	RADIOISOTOPE	6,261,100	69,163,191	75,424,291	0.065170	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,524,660	2,052,532	4,577,192	0.324204	0.000000	59.00
60.00	06000	LABORATORY	266,434,703	296,888,850	563,323,553	0.179614	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,777,541	17,249,821	21,027,362	0.182168	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0.000000	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	165,428,270	39,571,999	205,000,269	0.119803	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	192,998,809	4,447,213	197,446,022	0.291717	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	50,722,637	58,872,786	109,595,423	0.387121	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,389,036	5,409,475	26,798,511	0.330697	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	15,403,133	17,139,388	32,542,521	0.307639	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	70,297,848	56,251,232	126,549,080	0.062825	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61,137,309	29,297,621	90,434,930	0.138618	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	242,704,132	186,686,991	429,391,123	0.226522	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	517,264,579	253,276,481	770,541,060	0.143738	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	818,962,673	1,131,439,532	1,950,402,205	0.235646	0.000000	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	399,349,842	399,349,842	0.946368	0.000000	73.03
74.00	07400	RENAL DIALYSIS	27,044,941	13,788,790	40,833,731	0.323301	0.000000	74.00
76.00	03020	RH NBN ECMO IC	9,526,138	36,994	9,563,132	0.343327	0.000000	76.00
76.01	03140	CARDIOLOGY	11,100,161	58,453,011	69,553,172	0.064816	0.000000	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	76.02
76.03	03950	CARDIAC CATH	79,297,775	146,501,076	225,798,851	0.102028	0.000000	76.03
76.04	03951	DAY SURGERY	683,837	26,958,791	27,642,628	0.402960	0.000000	76.04
76.05	03480	ONCOLOGY	0	0	0	0.000000	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0.000000	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0.000000	0.000000	76.07
76.08	03954	ECMO-ADULT	9,344,315	0	9,344,315	0.354806	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	429,766	7,270,696	7,700,462	0.294425	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	8,810,278	140,575	8,950,853	0.438431	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	4,897	6,167,416	6,172,313	0.361405	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	1,082,777	154,758,529	155,841,306	0.297743	0.000000	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	8,679	5,146,710	5,155,389	0.200375	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	784,366	784,366	1.734697	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	14,374,833	16,295,194	30,670,027	0.145179	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	515,405	30,288,664	30,804,069	0.248478	0.000000	90.07
90.08	09008	MOTILITY LAB	34,576	1,070,018	1,104,594	0.499965	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0.000000	0.000000	90.10
90.11	09023	SLEEP LAB	1,284,011	38,968,074	40,252,085	0.205415	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0.000000	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09012	INFUSION CLINIC	0	8,006,279	8,006,279	0.129147	0.000000	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0.000000	0.000000	90.16

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2023 7:38 am

			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	
90.17	09015	PHYSICAL MEDICINE	7,271	1,266,879	1,274,150	1.516617	0.000000	90.17
90.18	09016	DERMATOLOGY CLINIC	10,034	7,755,912	7,765,946	0.232444	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0.000000	0.000000	90.19
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20
90.21	09019	OP REHAB CLINIC	1,461	1,005,857	1,007,318	0.283767	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	3,408,802	3,408,802	0.856845	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	6,495	1,808,889	1,815,384	2.272095	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	1,775	1,086,272	1,088,047	2.200053	0.000000	90.24
91.00	09100	EMERGENCY	234,702,643	580,423,193	815,125,836	0.094430	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,824,680	121,071,083	122,895,763	0.211021	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	42,010	525,567,874	525,609,884	0.144455	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	340,419,080	340,419,080			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	30,191,741	0	30,191,741			105.00
106.00	10600	HEART ACQUISITION	4,135,100	0	4,135,100			106.00
107.00	10700	LIVER ACQUISITION	22,567,480	0	22,567,480			107.00
108.00	10800	LUNG ACQUISITION	5,057,189	0	5,057,189			108.00
109.00	10900	PANCREAS ACQUISITION	131,804	0	131,804			109.00
110.00	11000	INTESTINAL ACQUISITION	1,164,744	0	1,164,744			110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	43,854,041	43,854,041			116.00
200.00		Subtotal (see instructions)	5,999,196,410	6,103,897,401	12,103,093,811			200.00
201.00		Less Observation Beds			1			201.00
202.00		Total (see instructions)	5,999,196,410	6,103,897,401	12,103,093,811			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/26/2023 7:38 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PEDIC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158335		50.00
50.01	05001	ENDOSCOPY	0.125715		50.01
51.00	05100	RECOVERY ROOM	0.160305		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.251420		52.00
53.00	05300	ANESTHESIOLOGY	0.089554		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.186546		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140397		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.074330		55.00
56.00	05600	RADIOISOTOPE	0.065170		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.324204		59.00
60.00	06000	LABORATORY	0.179614		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.182168		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.119803		63.00
65.00	06500	RESPIRATORY THERAPY	0.291717		65.00
66.00	06600	PHYSICAL THERAPY	0.387121		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.330697		67.00
68.00	06800	SPEECH PATHOLOGY	0.307639		68.00
69.00	06900	ELECTROCARDIOLOGY	0.062825		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.138618		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226522		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.143738		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235646		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.946368		73.03
74.00	07400	RENAL DIALYSIS	0.323301		74.00
76.00	03020	RH NBN ECMO IC	0.343327		76.00
76.01	03140	CARDIOLOGY	0.064816		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.02
76.03	03950	CARDIAC CATH	0.102028		76.03
76.04	03951	DAY SURGERY	0.402960		76.04
76.05	03480	ONCOLOGY	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000		76.07
76.08	03954	ECMO-ADULT	0.354806		76.08
76.97	07697	CARDIAC REHABILITATION	0.294425		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.438431		77.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.361405		90.01
90.02	09002	IUSCC HEM/ONC	0.297743		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.200375		90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.734697		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.145179		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.248478		90.07
90.08	09008	MOTILITY LAB	0.499965		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	0.000000		90.10
90.11	09023	SLEEP LAB	0.205415		90.11
90.12	09024	OP CARE ADULTS	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	INFUSION CLINIC	0.129147		90.14
90.15	09013	NEUROLOGY UH	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1.516617		90.17
90.18	09016	DERMATOLOGY CLINIC	0.232444		90.18

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
90.19	09017	INFUSION/HEM/ONC	0.000000			90.19
90.20	09025	IUMG - MH	0.000000			90.20
90.21	09019	OP REHAB CLINIC	0.283767			90.21
90.22	09020	EATING DISORDERS CLINIC	0.856845			90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.272095			90.23
90.24	09021	LIFE CARE CLINIC	2.200053			90.24
91.00	09100	EMERGENCY	0.096813			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.211021			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.144455			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP				112.00
112.01	08601	POST TRANSPLANT EXPENSES				112.01
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2023 7:38 am

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		420,936,959	0	420,936,959	30.00
31.00	03100	INTENSIVE CARE UNIT		46,813,538	0	46,813,538	31.00
32.00	03200	CORONARY CARE UNIT		54,220,409	0	54,220,409	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		64,365,890	0	64,365,890	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		5,896,943	0	5,896,943	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
34.02	03401	UH SURG 6IC		9,107,643	0	9,107,643	34.02
34.03	03402	UH NS 3IC		0	0	0	34.03
34.04	03403	RH PEDIC		27,885,595	0	27,885,595	34.04
34.05	03404	TRANSPLANT ICU		6,001,586	0	6,001,586	34.05
34.06	03407	PEDS CANCER CARE		7,291,723	0	7,291,723	34.06
40.00	04000	SUBPROVIDER - I PF		8,259,896	0	8,259,896	40.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	41.00
43.00	04300	NURSERY		4,038,724	0	4,038,724	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		193,315,046	0	193,315,046	50.00
50.01	05001	ENDOSCOPY		14,117,288	0	14,117,288	50.01
51.00	05100	RECOVERY ROOM		26,563,887	0	26,563,887	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		23,763,179	0	23,763,179	52.00
53.00	05300	ANESTHESIOLOGY		8,881,931	0	8,881,931	53.00
53.01	05301	PULMONARY FUNCTION TESTING		5,516,492	0	5,516,492	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		107,197,808	0	107,197,808	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		15,257,126	0	15,257,126	55.00
56.00	05600	RADIO SOTOPE		4,915,404	0	4,915,404	56.00
59.00	05900	CARDIAC CATHETERIZATION		1,483,944	0	1,483,944	59.00
60.00	06000	LABORATORY		101,180,882	0	101,180,882	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY		3,830,503	0	3,830,503	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB		0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		24,559,698	0	24,559,698	63.00
65.00	06500	RESPIRATORY THERAPY	0	57,598,354	0	57,598,354	65.00
66.00	06600	PHYSICAL THERAPY	0	42,426,667	0	42,426,667	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,862,180	0	8,862,180	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,011,359	0	10,011,359	68.00
69.00	06900	ELECTROCARDIOLOGY		7,950,415	0	7,950,415	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		12,535,919	0	12,535,919	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		97,266,562	0	97,266,562	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		110,755,806	0	110,755,806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		459,605,274	0	459,605,274	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY		377,931,910	0	377,931,910	73.03
74.00	07400	RENAL DIALYSIS		13,201,568	0	13,201,568	74.00
76.00	03020	RH NBN ECMO IC		3,283,277	0	3,283,277	76.00
76.01	03140	CARDIOLOGY		4,508,169	0	4,508,169	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		6,133,971	0	6,133,971	76.02
76.03	03950	CARDIAC CATH		23,037,861	0	23,037,861	76.03
76.04	03951	DAY SURGERY		11,138,876	0	11,138,876	76.04
76.05	03480	ONCOLOGY		0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY		0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY		0	0	0	76.07
76.08	03954	ECMO-ADULT		3,315,419	0	3,315,419	76.08
76.97	07697	CARDIAC REHABILITATION		2,267,208	0	2,267,208	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		3,924,335	0	3,924,335	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN		2,230,704	0	2,230,704	90.01
90.02	09002	IUSCC HEM/ONC		46,400,688	0	46,400,688	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY		1,033,009	0	1,033,009	90.03
90.04	09004	AMB SVC-PSYCH ADULT		1,360,637	0	1,360,637	90.04
90.05	09005	AMB SVC-DIABETES ADULT		0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY		4,452,629	0	4,452,629	90.06
90.07	09007	AMB SVC-RILEY CLINICS		7,654,125	0	7,654,125	90.07
90.08	09008	MOTILITY LAB		552,258	0	552,258	90.08
90.09	09009	AMB SVC - PSYCH CHILD		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS		0	0	0	90.10
90.11	09023	SLEEP LAB		8,268,375	0	8,268,375	90.11
90.12	09024	OP CARE ADULTS		0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC		0	0	0	90.13
90.14	09012	INFUSION CLINIC		1,033,984	0	1,033,984	90.14
90.15	09013	NEUROLOGY UH		0	0	0	90.15

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2023 7:38 am

			Title XIX		Hospital		PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
90.16	09014	ORTHOPEDICS UH	0		0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,932,398		1,932,398	0	0	1,932,398	90.17
90.18	09016	DERMATOLOGY CLINIC	1,805,149		1,805,149	0	0	1,805,149	90.18
90.19	09017	INFUSION/HEM/ONC	4,252		4,252	0	0	4,252	90.19
90.20	09025	IUMG - MH	0		0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	285,844		285,844	0	0	285,844	90.21
90.22	09020	EATING DISORDERS CLINIC	2,920,816		2,920,816	0	0	2,920,816	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	4,124,725		4,124,725	0	0	4,124,725	90.23
90.24	09021	LIFE CARE CLINIC	2,393,761		2,393,761	0	0	2,393,761	90.24
91.00	09100	EMERGENCY	76,972,338		76,972,338	1,942,600	0	78,914,938	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	25,933,606		25,933,606	0	0	25,933,606	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	75,926,929		75,926,929	0	0	75,926,929	95.00
101.00	10100	HOME HEALTH AGENCY	74,534,243		74,534,243	0	0	74,534,243	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	20,768,514		20,768,514	0	0	20,768,514	105.00
106.00	10600	HEART ACQUISITION	1,910,171		1,910,171	0	0	1,910,171	106.00
107.00	10700	LIVER ACQUISITION	15,369,780		15,369,780	0	0	15,369,780	107.00
108.00	10800	LUNG ACQUISITION	3,534,744		3,534,744	0	0	3,534,744	108.00
109.00	10900	PANCREAS ACQUISITION	1,772,278		1,772,278	0	0	1,772,278	109.00
110.00	11000	INTESTINAL ACQUISITION	993,978		993,978	0	0	993,978	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	281,870		281,870	0	0	281,870	112.00
112.01	08601	POST TRANSPLANT EXPENSES	7,511,375		7,511,375	0	0	7,511,375	112.01
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
116.00	11600	HOSPICE	25,936,085		25,936,085	0	0	25,936,085	116.00
200.00		Subtotal (see instructions)	2,859,056,489	0	2,859,056,489	1,942,600	0	2,860,999,089	200.00
201.00		Less Observation Beds	25,933,606		25,933,606	0	0	25,933,606	201.00
202.00		Total (see instructions)	2,833,122,883	0	2,833,122,883	1,942,600	0	2,835,065,483	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/26/2023 7:38 am		
				Title XIX	Hospital	PPS		
Cost Center Description	Charges			Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient						
	6.00	7.00	8.00					
9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,085,633,670		1,085,633,670			30.00
31.00	03100	INTENSIVE CARE UNIT	158,436,676		158,436,676			31.00
32.00	03200	CORONARY CARE UNIT	150,232,824		150,232,824			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	233,915,593		233,915,593			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	13,940,007		13,940,007			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.02	03401	UH SURG 6IC	23,927,267		23,927,267			34.02
34.03	03402	UH NS 3IC	0		0			34.03
34.04	03403	RH PEDIC	81,734,188		81,734,188			34.04
34.05	03404	TRANSPLANT ICU	17,800,802		17,800,802			34.05
34.06	03407	PEDS CANCER CARE	12,297,756		12,297,756			34.06
40.00	04000	SUBPROVIDER - I PF	15,368,454		15,368,454			40.00
41.00	04100	SUBPROVIDER - I RF	0		0			41.00
43.00	04300	NURSERY	10,714,789		10,714,789			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	727,525,654	493,402,258	1,220,927,912	0.158335	0.000000	50.00
50.01	05001	ENDOSCOPY	44,302,996	67,993,337	112,296,333	0.125715	0.000000	50.01
51.00	05100	RECOVERY ROOM	51,496,343	114,212,071	165,708,414	0.160305	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	72,137,114	22,378,591	94,515,705	0.251420	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	61,826,211	37,353,913	99,180,124	0.089554	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,957,244	25,614,564	29,571,808	0.186546	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	319,448,933	444,086,134	763,535,067	0.140397	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,806,643	189,456,514	205,263,157	0.074330	0.000000	55.00
56.00	05600	RADIOISOTOPE	6,261,100	69,163,191	75,424,291	0.065170	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,524,660	2,052,532	4,577,192	0.324204	0.000000	59.00
60.00	06000	LABORATORY	266,434,703	296,888,850	563,323,553	0.179614	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,777,541	17,249,821	21,027,362	0.182168	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0.000000	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	165,428,270	39,571,999	205,000,269	0.119803	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	192,998,809	4,447,213	197,446,022	0.291717	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	50,722,637	58,872,786	109,595,423	0.387121	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,389,036	5,409,475	26,798,511	0.330697	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	15,403,133	17,139,388	32,542,521	0.307639	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	70,297,848	56,251,232	126,549,080	0.062825	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61,137,309	29,297,621	90,434,930	0.138618	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	242,704,132	186,686,991	429,391,123	0.226522	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	517,264,579	253,276,481	770,541,060	0.143738	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	818,962,673	1,131,439,532	1,950,402,205	0.235646	0.000000	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	399,349,842	399,349,842	0.946368	0.000000	73.03
74.00	07400	RENAL DIALYSIS	27,044,941	13,788,790	40,833,731	0.323301	0.000000	74.00
76.00	03020	RH NBN ECMO IC	9,526,138	36,994	9,563,132	0.343327	0.000000	76.00
76.01	03140	CARDIOLOGY	11,100,161	58,453,011	69,553,172	0.064816	0.000000	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	76.02
76.03	03950	CARDIAC CATH	79,297,775	146,501,076	225,798,851	0.102028	0.000000	76.03
76.04	03951	DAY SURGERY	683,837	26,958,791	27,642,628	0.402960	0.000000	76.04
76.05	03480	ONCOLOGY	0	0	0	0.000000	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0.000000	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0.000000	0.000000	76.07
76.08	03954	ECMO-ADULT	9,344,315	0	9,344,315	0.354806	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	429,766	7,270,696	7,700,462	0.294425	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	8,810,278	140,575	8,950,853	0.438431	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	4,897	6,167,416	6,172,313	0.361405	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	1,082,777	154,758,529	155,841,306	0.297743	0.000000	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	8,679	5,146,710	5,155,389	0.200375	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	784,366	784,366	1.734697	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	14,374,833	16,295,194	30,670,027	0.145179	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	515,405	30,288,664	30,804,069	0.248478	0.000000	90.07
90.08	09008	MOTILITY LAB	34,576	1,070,018	1,104,594	0.499965	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0.000000	0.000000	90.10
90.11	09023	SLEEP LAB	1,284,011	38,968,074	40,252,085	0.205415	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0.000000	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09012	INFUSION CLINIC	0	8,006,279	8,006,279	0.129147	0.000000	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0.000000	0.000000	90.16

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2023 7:38 am

			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
90.17	09015	PHYSICAL MEDICINE	7,271	1,266,879	1,274,150	1.516617	0.000000	90.17	
90.18	09016	DERMATOLOGY CLINIC	10,034	7,755,912	7,765,946	0.232444	0.000000	90.18	
90.19	09017	INFUSION/HEM/ONC	0	0	0	0.000000	0.000000	90.19	
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20	
90.21	09019	OP REHAB CLINIC	1,461	1,005,857	1,007,318	0.283767	0.000000	90.21	
90.22	09020	EATING DISORDERS CLINIC	0	3,408,802	3,408,802	0.856845	0.000000	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	6,495	1,808,889	1,815,384	2.272095	0.000000	90.23	
90.24	09021	LIFE CARE CLINIC	1,775	1,086,272	1,088,047	2.200053	0.000000	90.24	
91.00	09100	EMERGENCY	234,702,643	580,423,193	815,125,836	0.094430	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,824,680	121,071,083	122,895,763	0.211021	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	42,010	525,567,874	525,609,884	0.144455	0.000000	95.00	
101.00	10100	HOME HEALTH AGENCY	0	340,419,080	340,419,080			101.00	
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	30,191,741	0	30,191,741	0.687887	0.000000	105.00	
106.00	10600	HEART ACQUISITION	4,135,100	0	4,135,100	0.461941	0.000000	106.00	
107.00	10700	LIVER ACQUISITION	22,567,480	0	22,567,480	0.681059	0.000000	107.00	
108.00	10800	LUNG ACQUISITION	5,057,189	0	5,057,189	0.698954	0.000000	108.00	
109.00	10900	PANCREAS ACQUISITION	131,804	0	131,804	13.446314	0.000000	109.00	
110.00	11000	INTESTINAL ACQUISITION	1,164,744	0	1,164,744	0.853388	0.000000	110.00	
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0.000000	0.000000	112.00	
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0.000000	0.000000	112.01	
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	43,854,041	43,854,041			116.00	
200.00		Subtotal (see instructions)	5,999,196,410	6,103,897,401	12,103,093,811			200.00	
201.00		Less Observation Beds			1			201.00	
202.00		Total (see instructions)	5,999,196,410	6,103,897,401	12,103,093,811			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/26/2023 7:38 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PEDIC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158335		50.00
50.01	05001	ENDOSCOPY	0.125715		50.01
51.00	05100	RECOVERY ROOM	0.160305		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.251420		52.00
53.00	05300	ANESTHESIOLOGY	0.089554		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.186546		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140397		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.074330		55.00
56.00	05600	RADIOISOTOPE	0.065170		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.324204		59.00
60.00	06000	LABORATORY	0.179614		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.182168		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.119803		63.00
65.00	06500	RESPIRATORY THERAPY	0.291717		65.00
66.00	06600	PHYSICAL THERAPY	0.387121		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.330697		67.00
68.00	06800	SPEECH PATHOLOGY	0.307639		68.00
69.00	06900	ELECTROCARDIOLOGY	0.062825		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.138618		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226522		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.143738		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235646		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.946368		73.03
74.00	07400	RENAL DIALYSIS	0.323301		74.00
76.00	03020	RH NBN ECMO IC	0.343327		76.00
76.01	03140	CARDIOLOGY	0.064816		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.02
76.03	03950	CARDIAC CATH	0.102028		76.03
76.04	03951	DAY SURGERY	0.402960		76.04
76.05	03480	ONCOLOGY	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000		76.07
76.08	03954	ECMO-ADULT	0.354806		76.08
76.97	07697	CARDIAC REHABILITATION	0.294425		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.438431		77.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.361405		90.01
90.02	09002	IUSCC HEM/ONC	0.297743		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.200375		90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.734697		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.145179		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.248478		90.07
90.08	09008	MOTILITY LAB	0.499965		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	0.000000		90.10
90.11	09023	SLEEP LAB	0.205415		90.11
90.12	09024	OP CARE ADULTS	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	INFUSION CLINIC	0.129147		90.14
90.15	09013	NEUROLOGY UH	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1.516617		90.17
90.18	09016	DERMATOLOGY CLINIC	0.232444		90.18

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
90.19	09017	INFUSION/HEM/ONC	0.000000			90.19
90.20	09025	IUMG - MH	0.000000			90.20
90.21	09019	OP REHAB CLINIC	0.283767			90.21
90.22	09020	EATING DISORDERS CLINIC	0.856845			90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.272095			90.23
90.24	09021	LIFE CARE CLINIC	2.200053			90.24
91.00	09100	EMERGENCY	0.096813			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.211021			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.144455			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0.687887			105.00
106.00	10600	HEART ACQUISITION	0.461941			106.00
107.00	10700	LIVER ACQUISITION	0.681059			107.00
108.00	10800	LUNG ACQUISITION	0.698954			108.00
109.00	10900	PANCREAS ACQUISITION	13.446314			109.00
110.00	11000	INTESTINAL ACQUISITION	0.853388			110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0.000000			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0.000000			112.01
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part II Date/Time Prepared: 5/26/2023 7:38 am		
Cost Center Description			Title XIX			Hospital		PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	193,315,046	25,434,698	167,880,348	0	0	50.00	
50.01	05001	ENDOSCOPY	14,117,288	1,790,715	12,326,573	0	0	50.01	
51.00	05100	RECOVERY ROOM	26,563,887	1,521,733	25,042,154	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,763,179	1,148,914	22,614,265	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	8,881,931	993,268	7,888,663	0	0	53.00	
53.01	05301	PULMONARY FUNCTION TESTING	5,516,492	452,975	5,063,517	0	0	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	107,197,808	22,607,883	84,589,925	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	15,257,126	3,522,421	11,734,705	0	0	55.00	
56.00	05600	RADIOISOTOPE	4,915,404	1,246,844	3,668,560	0	0	56.00	
59.00	05900	CARDIAC CATHETERIZATION	1,483,944	266,525	1,217,419	0	0	59.00	
60.00	06000	LABORATORY	101,180,882	11,984,359	89,196,523	0	0	60.00	
60.01	06001	TRANSPLANT IMMUNOLOGY	3,830,503	243,402	3,587,101	0	0	60.01	
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,559,698	289,454	24,270,244	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	57,598,354	1,951,194	55,647,160	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	42,426,667	1,486,670	40,939,997	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	8,862,180	109,153	8,753,027	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	10,011,359	699,434	9,311,925	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	7,950,415	1,799,339	6,151,076	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	12,535,919	1,169,747	11,366,172	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	97,266,562	356,071	96,910,491	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	110,755,806	403,509	110,352,297	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	459,605,274	3,818,721	455,786,553	0	0	73.00	
73.03	07303	OUTPATIENT RETAIL PHARMACY	377,931,910	1,067,377	376,864,533	0	0	73.03	
74.00	07400	RENAL DIALYSIS	13,201,568	1,095,658	12,105,910	0	0	74.00	
76.00	03020	RH NBN ECMO IC	3,283,277	101,560	3,181,717	0	0	76.00	
76.01	03140	CARDIOLOGY	4,508,169	992,161	3,516,008	0	0	76.01	
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,133,971	73,834	6,060,137	0	0	76.02	
76.03	03950	CARDIAC CATH	23,037,861	3,426,164	19,611,697	0	0	76.03	
76.04	03951	DAY SURGERY	11,138,876	718,240	10,420,636	0	0	76.04	
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05	
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06	
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07	
76.08	03954	ECMO-ADULT	3,315,419	137,076	3,178,343	0	0	76.08	
76.97	07697	CARDIAC REHABILITATION	2,267,208	301,987	1,965,221	0	0	76.97	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	3,924,335	50,125	3,874,210	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	AMB SVC-OB & GYN	2,230,704	438,782	1,791,922	0	0	90.01	
90.02	09002	IUSCC HEM/ONC	46,400,688	3,355,382	43,045,306	0	0	90.02	
90.03	09003	AMB SVC-OPHTHALMOLOGY	1,033,009	123,734	909,275	0	0	90.03	
90.04	09004	AMB SVC-PSYCH ADULT	1,360,637	109,467	1,251,170	0	0	90.04	
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05	
90.06	09006	OUTPATIENT SURGERY	4,452,629	443,239	4,009,390	0	0	90.06	
90.07	09007	AMB SVC-RILEY CLINICS	7,654,125	1,405,270	6,248,855	0	0	90.07	
90.08	09008	MOTILITY LAB	552,258	61,786	490,472	0	0	90.08	
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09	
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10	
90.11	09023	SLEEP LAB	8,268,375	555,054	7,713,321	0	0	90.11	
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12	
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13	
90.14	09012	INFUSION CLINIC	1,033,984	16,419	1,017,565	0	0	90.14	
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15	
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16	
90.17	09015	PHYSICAL MEDICINE	1,932,398	202,594	1,729,804	0	0	90.17	
90.18	09016	DERMATOLOGY CLINIC	1,805,149	176,928	1,628,221	0	0	90.18	
90.19	09017	INFUSION/HEM/ONC	4,252	3,345	907	0	0	90.19	
90.20	09025	IUMG - MH	0	0	0	0	0	90.20	
90.21	09019	OP REHAB CLINIC	285,844	63,004	222,840	0	0	90.21	
90.22	09020	EATING DISORDERS CLINIC	2,920,816	88,269	2,832,547	0	0	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	4,124,725	349,397	3,775,328	0	0	90.23	
90.24	09021	LIFE CARE CLINIC	2,393,761	211,730	2,182,031	0	0	90.24	
91.00	09100	EMERGENCY	76,972,338	4,270,671	72,701,667	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	25,933,606	1,431,898	24,501,708	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	75,926,929	6,739,060	69,187,869	0	0	95.00	
101.00	10100	HOME HEALTH AGENCY	74,534,243	1,265,557	73,268,686	0	0	101.00	

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

Provider CCN: 15-0056

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

Worksheet C Part II Date/Time Prepared: 5/26/2023 7:38 am

Cost Center Description		Title XIX			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	20,768,514	232,259	20,536,255	0	0	105.00
106.00	10600 HEART ACQUISITION	1,910,171	14,454	1,895,717	0	0	106.00
107.00	10700 LIVER ACQUISITION	15,369,780	137,666	15,232,114	0	0	107.00
108.00	10800 LUNG ACQUISITION	3,534,744	20,488	3,514,256	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	1,772,278	18,568	1,753,710	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	993,978	6,652	987,326	0	0	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	281,870	701	281,169	0	0	112.00
112.01	08601 POST TRANSPLANT EXPENSES	7,511,375	212,119	7,299,256	0	0	112.01
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	25,936,085	190,822	25,745,263	0	0	116.00
200.00	Subtotal (sum of lines 50 thru 199)	2,204,237,583	113,406,526	2,090,831,057	0	0	200.00
201.00	Less Observation Beds	25,933,606	1,431,898	24,501,708	0	0	201.00
202.00	Total (line 200 minus line 201)	2,178,303,977	111,974,628	2,066,329,349	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part II Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS	
		6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	193,315,046	1,220,927,912	0.158335			50.00
50.01	05001 ENDOSCOPY	14,117,288	112,296,333	0.125715			50.01
51.00	05100 RECOVERY ROOM	26,563,887	165,708,414	0.160305			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	23,763,179	94,515,705	0.251420			52.00
53.00	05300 ANESTHESIOLOGY	8,881,931	99,180,124	0.089554			53.00
53.01	05301 PULMONARY FUNCTION TESTING	5,516,492	29,571,808	0.186546			53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	107,197,808	763,535,067	0.140397			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	15,257,126	205,263,157	0.074330			55.00
56.00	05600 RADIOISOTOPE	4,915,404	75,424,291	0.065170			56.00
59.00	05900 CARDIAC CATHETERIZATION	1,483,944	4,577,192	0.324204			59.00
60.00	06000 LABORATORY	101,180,882	563,323,553	0.179614			60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	3,830,503	21,027,362	0.182168			60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0.000000			60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	24,559,698	205,000,269	0.119803			63.00
65.00	06500 RESPIRATORY THERAPY	57,598,354	197,446,022	0.291717			65.00
66.00	06600 PHYSICAL THERAPY	42,426,667	109,595,423	0.387121			66.00
67.00	06700 OCCUPATIONAL THERAPY	8,862,180	26,798,511	0.330697			67.00
68.00	06800 SPEECH PATHOLOGY	10,011,359	32,542,521	0.307639			68.00
69.00	06900 ELECTROCARDIOLOGY	7,950,415	126,549,080	0.062825			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	12,535,919	90,434,930	0.138618			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	97,266,562	429,391,123	0.226522			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	110,755,806	770,541,060	0.143738			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	459,605,274	1,950,402,205	0.235646			73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	377,931,910	399,349,842	0.946368			73.03
74.00	07400 RENAL DIALYSIS	13,201,568	40,833,731	0.323301			74.00
76.00	03020 RH NBN ECMO IC	3,283,277	9,563,132	0.343327			76.00
76.01	03140 CARDIOLOGY	4,508,169	69,553,172	0.064816			76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,133,971	0	0.000000			76.02
76.03	03950 CARDIAC CATH	23,037,861	225,798,851	0.102028			76.03
76.04	03951 DAY SURGERY	11,138,876	27,642,628	0.402960			76.04
76.05	03480 ONCOLOGY	0	0	0.000000			76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0.000000			76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0.000000			76.07
76.08	03954 ECMO-ADULT	3,315,419	9,344,315	0.354806			76.08
76.97	07697 CARDIAC REHABILITATION	2,267,208	7,700,462	0.294425			76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	3,924,335	8,950,853	0.438431			77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000			89.00
90.00	09000 CLINIC	0	0	0.000000			90.00
90.01	09001 AMB SVC-OB & GYN	2,230,704	6,172,313	0.361405			90.01
90.02	09002 IUSCC HEM/ONC	46,400,688	155,841,306	0.297743			90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	1,033,009	5,155,389	0.200375			90.03
90.04	09004 AMB SVC-PSYCH ADULT	1,360,637	784,366	1.734697			90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0.000000			90.05
90.06	09006 OUTPATIENT SURGERY	4,452,629	30,670,027	0.145179			90.06
90.07	09007 AMB SVC-RILEY CLINICS	7,654,125	30,804,069	0.248478			90.07
90.08	09008 MOTILITY LAB	552,258	1,104,594	0.499965			90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0.000000			90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0.000000			90.10
90.11	09023 SLEEP LAB	8,268,375	40,252,085	0.205415			90.11
90.12	09024 OP CARE ADULTS	0	0	0.000000			90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0.000000			90.13
90.14	09012 INFUSION CLINIC	1,033,984	8,006,279	0.129147			90.14
90.15	09013 NEUROLOGY UH	0	0	0.000000			90.15
90.16	09014 ORTHOPEDICS UH	0	0	0.000000			90.16
90.17	09015 PHYSICAL MEDICINE	1,932,398	1,274,150	1.516617			90.17
90.18	09016 DERMATOLOGY CLINIC	1,805,149	7,765,946	0.232444			90.18
90.19	09017 INFUSION/HEM/ONC	4,252	0	0.000000			90.19
90.20	09025 IUMG - MH	0	0	0.000000			90.20
90.21	09019 OP REHAB CLINIC	285,844	1,007,318	0.283767			90.21
90.22	09020 EATING DISORDERS CLINIC	2,920,816	3,408,802	0.856845			90.22
90.23	09018 GASTROENTEROLOGY CLINIC	4,124,725	1,815,384	2.272095			90.23
90.24	09021 LIFE CARE CLINIC	2,393,761	1,088,047	2.200053			90.24
91.00	09100 EMERGENCY	76,972,338	815,125,836	0.094430			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	25,933,606	122,895,763	0.211021			92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	75,926,929	525,609,884	0.144455			95.00
101.00	10100 HOME HEALTH AGENCY	74,534,243	340,419,080	0.218948			101.00

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

Provider CCN: 15-0056

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

Worksheet C
Part II
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	20,768,514	30,191,741	0.687887		105.00
106.00	10600 HEART ACQUISITION	1,910,171	4,135,100	0.461941		106.00
107.00	10700 LIVER ACQUISITION	15,369,780	22,567,480	0.681059		107.00
108.00	10800 LUNG ACQUISITION	3,534,744	5,057,189	0.698954		108.00
109.00	10900 PANCREAS ACQUISITION	1,772,278	131,804	13.446314		109.00
110.00	11000 INTESTINAL ACQUISITION	993,978	1,164,744	0.853388		110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	281,870	0	0.000000		112.00
112.01	08601 POST TRANSPLANT EXPENSES	7,511,375	0	0.000000		112.01
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE	25,936,085	43,854,041	0.591418		116.00
200.00	Subtotal (sum of lines 50 thru 199)	2,204,237,583	10,299,091,785			200.00
201.00	Less Observation Beds	25,933,606	0			201.00
202.00	Total (line 200 minus line 201)	2,178,303,977	10,299,091,785			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/26/2023 7:38 am
		Title XVIII		Hospital

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	23,241,681	0	23,241,681	260,318	89.28 30.00
31.00	INTENSIVE CARE UNIT	1,692,282		1,692,282	20,467	82.68 31.00
32.00	CORONARY CARE UNIT	2,740,387		2,740,387	20,143	136.05 32.00
32.01	NEONATAL INTENSIVE CARE UNIT	3,764,765		3,764,765	33,662	111.84 32.01
33.00	BURN INTENSIVE CARE UNIT	454,340		454,340	2,149	211.42 33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00 34.00
34.02	UH SURG 61C	552,891		552,891	3,229	171.23 34.02
34.03	UH NS 31C	0		0	0	0.00 34.03
34.04	RH PED IC	1,497,295		1,497,295	11,087	135.05 34.04
34.05	TRANSPLANT ICU	374,020		374,020	2,197	170.24 34.05
34.06	PEDS CANCER CARE	925,500		925,500	3,431	269.75 34.06
40.00	SUBPROVIDER - IPF	526,969	0	526,969	4,963	106.18 40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00 41.00
43.00	NURSERY	288,152		288,152	5,427	53.10 43.00
200.00	Total (lines 30 through 199)	36,058,282		36,058,282	367,073	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	47,584	4,248,300	30.00
31.00	INTENSIVE CARE UNIT	4,362	360,650	31.00
32.00	CORONARY CARE UNIT	2,934	399,171	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	0	0	32.01
33.00	BURN INTENSIVE CARE UNIT	144	30,444	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	UH SURG 61C	989	169,346	34.02
34.03	UH NS 31C	0	0	34.03
34.04	RH PED IC	7	945	34.04
34.05	TRANSPLANT ICU	547	93,121	34.05
34.06	PEDS CANCER CARE	129	34,798	34.06
40.00	SUBPROVIDER - IPF	719	76,343	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	57,415	5,413,118	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	25,434,698	1,220,927,912	0.020832	141,569,754	2,949,181	50.00
50.01	05001 ENDOSCOPY	1,790,715	112,296,333	0.015946	11,587,881	184,780	50.01
51.00	05100 RECOVERY ROOM	1,521,733	165,708,414	0.009183	11,060,470	101,568	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,148,914	94,515,705	0.012156	299,914	3,646	52.00
53.00	05300 ANESTHESIOLOGY	993,268	99,180,124	0.010015	11,476,903	114,941	53.00
53.01	05301 PULMONARY FUNCTION TESTING	452,975	29,571,808	0.015318	210,178	3,220	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	22,607,883	763,535,067	0.029609	64,089,176	1,897,616	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,522,421	205,263,157	0.017161	3,402,525	58,391	55.00
56.00	05600 RADIOISOTOPE	1,246,844	75,424,291	0.016531	1,720,649	28,444	56.00
59.00	05900 CARDIAC CATHETERIZATION	266,525	4,577,192	0.058229	1,012,074	58,932	59.00
60.00	06000 LABORATORY	11,984,359	563,323,553	0.021274	49,385,364	1,050,624	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	243,402	21,027,362	0.011575	858,807	9,941	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	289,454	205,000,269	0.001412	23,141,637	32,676	63.00
65.00	06500 RESPIRATORY THERAPY	1,951,194	197,446,022	0.009882	22,564,734	222,985	65.00
66.00	06600 PHYSICAL THERAPY	1,486,670	109,595,423	0.013565	10,321,212	140,007	66.00
67.00	06700 OCCUPATIONAL THERAPY	109,153	26,798,511	0.004073	3,117,547	12,698	67.00
68.00	06800 SPEECH PATHOLOGY	699,434	32,542,521	0.021493	2,423,873	52,096	68.00
69.00	06900 ELECTROCARDIOLOGY	1,799,339	126,549,080	0.014219	12,430,737	176,753	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,169,747	90,434,930	0.012935	8,780,989	113,582	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	356,071	429,391,123	0.000829	52,414,104	43,451	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	403,509	770,541,060	0.000524	122,100,634	63,981	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,818,721	1,950,402,205	0.001958	123,655,575	242,118	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	1,067,377	399,349,842	0.002673	0	0	73.03
74.00	07400 RENAL DIALYSIS	1,095,658	40,833,731	0.026832	5,368,411	144,045	74.00
76.00	03020 RH NBN ECMO IC	101,560	9,563,132	0.010620	0	0	76.00
76.01	03140 RADIOLOGY	992,161	69,553,172	0.014265	3,055,426	43,586	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	73,834	0	0.000000	0	0	76.02
76.03	03950 CARDIAC CATH	3,426,164	225,798,851	0.015174	18,155,347	275,489	76.03
76.04	03951 DAY SURGERY	718,240	27,642,628	0.025983	230,679	5,994	76.04
76.05	03480 ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954 ECMO-ADULT	137,076	9,344,315	0.014669	1,051,340	15,422	76.08
76.97	07697 CARDIAC REHABILITATION	301,987	7,700,462	0.039217	104,724	4,107	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	50,125	8,950,853	0.005600	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	438,782	6,172,313	0.071089	0	0	90.01
90.02	09002 IUSCC HEM/ONC	3,355,382	155,841,306	0.021531	306,290	6,595	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	123,734	5,155,389	0.024001	295	7	90.03
90.04	09004 AMB SVC-PSYCH ADULT	109,467	784,366	0.139561	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	443,239	30,670,027	0.014452	3,290,577	47,555	90.06
90.07	09007 AMB SVC-RILEY CLINICS	1,405,270	30,804,069	0.045620	3,926	179	90.07
90.08	09008 MOTILITY LAB	61,786	1,104,594	0.055935	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0.000000	0	0	90.10
90.11	09023 SLEEP LAB	555,054	40,252,085	0.013789	6,721	93	90.11
90.12	09024 OP CARE ADULTS	0	0	0.000000	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012 INFUSION CLINIC	16,419	8,006,279	0.002051	0	0	90.14
90.15	09013 NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	202,594	1,274,150	0.159003	2,217	353	90.17
90.18	09016 DERMATOLOGY CLINIC	176,928	7,765,946	0.022783	9,703	221	90.18
90.19	09017 INFUSION/HEM/ONC	3,345	0	0.000000	0	0	90.19
90.20	09025 IUMG - MH	0	0	0.000000	0	0	90.20
90.21	09019 OP REHAB CLINIC	63,004	1,007,318	0.062546	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	88,269	3,408,802	0.025894	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	349,397	1,815,384	0.192465	4,485	863	90.23
90.24	09021 LIFE CARE CLINIC	211,730	1,088,047	0.194596	99	19	90.24
91.00	09100 EMERGENCY	4,270,671	815,125,836	0.005239	48,654,184	254,899	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,431,898	122,895,763	0.011651	64,647	753	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00	Total (lines 50 through 199)	104,568,180	9,325,960,722		757,933,808	8,361,811	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS
		1A	1.00	2A	2.00	3.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	848,377	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	71,861	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	74,047	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	118,312	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	7,450	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	0	0	11,866	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	39,993	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	8,037	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	12,065	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	16,984	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	18,567	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	1,227,559	0	200.00

Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
		4.00	5.00	6.00	7.00	8.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	848,377	260,318	3.26	47,584	30.00
31.00	03100	INTENSIVE CARE UNIT		71,861	20,467	3.51	4,362	31.00
32.00	03200	CORONARY CARE UNIT		74,047	20,143	3.68	2,934	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		118,312	33,662	3.51	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		7,450	2,149	3.47	144	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.02	03401	UH SURG 61C		11,866	3,229	3.67	989	34.02
34.03	03402	UH NS 31C		0	0	0.00	0	34.03
34.04	03403	RH PED IC		39,993	11,087	3.61	7	34.04
34.05	03404	TRANSPLANT ICU		8,037	2,197	3.66	547	34.05
34.06	03407	PEDS CANCER CARE		12,065	3,431	3.52	129	34.06
40.00	04000	SUBPROVIDER - IPF	0	16,984	4,963	3.42	719	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
43.00	04300	NURSERY		18,567	5,427	3.42	0	43.00
200.00		Total (lines 30 through 199)		1,227,559	367,073		57,415	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	155,124					30.00
31.00	03100	INTENSIVE CARE UNIT	15,311					31.00
32.00	03200	CORONARY CARE UNIT	10,797					32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0					32.01
33.00	03300	BURN INTENSIVE CARE UNIT	500					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
34.02	03401	UH SURG 61C	3,630					34.02
34.03	03402	UH NS 31C	0					34.03
34.04	03403	RH PED IC	25					34.04
34.05	03404	TRANSPLANT ICU	2,002					34.05
34.06	03407	PEDS CANCER CARE	454					34.06
40.00	04000	SUBPROVIDER - IPF	2,459					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	190,302					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/26/2023 7:38 am
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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	553,722	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	146	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	648	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	961	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	6,419	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	5	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	6,532	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	19	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	154	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	74	59.00
60.00	06000	LABORATORY	0	0	0	0	7,514	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	1	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	228	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	17	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	1	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	101	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,380,939	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	219	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	86	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	289	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	53	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	1,991	76.03
76.04	03951	DAY SURGERY	0	0	0	0	1,027	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	3	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	1	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	6,023	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	7	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	4	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	750	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	6	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	184	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	1	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	4	90.24
91.00	09100	EMERGENCY	0	0	0	0	7,875	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	52,256	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	4,028,260	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/26/2023 7:38 am		
Cost Center Description		Title XVIII		Hospital		PPS		
		All Other Medical Educational Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	553,722	553,722	1,220,927,912	0.000454	50.00
50.01	05001	ENDOSCOPY	0	146	146	112,296,333	0.000001	50.01
51.00	05100	RECOVERY ROOM	0	648	648	165,708,414	0.000004	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	961	961	94,515,705	0.000010	52.00
53.00	05300	ANESTHESIOLOGY	0	6,419	6,419	99,180,124	0.000065	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	5	5	29,571,808	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,532	6,532	763,535,067	0.000009	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19	19	205,263,157	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	154	154	75,424,291	0.000002	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	74	74	4,577,192	0.000016	59.00
60.00	06000	LABORATORY	0	7,514	7,514	563,323,553	0.000013	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	1	1	21,027,362	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	228	228	205,000,269	0.000001	63.00
65.00	06500	RESPIRATORY THERAPY	0	17	17	197,446,022	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	109,595,423	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	26,798,511	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	1	1	32,542,521	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	101	101	126,549,080	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	90,434,930	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	429,391,123	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	770,541,060	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,380,939	3,380,939	1,950,402,205	0.001733	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	399,349,842	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	219	219	40,833,731	0.000005	74.00
76.00	03020	RH NBN ECMO IC	0	86	86	9,563,132	0.000009	76.00
76.01	03140	CARDIOLOGY	0	289	289	69,553,172	0.000004	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	53	53	0	0.000000	76.02
76.03	03950	CARDIAC CATH	0	1,991	1,991	225,798,851	0.000009	76.03
76.04	03951	DAY SURGERY	0	1,027	1,027	27,642,628	0.000037	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	9,344,315	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	3	3	7,700,462	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	8,950,853	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	1	1	6,172,313	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	0	6,023	6,023	155,841,306	0.000039	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	7	7	5,155,389	0.000001	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	784,366	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	4	4	30,670,027	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	750	750	30,804,069	0.000024	90.07
90.08	09008	MOTILITY LAB	0	0	0	1,104,594	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	6	6	40,252,085	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	INFUSION CLINIC	0	184	184	8,006,279	0.000023	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	1	1	1,274,150	0.000001	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	7,765,946	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0.000000	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	1,007,318	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	3,408,802	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	1,815,384	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	4	4	1,088,047	0.000004	90.24
91.00	09100	EMERGENCY	0	7,875	7,875	815,125,836	0.000010	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	52,256	52,256	122,895,763	0.000425	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
200.00	Total (lines 50 through 199)	0	4,028,260	4,028,260	9,325,960,722	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000454	141,569,754	64,273	53,594,833	24,332	50.00
50.01	05001 ENDOSCOPY	0.000001	11,587,881	12	13,497,323	13	50.01
51.00	05100 RECOVERY ROOM	0.000004	11,060,470	44	14,415,875	58	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000010	299,914	3	78,890	1	52.00
53.00	05300 ANESTHESIOLOGY	0.000065	11,476,903	746	3,563,161	232	53.00
53.01	05301 PULMONARY FUNCTION TESTING	0.000000	210,178	0	3,895,730	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000009	64,089,176	577	63,172,091	569	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	3,402,525	0	44,841,296	0	55.00
56.00	05600 RADIOISOTOPE	0.000002	1,720,649	3	13,456,315	27	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000016	1,012,074	16	515,141	8	59.00
60.00	06000 LABORATORY	0.000013	49,385,364	642	28,013,943	364	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0.000000	858,807	0	1,269,382	0	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000001	23,141,637	23	4,995,286	5	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	22,564,734	0	215,042	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	10,321,212	0	1,527,187	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,117,547	0	9,999	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	2,423,873	0	1,064,638	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000001	12,430,737	12	6,589,016	7	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	8,780,989	0	983,499	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	52,414,104	0	38,874,019	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	122,100,634	0	43,412,811	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001733	123,655,575	214,295	280,385,804	485,909	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	0.000005	5,368,411	27	278,580	1	74.00
76.00	03020 RH NBN ECMO IC	0.000009	0	0	0	0	76.00
76.01	03140 RADIOLOGY	0.000004	3,055,426	12	10,000,695	40	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.02
76.03	03950 CARDIAC CATH	0.000009	18,155,347	163	32,290,958	291	76.03
76.04	03951 DAY SURGERY	0.000037	230,679	9	5,001,473	185	76.04
76.05	03480 ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954 ECMO-ADULT	0.000000	1,051,340	0	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0.000000	104,724	0	1,728,064	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	0.000000	0	0	195,849	0	90.01
90.02	09002 IUSCC HEM/ONC	0.000039	306,290	12	38,126,005	1,487	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0.000001	295	0	1,064,237	1	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0.000000	0	0	18,662	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	0.000000	3,290,577	0	4,134,324	0	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0.000024	3,926	0	309,863	7	90.07
90.08	09008 MOTILITY LAB	0.000000	0	0	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023 SLEEP LAB	0.000000	6,721	0	3,811,911	0	90.11
90.12	09024 OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012 INFUSION CLINIC	0.000023	0	0	3,232,067	74	90.14
90.15	09013 NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	0.000001	2,217	0	833,113	1	90.17
90.18	09016 DERMATOLOGY CLINIC	0.000000	9,703	0	1,950,629	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.000000	0	0	5,523	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.000000	0	0	79,647	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0.000000	4,485	0	559,797	0	90.23
90.24	09021 LIFE CARE CLINIC	0.000004	99	0	156,603	1	90.24
91.00	09100 EMERGENCY	0.000010	48,654,184	487	35,584,312	356	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000425	64,647	27	6,975,097	2,964	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		757,933,808	281,383	764,708,690	516,933	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part V Date/Time Prepared: 5/26/2023 7:38 am	
			Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.158335	53,594,833	0	0	8,485,938	50.00
50.01	05001	ENDOSCOPY	0.125715	13,497,323	0	0	1,696,816	50.01
51.00	05100	RECOVERY ROOM	0.160305	14,415,875	0	0	2,310,937	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.251420	78,890	0	0	19,835	52.00
53.00	05300	ANESTHESIOLOGY	0.089554	3,563,161	0	0	319,095	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.186546	3,895,730	0	0	726,733	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140397	63,172,091	0	0	8,869,172	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.074330	44,841,296	0	0	3,333,054	55.00
56.00	05600	RADIOISOTOPE	0.065170	13,456,315	0	0	876,948	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.324204	515,141	0	0	167,011	59.00
60.00	06000	LABORATORY	0.179614	28,013,943	708	0	5,031,696	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.182168	1,269,382	0	0	231,241	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.119803	4,995,286	0	0	598,450	63.00
65.00	06500	RESPIRATORY THERAPY	0.291717	215,042	0	0	62,731	65.00
66.00	06600	PHYSICAL THERAPY	0.387121	1,527,187	0	0	591,206	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.330697	9,999	0	0	3,307	67.00
68.00	06800	SPEECH PATHOLOGY	0.307639	1,064,638	0	0	327,524	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062825	6,589,016	0	0	413,955	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.138618	983,499	0	0	136,331	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226522	38,874,019	0	0	8,805,821	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.143738	43,412,811	0	0	6,240,071	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235646	280,385,804	15,044	593,104	66,071,793	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.946368	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.323301	278,580	0	0	90,065	74.00
76.00	03020	RH NBN ECMO IC	0.343327	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.064816	10,000,695	0	0	648,205	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.102028	32,290,958	0	0	3,294,582	76.03
76.04	03951	DAY SURGERY	0.402960	5,001,473	0	0	2,015,394	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.354806	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.294425	1,728,064	0	0	508,785	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.438431	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.361405	195,849	0	0	70,781	90.01
90.02	09002	IUSCC HEM/ONC	0.297743	38,126,005	0	0	11,351,751	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.200375	1,064,237	0	0	213,246	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.734697	18,662	0	0	32,373	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.145179	4,134,324	0	0	600,217	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.248478	309,863	0	0	76,994	90.07
90.08	09008	MOTILITY LAB	0.499965	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.205415	3,811,911	0	0	783,024	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.129147	3,232,067	0	0	417,412	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.516617	833,113	0	0	1,263,513	90.17
90.18	09016	DERMATOLOGY CLINIC	0.232444	1,950,629	0	0	453,412	90.18
90.19	09017	INFUSION/HEM/ONC	0.000000	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.283767	5,523	0	0	1,567	90.21
90.22	09020	EATING DISORDERS CLINIC	0.856845	79,647	0	0	68,245	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.272095	559,797	0	0	1,271,912	90.23
90.24	09021	LIFE CARE CLINIC	2.200053	156,603	0	0	344,535	90.24
91.00	09100	EMERGENCY	0.094430	35,584,312	0	0	3,360,227	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.211021	6,975,097	0	0	1,471,892	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/26/2023 7:38 am		
			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
95.00	09500	AMBULANCE SERVICES	0.144455		0		95.00
200.00		Subtotal (see instructions)		764,708,690	15,752	593,104	143,657,797
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		764,708,690	15,752	593,104	143,657,797

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part V Date/Time Prepared: 5/26/2023 7:38 am	
		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.)				
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
53.01	05301	PULMONARY FUNCTION TESTING	0	0			53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0			56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	127	0			60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0			60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0			60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,545	139,763			73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0			73.03
74.00	07400	RENAL DIALYSIS	0	0			74.00
76.00	03020	RH NBN ECMO IC	0	0			76.00
76.01	03140	CARDIOLOGY	0	0			76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			76.02
76.03	03950	CARDIAC CATH	0	0			76.03
76.04	03951	DAY SURGERY	0	0			76.04
76.05	03480	ONCOLOGY	0	0			76.05
76.06	03952	DAY SURGERY-RILEY	0	0			76.06
76.07	03953	CARDIOLOGY-RILEY	0	0			76.07
76.08	03954	ECMO-ADULT	0	0			76.08
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0			77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC	0	0			90.00
90.01	09001	AMB SVC-OB & GYN	0	0			90.01
90.02	09002	IUSCC HEM/ONC	0	0			90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0			90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0			90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0			90.05
90.06	09006	OUTPATIENT SURGERY	0	0			90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0			90.07
90.08	09008	MOTILITY LAB	0	0			90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0			90.09
90.10	09010	CLINICAL GERIATRICS	0	0			90.10
90.11	09023	SLEEP LAB	0	0			90.11
90.12	09024	OP CARE ADULTS	0	0			90.12
90.13	09011	PEDIATRIC CLINIC	0	0			90.13
90.14	09012	INFUSION CLINIC	0	0			90.14
90.15	09013	NEUROLOGY UH	0	0			90.15
90.16	09014	ORTHOPEDICS UH	0	0			90.16
90.17	09015	PHYSICAL MEDICINE	0	0			90.17
90.18	09016	DERMATOLOGY CLINIC	0	0			90.18
90.19	09017	INFUSION/HEM/ONC	0	0			90.19
90.20	09025	IUMG - MH	0	0			90.20
90.21	09019	OP REHAB CLINIC	0	0			90.21
90.22	09020	EATING DISORDERS CLINIC	0	0			90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0			90.23
90.24	09021	LIFE CARE CLINIC	0	0			90.24
91.00	09100	EMERGENCY	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0			94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/26/2023 7:38 am
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		
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	3,672	139,763		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	3,672	139,763		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/26/2023 7:38 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,434,698	1,220,927,912	0.020832	231,472	4,822	50.00
50.01	05001	ENDOSCOPY	1,790,715	112,296,333	0.015946	0	0	50.01
51.00	05100	RECOVERY ROOM	1,521,733	165,708,414	0.009183	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,148,914	94,515,705	0.012156	0	0	52.00
53.00	05300	ANESTHESIOLOGY	993,268	99,180,124	0.010015	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	452,975	29,571,808	0.015318	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,607,883	763,535,067	0.029609	24,712	732	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,522,421	205,263,157	0.017161	0	0	55.00
56.00	05600	RADIOISOTOPE	1,246,844	75,424,291	0.016531	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	266,525	4,577,192	0.058229	1,090	63	59.00
60.00	06000	LABORATORY	11,984,359	563,323,553	0.021274	79,641	1,694	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	243,402	21,027,362	0.011575	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	289,454	205,000,269	0.001412	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,951,194	197,446,022	0.009882	5,410	53	65.00
66.00	06600	PHYSICAL THERAPY	1,486,670	109,595,423	0.013565	18,858	256	66.00
67.00	06700	OCCUPATIONAL THERAPY	109,153	26,798,511	0.004073	8,668	35	67.00
68.00	06800	SPEECH PATHOLOGY	699,434	32,542,521	0.021493	4,016	86	68.00
69.00	06900	ELECTROCARDIOLOGY	1,799,339	126,549,080	0.014219	15,577	221	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,169,747	90,434,930	0.012935	11,430	148	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	356,071	429,391,123	0.000829	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	403,509	770,541,060	0.000524	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,818,721	1,950,402,205	0.001958	231,779	454	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,067,377	399,349,842	0.002673	0	0	73.03
74.00	07400	RENAL DIALYSIS	1,095,658	40,833,731	0.026832	0	0	74.00
76.00	03020	RH NBN ECMO IC	101,560	9,563,132	0.010620	0	0	76.00
76.01	03140	CARDIOLOGY	992,161	69,553,172	0.014265	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	73,834	0	0.000000	0	0	76.02
76.03	03950	CARDIAC CATH	3,426,164	225,798,851	0.015174	0	0	76.03
76.04	03951	DAY SURGERY	718,240	27,642,628	0.025983	3,300	86	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	137,076	9,344,315	0.014669	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	301,987	7,700,462	0.039217	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	50,125	8,950,853	0.005600	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	438,782	6,172,313	0.071089	0	0	90.01
90.02	09002	IUSCC HEM/ONC	3,355,382	155,841,306	0.021531	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	123,734	5,155,389	0.024001	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	109,467	784,366	0.139561	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	443,239	30,670,027	0.014452	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1,405,270	30,804,069	0.045620	0	0	90.07
90.08	09008	MOTILITY LAB	61,786	1,104,594	0.055935	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	555,054	40,252,085	0.013789	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	16,419	8,006,279	0.002051	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014	ORTHOPEDIC UH	0	0	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	202,594	1,274,150	0.159003	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	176,928	7,765,946	0.022783	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	3,345	0	0.000000	0	0	90.19
90.20	09025	IUMG - MH	0	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	63,004	1,007,318	0.062546	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	88,269	3,408,802	0.025894	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	349,397	1,815,384	0.192465	0	0	90.23
90.24	09021	LIFE CARE CLINIC	211,730	1,088,047	0.194596	0	0	90.24
91.00	09100	EMERGENCY	4,270,671	815,125,836	0.005239	197,859	1,037	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	122,895,763	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/26/2023 7:38 am	
Title XVIII				Subprovider - IPF		PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
200.00	Total (lines 50 through 199)	103,136,282	9,325,960,722		833,812	9,687
						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/26/2023 7:38 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	553,722	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	146	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	648	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	961	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	6,419	53.00
53.01	05301 PULMONARY FUNCTION TESTING	0	0	0	0	5	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	6,532	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	19	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	154	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	74	59.00
60.00	06000 LABORATORY	0	0	0	0	7,514	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0	0	0	0	1	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	228	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	17	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	1	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	101	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	3,380,939	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	0	0	0	0	219	74.00
76.00	03020 RH NBN ECMO IC	0	0	0	0	86	76.00
76.01	03140 RADIOLOGY	0	0	0	0	289	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	53	76.02
76.03	03950 CARDIAC CATH	0	0	0	0	1,991	76.03
76.04	03951 DAY SURGERY	0	0	0	0	1,027	76.04
76.05	03480 ONCOLOGY	0	0	0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954 ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	3	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	0	0	0	0	1	90.01
90.02	09002 IUSCC HEM/ONC	0	0	0	0	6,023	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0	0	0	0	7	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	0	0	0	0	4	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0	0	0	0	750	90.07
90.08	09008 MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023 SLEEP LAB	0	0	0	0	6	90.11
90.12	09024 OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012 INFUSION CLINIC	0	0	0	0	184	90.14
90.15	09013 NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	0	0	0	0	1	90.17
90.18	09016 DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025 IUMG - MH	0	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021 LIFE CARE CLINIC	0	0	0	0	4	90.24
91.00	09100 EMERGENCY	0	0	0	0	7,875	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	3,976,004	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/26/2023 7:38 am	
Title XVIII			Subprovider - IPF	PPS	
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
	4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	553,722	553,722	1,220,927,912	0.000454
50.01 05001 ENDOSCOPY	0	146	146	112,296,333	0.000001
51.00 05100 RECOVERY ROOM	0	648	648	165,708,414	0.000004
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	961	961	94,515,705	0.000010
53.00 05300 ANESTHESIOLOGY	0	6,419	6,419	99,180,124	0.000065
53.01 05301 PULMONARY FUNCTION TESTING	0	5	5	29,571,808	0.000000
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	6,532	6,532	763,535,067	0.000009
55.00 05500 RADIOLOGY-THERAPEUTIC	0	19	19	205,263,157	0.000000
56.00 05600 RADIOISOTOPE	0	154	154	75,424,291	0.000002
59.00 05900 CARDIAC CATHETERIZATION	0	74	74	4,577,192	0.000016
60.00 06000 LABORATORY	0	7,514	7,514	563,323,553	0.000013
60.01 06001 TRANSPLANT IMMUNOLOGY	0	1	1	21,027,362	0.000000
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	228	228	205,000,269	0.000001
65.00 06500 RESPIRATORY THERAPY	0	17	17	197,446,022	0.000000
66.00 06600 PHYSICAL THERAPY	0	0	0	109,595,423	0.000000
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	26,798,511	0.000000
68.00 06800 SPEECH PATHOLOGY	0	1	1	32,542,521	0.000000
69.00 06900 ELECTROCARDIOLOGY	0	101	101	126,549,080	0.000001
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	90,434,930	0.000000
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	429,391,123	0.000000
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	770,541,060	0.000000
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,380,939	3,380,939	1,950,402,205	0.001733
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0	0	399,349,842	0.000000
74.00 07400 RENAL DIALYSIS	0	219	219	40,833,731	0.000005
76.00 03020 RHNBN ECMO IC	0	86	86	9,563,132	0.000009
76.01 03140 RADIOLOGY	0	289	289	69,553,172	0.000004
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	53	53	0	0.000000
76.03 03950 CARDIAC CATH	0	1,991	1,991	225,798,851	0.000009
76.04 03951 DAY SURGERY	0	1,027	1,027	27,642,628	0.000037
76.05 03480 ONCOLOGY	0	0	0	0	0.000000
76.06 03952 DAY SURGERY-RILEY	0	0	0	0	0.000000
76.07 03953 RADIOLOGY-RILEY	0	0	0	0	0.000000
76.08 03954 ECMO-ADULT	0	0	0	9,344,315	0.000000
76.97 07697 CARDIAC REHABILITATION	0	3	3	7,700,462	0.000000
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	8,950,853	0.000000
OUTPATIENT SERVICE COST CENTERS					
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000
90.00 09000 CLINIC	0	0	0	0	0.000000
90.01 09001 AMB SVC-OB & GYN	0	1	1	6,172,313	0.000000
90.02 09002 IUSCC HEM/ONC	0	6,023	6,023	155,841,306	0.000039
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	7	7	5,155,389	0.000001
90.04 09004 AMB SVC-PSYCH ADULT	0	0	0	784,366	0.000000
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0.000000
90.06 09006 OUTPATIENT SURGERY	0	4	4	30,670,027	0.000000
90.07 09007 AMB SVC-RILEY CLINICS	0	750	750	30,804,069	0.000024
90.08 09008 MOTILITY LAB	0	0	0	1,104,594	0.000000
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0.000000
90.10 09010 CLINICAL GERIATRICS	0	0	0	0	0.000000
90.11 09023 SLEEP LAB	0	6	6	40,252,085	0.000000
90.12 09024 OP CARE ADULTS	0	0	0	0	0.000000
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0.000000
90.14 09012 INFUSION CLINIC	0	184	184	8,006,279	0.000023
90.15 09013 NEUROLOGY UH	0	0	0	0	0.000000
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0.000000
90.17 09015 PHYSICAL MEDICINE	0	1	1	1,274,150	0.000001
90.18 09016 DERMATOLOGY CLINIC	0	0	0	7,765,946	0.000000
90.19 09017 INFUSION/HEM/ONC	0	0	0	0	0.000000
90.20 09025 IUMG - MH	0	0	0	0	0.000000
90.21 09019 OP REHAB CLINIC	0	0	0	1,007,318	0.000000
90.22 09020 EATING DISORDERS CLINIC	0	0	0	3,408,802	0.000000
90.23 09018 GASTROENTEROLOGY CLINIC	0	0	0	1,815,384	0.000000
90.24 09021 LIFE CARE CLINIC	0	4	4	1,088,047	0.000004
91.00 09100 EMERGENCY	0	7,875	7,875	815,125,836	0.000010
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	122,895,763	0.000000
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/26/2023 7:38 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
95.00	09500	AMBULANCE SERVICES	4.00	5.00	6.00	7.00	8.00	
200.00		Total (lines 50 through 199)	0	3,976,004	3,976,004	9,325,960,722	95.00 200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/26/2023 7:38 am	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000454	231,472	105	0	0	50.00
50.01	05001 ENDOSCOPY	0.000001	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000004	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000010	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000065	0	0	0	0	53.00
53.01	05301 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000009	24,712	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000002	0	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000016	1,090	0	0	0	59.00
60.00	06000 LABORATORY	0.000013	79,641	1	0	0	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0.000000	0	0	0	0	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000001	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,410	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	18,858	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	8,668	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	4,016	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000001	15,577	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	11,430	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001733	231,779	402	0	0	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	0.000005	0	0	0	0	74.00
76.00	03020 RH NBN ECMO IC	0.000009	0	0	0	0	76.00
76.01	03140 RADIOLOGY	0.000004	0	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.02
76.03	03950 CARDIAC CATH	0.000009	0	0	0	0	76.03
76.04	03951 DAY SURGERY	0.000037	3,300	0	0	0	76.04
76.05	03480 ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954 ECMO-ADULT	0.000000	0	0	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	0.000000	0	0	0	0	90.01
90.02	09002 IUSCC HEM/ONC	0.000039	0	0	0	0	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0.000001	0	0	0	0	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0.000000	0	0	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	0.000000	0	0	0	0	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0.000024	0	0	0	0	90.07
90.08	09008 MOTILITY LAB	0.000000	0	0	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023 SLEEP LAB	0.000000	0	0	0	0	90.11
90.12	09024 OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012 INFUSION CLINIC	0.000023	0	0	0	0	90.14
90.15	09013 NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	0.000001	0	0	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.000000	0	0	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.000000	0	0	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.23
90.24	09021 LIFE CARE CLINIC	0.000004	0	0	0	0	90.24
91.00	09100 EMERGENCY	0.000010	197,859	2	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/26/2023 7:38 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
200.00	Total (lines 50 through 199)	9.00	833,812	510	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description	Title XIX			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	23,241,681	0	23,241,681	260,318	89.28	30.00
31.00	INTENSIVE CARE UNIT	1,692,282		1,692,282	20,467	82.68	31.00
32.00	CORONARY CARE UNIT	2,740,387		2,740,387	20,143	136.05	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	3,764,765		3,764,765	33,662	111.84	32.01
33.00	BURN INTENSIVE CARE UNIT	454,340		454,340	2,149	211.42	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 61C	552,891		552,891	3,229	171.23	34.02
34.03	UH NS 31C	0		0	0	0.00	34.03
34.04	RH PED IC	1,497,295		1,497,295	11,087	135.05	34.04
34.05	TRANSPLANT ICU	374,020		374,020	2,197	170.24	34.05
34.06	PEDS CANCER CARE	925,500		925,500	3,431	269.75	34.06
40.00	SUBPROVIDER - IPF	526,969	0	526,969	4,963	106.18	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	288,152		288,152	5,427	53.10	43.00
200.00	Total (lines 30 through 199)	36,058,282		36,058,282	367,073		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	11,230	1,002,614				30.00
31.00	INTENSIVE CARE UNIT	8,026	663,590				31.00
32.00	CORONARY CARE UNIT	339	46,121				32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,863	320,198				32.01
33.00	BURN INTENSIVE CARE UNIT	138	29,176				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
34.02	UH SURG 61C	0	0				34.02
34.03	UH NS 31C	0	0				34.03
34.04	RH PED IC	3,502	472,945				34.04
34.05	TRANSPLANT ICU	0	0				34.05
34.06	PEDS CANCER CARE	0	0				34.06
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
43.00	NURSERY	4,296	228,118				43.00
200.00	Total (lines 30 through 199)	30,394	2,762,762				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
Title XIX			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,434,698	1,220,927,912	0.020832	18,906,383	393,858	50.00
50.01	05001	ENDOSCOPY	1,790,715	112,296,333	0.015946	977,596	15,589	50.01
51.00	05100	RECOVERY ROOM	1,521,733	165,708,414	0.009183	1,332,650	12,238	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,148,914	94,515,705	0.012156	1,299,506	15,797	52.00
53.00	05300	ANESTHESIOLOGY	993,268	99,180,124	0.010015	1,733,235	17,358	53.00
53.01	05301	PULMONARY FUNCTION TESTING	452,975	29,571,808	0.015318	341,871	5,237	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,607,883	763,535,067	0.029609	11,040,506	326,898	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,522,421	205,263,157	0.017161	465,501	7,988	55.00
56.00	05600	RADIOISOTOPE	1,246,844	75,424,291	0.016531	157,331	2,601	56.00
59.00	05900	CARDIAC CATHETERIZATION	266,525	4,577,192	0.058229	35,061	2,042	59.00
60.00	06000	LABORATORY	11,984,359	563,323,553	0.021274	11,632,861	247,477	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	243,402	21,027,362	0.011575	90,303	1,045	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	289,454	205,000,269	0.001412	7,569,756	10,688	63.00
65.00	06500	RESPIRATORY THERAPY	1,951,194	197,446,022	0.009882	20,945,592	206,984	65.00
66.00	06600	PHYSICAL THERAPY	1,486,670	109,595,423	0.013565	1,933,873	26,233	66.00
67.00	06700	OCCUPATIONAL THERAPY	109,153	26,798,511	0.004073	988,385	4,026	67.00
68.00	06800	SPEECH PATHOLOGY	699,434	32,542,521	0.021493	688,428	14,796	68.00
69.00	06900	ELECTROCARDIOLOGY	1,799,339	126,549,080	0.014219	3,363,549	47,826	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,169,747	90,434,930	0.012935	4,256,093	55,053	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	356,071	429,391,123	0.000829	7,399,950	6,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	403,509	770,541,060	0.000524	13,958,757	7,314	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,818,721	1,950,402,205	0.001958	32,718,493	64,063	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,067,377	399,349,842	0.002673	0	0	73.03
74.00	07400	RENAL DIALYSIS	1,095,658	40,833,731	0.026832	1,465,589	39,325	74.00
76.00	03020	RH NBN ECMO IC	101,560	9,563,132	0.010620	1,036,093	11,003	76.00
76.01	03140	CARDIOLOGY	992,161	69,553,172	0.014265	134,253	1,915	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	73,834	0	0.000000	0	0	76.02
76.03	03950	CARDIAC CATH	3,426,164	225,798,851	0.015174	2,049,854	31,104	76.03
76.04	03951	DAY SURGERY	718,240	27,642,628	0.025983	2,686	70	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	137,076	9,344,315	0.014669	300,463	4,407	76.08
76.97	07697	CARDIAC REHABILITATION	301,987	7,700,462	0.039217	6,570	258	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	50,125	8,950,853	0.005600	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	438,782	6,172,313	0.071089	0	0	90.01
90.02	09002	IUSCC HEM/ONC	3,355,382	155,841,306	0.021531	9,681	208	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	123,734	5,155,389	0.024001	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	109,467	784,366	0.139561	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	443,239	30,670,027	0.014452	369,228	5,336	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1,405,270	30,804,069	0.045620	16,731	763	90.07
90.08	09008	MOTILITY LAB	61,786	1,104,594	0.055935	13,019	728	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	555,054	40,252,085	0.013789	175,340	2,418	90.11
90.12	09024	OP CARE ADULTS	0	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	16,419	8,006,279	0.002051	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	202,594	1,274,150	0.159003	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	176,928	7,765,946	0.022783	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	3,345	0	0.000000	0	0	90.19
90.20	09025	IUMG - MH	0	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	63,004	1,007,318	0.062546	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	88,269	3,408,802	0.025894	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	349,397	1,815,384	0.192465	131	25	90.23
90.24	09021	LIFE CARE CLINIC	211,730	1,088,047	0.194596	0	0	90.24
91.00	09100	EMERGENCY	4,270,671	815,125,836	0.005239	8,802,373	46,116	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,431,898	122,895,763	0.011651	72,221	841	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00		Total (lines 50 through 199)	104,568,180	9,325,960,722		156,289,912	1,635,763	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description	Title XIX			Hospital		PPS	
	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	848,377	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	71,861	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	74,047	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	118,312	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	7,450	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	0	0	11,866	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	39,993	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	8,037	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	12,065	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	16,984	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	18,567	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	1,227,559	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
	4.00	5.00	6.00	7.00	8.00		

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	848,377	260,318	3.26	11,230	30.00
31.00	03100	INTENSIVE CARE UNIT		71,861	20,467	3.51	8,026	31.00
32.00	03200	CORONARY CARE UNIT		74,047	20,143	3.68	339	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		118,312	33,662	3.51	2,863	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		7,450	2,149	3.47	138	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.02	03401	UH SURG 61C		11,866	3,229	3.67	0	34.02
34.03	03402	UH NS 31C		0	0	0.00	0	34.03
34.04	03403	RH PED IC		39,993	11,087	3.61	3,502	34.04
34.05	03404	TRANSPLANT ICU		8,037	2,197	3.66	0	34.05
34.06	03407	PEDS CANCER CARE		12,065	3,431	3.52	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	16,984	4,963	3.42	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
43.00	04300	NURSERY		18,567	5,427	3.42	4,296	43.00
200.00		Total (lines 30 through 199)		1,227,559	367,073		30,394	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	36,610					30.00
31.00	03100	INTENSIVE CARE UNIT	28,171					31.00
32.00	03200	CORONARY CARE UNIT	1,248					32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	10,049					32.01
33.00	03300	BURN INTENSIVE CARE UNIT	479					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
34.02	03401	UH SURG 61C	0					34.02
34.03	03402	UH NS 31C	0					34.03
34.04	03403	RH PED IC	12,642					34.04
34.05	03404	TRANSPLANT ICU	0					34.05
34.06	03407	PEDS CANCER CARE	0					34.06
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	14,692					43.00
200.00		Total (lines 30 through 199)	103,891					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description			Title XIX					Hospital	PPS
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
			1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	553,722	50.00	
50.01	05001	ENDOSCOPY	0	0	0	0	146	50.01	
51.00	05100	RECOVERY ROOM	0	0	0	0	648	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	961	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	6,419	53.00	
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	5	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	6,532	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	19	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	154	56.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	74	59.00	
60.00	06000	LABORATORY	0	0	0	0	7,514	60.00	
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	1	60.01	
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	228	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	17	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	1	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	101	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,380,939	73.00	
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03	
74.00	07400	RENAL DIALYSIS	0	0	0	0	219	74.00	
76.00	03020	RH NBN ECMO IC	0	0	0	0	86	76.00	
76.01	03140	CARDIOLOGY	0	0	0	0	289	76.01	
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	53	76.02	
76.03	03950	CARDIAC CATH	0	0	0	0	1,991	76.03	
76.04	03951	DAY SURGERY	0	0	0	0	1,027	76.04	
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05	
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06	
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07	
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	3	76.97	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	1	90.01	
90.02	09002	IUSCC HEM/ONC	0	0	0	0	6,023	90.02	
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	7	90.03	
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04	
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05	
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	4	90.06	
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	750	90.07	
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08	
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09	
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10	
90.11	09023	SLEEP LAB	0	0	0	0	6	90.11	
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12	
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13	
90.14	09012	INFUSION CLINIC	0	0	0	0	184	90.14	
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15	
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16	
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	1	90.17	
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18	
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19	
90.20	09025	IUMG - MH	0	0	0	0	0	90.20	
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21	
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23	
90.24	09021	LIFE CARE CLINIC	0	0	0	0	4	90.24	
91.00	09100	EMERGENCY	0	0	0	0	7,875	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	52,256	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00		Total (lines 50 through 199)	0	0	0	0	4,028,260	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/26/2023 7:38 am		
Cost Center Description		Title XIX		Hospital		PPS		
		All Other Medical Educational Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	553,722	553,722	1,220,927,912	0.000454	50.00
50.01	05001	ENDOSCOPY	0	146	146	112,296,333	0.000001	50.01
51.00	05100	RECOVERY ROOM	0	648	648	165,708,414	0.000004	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	961	961	94,515,705	0.000010	52.00
53.00	05300	ANESTHESIOLOGY	0	6,419	6,419	99,180,124	0.000065	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	5	5	29,571,808	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,532	6,532	763,535,067	0.000009	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19	19	205,263,157	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	154	154	75,424,291	0.000002	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	74	74	4,577,192	0.000016	59.00
60.00	06000	LABORATORY	0	7,514	7,514	563,323,553	0.000013	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	1	1	21,027,362	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	228	228	205,000,269	0.000001	63.00
65.00	06500	RESPIRATORY THERAPY	0	17	17	197,446,022	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	109,595,423	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	26,798,511	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	1	1	32,542,521	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	101	101	126,549,080	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	90,434,930	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	429,391,123	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	770,541,060	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,380,939	3,380,939	1,950,402,205	0.001733	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	399,349,842	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	219	219	40,833,731	0.000005	74.00
76.00	03020	RH NBN ECMO IC	0	86	86	9,563,132	0.000009	76.00
76.01	03140	CARDIOLOGY	0	289	289	69,553,172	0.000004	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	53	53	0	0.000000	76.02
76.03	03950	CARDIAC CATH	0	1,991	1,991	225,798,851	0.000009	76.03
76.04	03951	DAY SURGERY	0	1,027	1,027	27,642,628	0.000037	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	9,344,315	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	3	3	7,700,462	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	8,950,853	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	1	1	6,172,313	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	0	6,023	6,023	155,841,306	0.000039	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	7	7	5,155,389	0.000001	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	784,366	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	4	4	30,670,027	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	750	750	30,804,069	0.000024	90.07
90.08	09008	MOTILITY LAB	0	0	0	1,104,594	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	6	6	40,252,085	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	INFUSION CLINIC	0	184	184	8,006,279	0.000023	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	1	1	1,274,150	0.000001	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	7,765,946	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0.000000	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	1,007,318	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	3,408,802	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	1,815,384	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	4	4	1,088,047	0.000004	90.24
91.00	09100	EMERGENCY	0	7,875	7,875	815,125,836	0.000010	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	52,256	52,256	122,895,763	0.000425	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
200.00	Total (lines 50 through 199)	0	4,028,260	4,028,260	9,325,960,722		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Title XIX		Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000454	18,906,383	8,583	0	0	50.00
50.01	05001 ENDOSCOPY	0.000001	977,596	1	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000004	1,332,650	5	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000010	1,299,506	13	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000065	1,733,235	113	0	0	53.00
53.01	05301 PULMONARY FUNCTION TESTING	0.000000	341,871	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000009	11,040,506	99	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	465,501	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000002	157,331	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000016	35,061	1	0	0	59.00
60.00	06000 LABORATORY	0.000013	11,632,861	151	0	0	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0.000000	90,303	0	0	0	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000001	7,569,756	8	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	20,945,592	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,933,873	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	988,385	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	688,428	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000001	3,363,549	3	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	4,256,093	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,399,950	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	13,958,757	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001733	32,718,493	56,701	0	0	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	0.000005	1,465,589	7	0	0	74.00
76.00	03020 RH NBN ECMO IC	0.000009	1,036,093	9	0	0	76.00
76.01	03140 RADIOLOGY	0.000004	134,253	1	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.02
76.03	03950 CARDIAC CATH	0.000009	2,049,854	18	0	0	76.03
76.04	03951 DAY SURGERY	0.000037	2,686	0	0	0	76.04
76.05	03480 ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954 ECMO-ADULT	0.000000	300,463	0	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0.000000	6,570	0	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	0.000000	0	0	0	0	90.01
90.02	09002 IUSCC HEM/ONC	0.000039	9,681	0	0	0	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0.000001	0	0	0	0	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0.000000	0	0	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	0.000000	369,228	0	0	0	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0.000024	16,731	0	0	0	90.07
90.08	09008 MOTILITY LAB	0.000000	13,019	0	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023 SLEEP LAB	0.000000	175,340	0	0	0	90.11
90.12	09024 OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012 INFUSION CLINIC	0.000023	0	0	0	0	90.14
90.15	09013 NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	0.000001	0	0	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.000000	0	0	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.000000	0	0	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0.000000	131	0	0	0	90.23
90.24	09021 LIFE CARE CLINIC	0.000004	0	0	0	0	90.24
91.00	09100 EMERGENCY	0.000010	8,802,373	88	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000425	72,221	31	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		156,289,912	65,832	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part V Date/Time Prepared: 5/26/2023 7:38 am	
			Title XIX		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.158335	0	14,641,494	0	0	50.00
50.01	05001	ENDOSCOPY	0.125715	0	605,931	0	0	50.01
51.00	05100	RECOVERY ROOM	0.160305	0	3,572,800	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.251420	0	685,576	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.089554	0	1,307,718	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.186546	0	406,489	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140397	0	8,908,511	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.074330	0	4,297,970	0	0	55.00
56.00	05600	RADIOISOTOPE	0.065170	0	764,682	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.324204	0	8,510	0	0	59.00
60.00	06000	LABORATORY	0.179614	0	4,911,706	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.182168	0	202,870	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.119803	0	1,905,240	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.291717	0	424,691	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.387121	0	1,597,627	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.330697	0	455,638	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.307639	0	981,485	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062825	0	1,934,119	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.138618	0	1,927,398	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226522	0	3,344,932	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.143738	0	7,142,402	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235646	0	29,891,742	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.946368	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.323301	0	1,443,883	0	0	74.00
76.00	03020	RH NBN ECMO I C	0.343327	0	36,994	0	0	76.00
76.01	03140	CARDIOLOGY	0.064816	0	23,434	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.102028	0	2,241,635	0	0	76.03
76.04	03951	DAY SURGERY	0.402960	0	381,214	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.354806	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.294425	0	24,982	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.438431	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.361405	0	74,834	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.297743	0	1,665,963	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.200375	0	80,534	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.734697	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.145179	0	219,289	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.248478	0	1,364,338	0	0	90.07
90.08	09008	MOTILITY LAB	0.499965	0	69,899	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.205415	0	1,540,906	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.129147	0	53,656	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.516617	0	31,665	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.232444	0	50,848	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000000	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.283767	0	420,418	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.856845	0	68,773	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.272095	0	43,929	0	0	90.23
90.24	09021	LIFE CARE CLINIC	2.200053	0	9,604	0	0	90.24
91.00	09100	EMERGENCY	0.094430	0	19,235,783	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.211021	0	5,698,885	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part V Date/Time Prepared: 5/26/2023 7:38 am	
			Title XIX		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES	0.144455	0	22,605,027	0	0	95.00
200.00		Subtotal (see instructions)		0	147,306,024	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	147,306,024	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/26/2023 7:38 am
			Title XIX		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,318,261	0		50.00
50.01	05001	ENDOSCOPY	76,175	0		50.01
51.00	05100	RECOVERY ROOM	572,738	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	172,368	0		52.00
53.00	05300	ANESTHESIOLOGY	117,111	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	75,829	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,250,728	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	319,468	0		55.00
56.00	05600	RADIOISOTOPE	49,834	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	2,759	0		59.00
60.00	06000	LABORATORY	882,211	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	36,956	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	228,253	0		63.00
65.00	06500	RESPIRATORY THERAPY	123,890	0		65.00
66.00	06600	PHYSICAL THERAPY	618,475	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	150,678	0		67.00
68.00	06800	SPEECH PATHOLOGY	301,943	0		68.00
69.00	06900	ELECTROCARDIOLOGY	121,511	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	267,172	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	757,701	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,026,635	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,043,869	0		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	466,809	0		74.00
76.00	03020	RH NBN ECMO IC	12,701	0		76.00
76.01	03140	CARDIOLOGY	1,519	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03	03950	CARDIAC CATH	228,710	0		76.03
76.04	03951	DAY SURGERY	153,614	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	7,355	0		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	27,045	0		90.01
90.02	09002	IUSCC HEM/ONC	496,029	0		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	16,137	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	31,836	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	339,008	0		90.07
90.08	09008	MOTILITY LAB	34,947	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	316,525	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	INFUSION CLINIC	6,930	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	48,024	0		90.17
90.18	09016	DERMATOLOGY CLINIC	11,819	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	119,301	0		90.21
90.22	09020	EATING DISORDERS CLINIC	58,928	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	99,811	0		90.23
90.24	09021	LIFE CARE CLINIC	21,129	0		90.24
91.00	09100	EMERGENCY	1,816,435	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,202,584	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part V Date/Time Prepared: 5/26/2023 7:38 am		
			Title XIX		Hospital		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
95.00	09500	AMBULANCE SERVICES	3,265,409						95.00
200.00		Subtotal (see instructions)	25,297,170	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	25,297,170	0					202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/26/2023 7:38 am
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	Title XIX	Subprovider - IPF	
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS 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	0.158335	0	684,204	0	0	0	0	50.00			
50.01 05001 ENDOSCOPY	0.125715	0	0	0	0	0	0	50.01			
51.00 05100 RECOVERY ROOM	0.160305	0	0	0	0	0	0	51.00			
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.251420	0	0	0	0	0	0	52.00			
53.00 05300 ANESTHESIOLOGY	0.089554	0	0	0	0	0	0	53.00			
53.01 05301 PULMONARY FUNCTION TESTING	0.186546	0	0	0	0	0	0	53.01			
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.140397	0	12,886	0	0	0	0	54.00			
55.00 05500 RADIOLOGY-THERAPEUTIC	0.074330	0	0	0	0	0	0	55.00			
56.00 05600 RADIOISOTOPE	0.065170	0	0	0	0	0	0	56.00			
59.00 05900 CARDIAC CATHETERIZATION	0.324204	0	0	0	0	0	0	59.00			
60.00 06000 LABORATORY	0.179614	0	2,819	0	0	0	0	60.00			
60.01 06001 TRANSPLANT IMMUNOLOGY	0.182168	0	0	0	0	0	0	60.01			
60.02 06002 BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	0	0	60.02			
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0.119803	0	0	0	0	0	0	63.00			
65.00 06500 RESPIRATORY THERAPY	0.291717	0	0	0	0	0	0	65.00			
66.00 06600 PHYSICAL THERAPY	0.387121	0	0	0	0	0	0	66.00			
67.00 06700 OCCUPATIONAL THERAPY	0.330697	0	0	0	0	0	0	67.00			
68.00 06800 SPEECH PATHOLOGY	0.307639	0	0	0	0	0	0	68.00			
69.00 06900 ELECTROCARDIOLOGY	0.062825	0	251	0	0	0	0	69.00			
70.00 07000 ELECTROENCEPHALOGRAPHY	0.138618	0	0	0	0	0	0	70.00			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.226522	0	0	0	0	0	0	71.00			
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.143738	0	0	0	0	0	0	72.00			
73.00 07300 DRUGS CHARGED TO PATIENTS	0.235646	0	185,359	0	0	0	0	73.00			
73.03 07303 OUTPATIENT RETAIL PHARMACY	0.946368	0	0	0	0	0	0	73.03			
74.00 07400 RENAL DIALYSIS	0.323301	0	0	0	0	0	0	74.00			
76.00 03020 RH NBN ECMO IC	0.343327	0	0	0	0	0	0	76.00			
76.01 03140 RADIOLOGY	0.064816	0	0	0	0	0	0	76.01			
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	0	0	76.02			
76.03 03950 CARDIAC CATH	0.102028	0	0	0	0	0	0	76.03			
76.04 03951 DAY SURGERY	0.402960	0	325,600	0	0	0	0	76.04			
76.05 03480 ONCOLOGY	0.000000	0	0	0	0	0	0	76.05			
76.06 03952 DAY SURGERY-RILEY	0.000000	0	0	0	0	0	0	76.06			
76.07 03953 RADIOLOGY-RILEY	0.000000	0	0	0	0	0	0	76.07			
76.08 03954 ECMO-ADULT	0.354806	0	0	0	0	0	0	76.08			
76.97 07697 CARDIAC REHABILITATION	0.294425	0	0	0	0	0	0	76.97			
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0.438431	0	0	0	0	0	0	77.00			
OUTPATIENT SERVICE COST CENTERS											
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER								89.00			
90.00 09000 CLINIC	0.000000	0	0	0	0	0	0	90.00			
90.01 09001 AMB SVC-OB & GYN	0.361405	0	0	0	0	0	0	90.01			
90.02 09002 IUSCC HEM/ONC	0.297743	0	0	0	0	0	0	90.02			
90.03 09003 AMB SVC-OPHTHALMOLOGY	0.200375	0	0	0	0	0	0	90.03			
90.04 09004 AMB SVC-PSYCH ADULT	1.734697	0	0	0	0	0	0	90.04			
90.05 09005 AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	0	0	90.05			
90.06 09006 OUTPATIENT SURGERY	0.145179	0	0	0	0	0	0	90.06			
90.07 09007 AMB SVC-RILEY CLINICS	0.248478	0	0	0	0	0	0	90.07			
90.08 09008 MOTILITY LAB	0.499965	0	0	0	0	0	0	90.08			
90.09 09009 AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	0	0	90.09			
90.10 09010 CLINICAL GERIATRICS	0.000000	0	0	0	0	0	0	90.10			
90.11 09023 SLEEP LAB	0.205415	0	6,204	0	0	0	0	90.11			
90.12 09024 OP CARE ADULTS	0.000000	0	0	0	0	0	0	90.12			
90.13 09011 PEDIATRIC CLINIC	0.000000	0	0	0	0	0	0	90.13			
90.14 09012 INFUSION CLINIC	0.129147	0	0	0	0	0	0	90.14			
90.15 09013 NEUROLOGY UH	0.000000	0	0	0	0	0	0	90.15			
90.16 09014 ORTHOPEDICS UH	0.000000	0	0	0	0	0	0	90.16			
90.17 09015 PHYSICAL MEDICINE	1.516617	0	0	0	0	0	0	90.17			
90.18 09016 DERMATOLOGY CLINIC	0.232444	0	0	0	0	0	0	90.18			
90.19 09017 INFUSION/HEM/ONC	0.000000	0	0	0	0	0	0	90.19			
90.20 09025 IUMG - MH	0.000000	0	0	0	0	0	0	90.20			
90.21 09019 OP REHAB CLINIC	0.283767	0	0	0	0	0	0	90.21			
90.22 09020 EATING DISORDERS CLINIC	0.856845	0	19,702	0	0	0	0	90.22			
90.23 09018 GASTROENTEROLOGY CLINIC	2.272095	0	0	0	0	0	0	90.23			
90.24 09021 LIFE CARE CLINIC	2.200053	0	0	0	0	0	0	90.24			
91.00 09100 EMERGENCY	0.094430	0	0	0	0	0	0	91.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.211021	0	0	0	0	0	0	92.00			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/26/2023 7:38 am
Title XIX		Subprovider - IPF	

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	
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0	0		94.00
95.00 09500 AMBULANCE SERVICES	0.144455		0	0		95.00
200.00 Subtotal (see instructions)		0	1,237,025	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 - line 201)		0	1,237,025	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/26/2023 7:38 am
		Title XIX	Subprovider - IPF	

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	108,333	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
53.01 05301 PULMONARY FUNCTION TESTING	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,809	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	506	0		60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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	16	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	43,679	0		73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 RH NBN ECMO IC	0	0		76.00
76.01 03140 RADIOLOGY	0	0		76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03 03950 CARDIAC CATH	0	0		76.03
76.04 03951 DAY SURGERY	131,204	0		76.04
76.05 03480 ONCOLOGY	0	0		76.05
76.06 03952 DAY SURGERY-RILEY	0	0		76.06
76.07 03953 RADIOLOGY-RILEY	0	0		76.07
76.08 03954 ECMO-ADULT	0	0		76.08
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 AMB SVC-OB & GYN	0	0		90.01
90.02 09002 IUSCC HEM/ONC	0	0		90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	0		90.03
90.04 09004 AMB SVC-PSYCH ADULT	0	0		90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0		90.05
90.06 09006 OUTPATIENT SURGERY	0	0		90.06
90.07 09007 AMB SVC-RILEY CLINICS	0	0		90.07
90.08 09008 MOTILITY LAB	0	0		90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0		90.09
90.10 09010 CLINICAL GERIATRICS	0	0		90.10
90.11 09023 SLEEP LAB	1,274	0		90.11
90.12 09024 OP CARE ADULTS	0	0		90.12
90.13 09011 PEDIATRIC CLINIC	0	0		90.13
90.14 09012 INFUSION CLINIC	0	0		90.14
90.15 09013 NEUROLOGY UH	0	0		90.15
90.16 09014 ORTHOPEDICS UH	0	0		90.16
90.17 09015 PHYSICAL MEDICINE	0	0		90.17
90.18 09016 DERMATOLOGY CLINIC	0	0		90.18
90.19 09017 INFUSION/HEM/ONC	0	0		90.19
90.20 09025 IUMG - MH	0	0		90.20
90.21 09019 OP REHAB CLINIC	0	0		90.21
90.22 09020 EATING DISORDERS CLINIC	16,882	0		90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	0		90.23
90.24 09021 LIFE CARE CLINIC	0	0		90.24
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/26/2023 7:38 am
Title XIX		Subprovider - IPF	

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	303,703	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	303,703	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/26/2023 7:38 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		260,318	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		260,318	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)		244,280	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)		47,584	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)		420,936,959	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)		420,936,959	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)		420,936,959	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)		1,617.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		76,943,804	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)		76,943,804	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/26/2023 7:38 am		
Cost Center Description			Title XVIII		Hospital	PPS	
			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
			1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	46,813,538	20,467	2,287.27	4,362	9,977,072	43.00
44.00	CORONARY CARE UNIT	54,220,409	20,143	2,691.77	2,934	7,897,653	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	64,365,890	33,662	1,912.12	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5,896,943	2,149	2,744.04	144	395,142	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02	UH SURG 61C	9,107,643	3,229	2,820.58	989	2,789,554	46.02
46.03	UH NS 31C	0	0	0.00	0	0	46.03
46.04	RH PED IC	27,885,595	11,087	2,515.16	7	17,606	46.04
46.05	TRANSPLANT ICU	6,001,586	2,197	2,731.72	547	1,494,251	46.05
46.06	PEDS CANCER CARE	7,291,723	3,431	2,125.25	129	274,157	46.06
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)					130,787,407	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)					230,576,646	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,524,618	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,643,194	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					14,167,812	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					216,408,834	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/26/2023 7:38 am	
		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
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)				16,038		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,617.01		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				25,933,606		89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	23,241,681	420,936,959	0.055214	25,933,606	1,431,898	90.00
91.00	Nursing Program cost	0	420,936,959	0.000000	25,933,606	0	91.00
92.00	Allied health cost	848,377	420,936,959	0.002015	25,933,606	52,256	92.00
93.00	All other Medical Education	0	420,936,959	0.000000	25,933,606	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/26/2023 7:38 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,963	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,963	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)		4,963	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)		719	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)		8,259,896	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)		8,259,896	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)		8,259,896	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)		1,664.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,196,625	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,196,625	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/26/2023 7:38 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
44.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	44.01	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
46.02 UH SURG 61C	0	0	0.00	0	0	46.02	
46.03 UH NS 31C	0	0	0.00	0	0	46.03	
46.04 RH PED IC	0	0	0.00	0	0	46.04	
46.05 TRANSPLANT ICU	0	0	0.00	0	0	46.05	
46.06 PEDS CANCER CARE	0	0	0.00	0	0	46.06	
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)					145,422	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)					1,342,047	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)					78,802	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,197	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					88,999	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,253,048	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	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/26/2023 7:38 am		
		Title XVIII	Subprovider - IPF	PPS		
Cost Center Description		1.00				
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)	0				87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00				88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0				89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	526,969	8,259,896	0.063799	0	90.00
91.00	Nursing Program cost	0	8,259,896	0.000000	0	91.00
92.00	Allied health cost	16,984	8,259,896	0.002056	0	92.00
93.00	All other Medical Education	0	8,259,896	0.000000	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/26/2023 7:38 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		260,318	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		260,318	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)		244,280	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)		11,230	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		5,427	15.00
16.00	Nursery days (title V or XIX only)		4,296	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)		420,936,959	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)		420,936,959	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)		420,936,959	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)		1,617.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,159,022	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)		18,159,022	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/26/2023 7:38 am	
			Title XIX	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	4,038,724	5,427	744.19	4,296	3,197,040	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	46,813,538	20,467	2,287.27	8,026	18,357,629	43.00
44.00 CORONARY CARE UNIT	54,220,409	20,143	2,691.77	339	912,510	44.00
44.01 NEONATAL INTENSIVE CARE UNIT	64,365,890	33,662	1,912.12	2,863	5,474,400	44.01
45.00 BURN INTENSIVE CARE UNIT	5,896,943	2,149	2,744.04	138	378,678	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02 UH SURG 61C	9,107,643	3,229	2,820.58	0	0	46.02
46.03 UH NS 31C	0	0	0.00	0	0	46.03
46.04 RH PED IC	27,885,595	11,087	2,515.16	3,502	8,808,090	46.04
46.05 TRANSPLANT ICU	6,001,586	2,197	2,731.72	0	0	46.05
46.06 PEDS CANCER CARE	7,291,723	3,431	2,125.25	0	0	46.06
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)					30,214,111	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)					85,501,480	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,866,653	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,701,595	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,568,248	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					80,933,232	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/26/2023 7:38 am	
		Title XIX		Hospital		PPS	
Cost Center Description						1.00	
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)				16,038		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,617.01		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				25,933,606		89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	23,241,681	420,936,959	0.055214	25,933,606	1,431,898	90.00
91.00	Nursing Program cost	0	420,936,959	0.000000	25,933,606	0	91.00
92.00	Allied health cost	848,377	420,936,959	0.002015	25,933,606	52,256	92.00
93.00	All other Medical Education	0	420,936,959	0.000000	25,933,606	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		202,397,448	30.00
31.00	03100	INTENSIVE CARE UNIT		34,258,387	31.00
32.00	03200	CORONARY CARE UNIT		22,912,308	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		599,441	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.02	03401	UH SURG 6IC		7,771,764	34.02
34.03	03402	UH NS 3IC		0	34.03
34.04	03403	RH PED IC		34,477	34.04
34.05	03404	TRANSPLANT ICU		4,989,456	34.05
34.06	03407	PEDS CANCER CARE		448,137	34.06
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158335	141,569,754	22,415,447
50.01	05001	ENDOSCOPY	0.125715	11,587,881	1,456,770
51.00	05100	RECOVERY ROOM	0.160305	11,060,470	1,773,049
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.251420	299,914	75,404
53.00	05300	ANESTHESIOLOGY	0.089554	11,476,903	1,027,803
53.01	05301	PULMONARY FUNCTION TESTING	0.186546	210,178	39,208
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140397	64,089,176	8,997,928
55.00	05500	RADIOLOGY-THERAPEUTIC	0.074330	3,402,525	252,910
56.00	05600	RADIOISOTOPE	0.065170	1,720,649	112,135
59.00	05900	CARDIAC CATHETERIZATION	0.324204	1,012,074	328,118
60.00	06000	LABORATORY	0.179614	49,385,364	8,870,303
60.01	06001	TRANSPLANT IMMUNOLOGY	0.182168	858,807	156,447
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.119803	23,141,637	2,772,438
65.00	06500	RESPIRATORY THERAPY	0.291717	22,564,734	6,582,517
66.00	06600	PHYSICAL THERAPY	0.387121	10,321,212	3,995,558
67.00	06700	OCCUPATIONAL THERAPY	0.330697	3,117,547	1,030,963
68.00	06800	SPEECH PATHOLOGY	0.307639	2,423,873	745,678
69.00	06900	ELECTROCARDIOLOGY	0.062825	12,430,737	780,961
70.00	07000	ELECTROENCEPHALOGRAPHY	0.138618	8,780,989	1,217,203
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226522	52,414,104	11,872,948
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.143738	122,100,634	17,550,501
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235646	123,655,575	29,138,942
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.946368	0	0
74.00	07400	RENAL DIALYSIS	0.323301	5,368,411	1,735,613
76.00	03020	RH NBN ECMO IC	0.343327	0	0
76.01	03140	CARDIOLOGY	0.064816	3,055,426	198,040
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0
76.03	03950	CARDIAC CATH	0.102028	18,155,347	1,852,354
76.04	03951	DAY SURGERY	0.402960	230,679	92,954
76.05	03480	ONCOLOGY	0.000000	0	0
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0
76.08	03954	ECMO-ADULT	0.354806	1,051,340	373,022
76.97	07697	CARDIAC REHABILITATION	0.294425	104,724	30,833
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.438431	0	0
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0
90.00	09000	CLINIC	0.000000	0	0
90.01	09001	AMB SVC-OB & GYN	0.361405	0	0
90.02	09002	IUSCC HEM/ONC	0.297743	306,290	91,196
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.200375	295	59
90.04	09004	AMB SVC-PSYCH ADULT	1.734697	0	0
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0
90.06	09006	OUTPATIENT SURGERY	0.145179	3,290,577	477,723
90.07	09007	AMB SVC-RILEY CLINICS	0.248478	3,926	976
90.08	09008	MOTILITY LAB	0.499965	0	0
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0
90.11	09023	SLEEP LAB	0.205415	6,721	1,381
90.12	09024	OP CARE ADULTS	0.000000	0	0
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0
90.14	09012	INFUSION CLINIC	0.129147	0	0
90.15	09013	NEUROLOGY UH	0.000000	0	0
90.16	09014	ORTHOPEDICS UH	0.000000	0	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.17	09015 PHYSICAL MEDICINE	1.516617	2,217	3,362	90.17
90.18	09016 DERMATOLOGY CLINIC	0.232444	9,703	2,255	90.18
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.283767	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.856845	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2.272095	4,485	10,190	90.23
90.24	09021 LIFE CARE CLINIC	2.200053	99	218	90.24
91.00	09100 EMERGENCY	0.096813	48,654,184	4,710,358	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.211021	64,647	13,642	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		757,933,808	130,787,407	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)		757,933,808		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/26/2023 7:38 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PEDIC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF		2,219,474	40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158335	231,472	50.00
50.01	05001	ENDOSCOPY	0.125715	0	50.01
51.00	05100	RECOVERY ROOM	0.160305	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.251420	0	52.00
53.00	05300	ANESTHESIOLOGY	0.089554	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.186546	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140397	24,712	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.074330	0	55.00
56.00	05600	RADIOISOTOPE	0.065170	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.324204	1,090	59.00
60.00	06000	LABORATORY	0.179614	79,641	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.182168	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.119803	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.291717	5,410	65.00
66.00	06600	PHYSICAL THERAPY	0.387121	18,858	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.330697	8,668	67.00
68.00	06800	SPEECH PATHOLOGY	0.307639	4,016	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062825	15,577	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.138618	11,430	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226522	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.143738	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235646	231,779	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.946368	0	73.03
74.00	07400	RENAL DIALYSIS	0.323301	0	74.00
76.00	03020	RH NBN ECMO IC	0.343327	0	76.00
76.01	03140	CARDIOLOGY	0.064816	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	76.02
76.03	03950	CARDIAC CATH	0.102028	0	76.03
76.04	03951	DAY SURGERY	0.402960	3,300	76.04
76.05	03480	ONCOLOGY	0.000000	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	76.07
76.08	03954	ECMO-ADULT	0.354806	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.294425	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.438431	0	77.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.361405	0	90.01
90.02	09002	IUSCC HEM/ONC	0.297743	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.200375	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.734697	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.145179	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.248478	0	90.07
90.08	09008	MOTILITY LAB	0.499965	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	90.10
90.11	09023	SLEEP LAB	0.205415	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	90.13
90.14	09012	INFUSION CLINIC	0.129147	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	90.15

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/26/2023 7:38 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.16	09014 ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	1.516617	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0.232444	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.283767	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.856845	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2.272095	0	0	90.23
90.24	09021 LIFE CARE CLINIC	2.200053	0	0	90.24
91.00	09100 EMERGENCY	0.096813	197,859	19,155	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.211021	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		833,812	145,422	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		833,812		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/26/2023 7:38 am
Cost Center Description			Title XIX	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		50,591,203	30.00
31.00	03100	INTENSIVE CARE UNIT		4,679,362	31.00
32.00	03200	CORONARY CARE UNIT		5,674,392	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		35,151,070	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		1,277,831	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.02	03401	UH SURG 6IC		270,886	34.02
34.03	03402	UH NS 3IC		0	34.03
34.04	03403	RH PED IC		13,670,087	34.04
34.05	03404	TRANSPLANT ICU		543,834	34.05
34.06	03407	PEDS CANCER CARE		723,517	34.06
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		1,936,192	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158335	18,906,383	50.00
50.01	05001	ENDOSCOPY	0.125715	977,596	50.01
51.00	05100	RECOVERY ROOM	0.160305	1,332,650	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.251420	1,299,506	52.00
53.00	05300	ANESTHESIOLOGY	0.089554	1,733,235	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.186546	341,871	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140397	11,040,506	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.074330	465,501	55.00
56.00	05600	RADIOISOTOPE	0.065170	157,331	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.324204	35,061	59.00
60.00	06000	LABORATORY	0.179614	11,632,861	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.182168	90,303	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.119803	7,569,756	63.00
65.00	06500	RESPIRATORY THERAPY	0.291717	20,945,592	65.00
66.00	06600	PHYSICAL THERAPY	0.387121	1,933,873	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.330697	988,385	67.00
68.00	06800	SPEECH PATHOLOGY	0.307639	688,428	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062825	3,363,549	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.138618	4,256,093	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226522	7,399,950	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.143738	13,958,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235646	32,718,493	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.946368	0	73.03
74.00	07400	RENAL DIALYSIS	0.323301	1,465,589	74.00
76.00	03020	RH NBN ECMO IC	0.343327	1,036,093	76.00
76.01	03140	CARDIOLOGY	0.064816	134,253	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	76.02
76.03	03950	CARDIAC CATH	0.102028	2,049,854	76.03
76.04	03951	DAY SURGERY	0.402960	2,686	76.04
76.05	03480	ONCOLOGY	0.000000	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	76.07
76.08	03954	ECMO-ADULT	0.354806	300,463	76.08
76.97	07697	CARDIAC REHABILITATION	0.294425	6,570	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.438431	0	77.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.361405	0	90.01
90.02	09002	IUSCC HEM/ONC	0.297743	9,681	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.200375	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.734697	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.145179	369,228	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.248478	16,731	90.07
90.08	09008	MOTILITY LAB	0.499965	13,019	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	90.10
90.11	09023	SLEEP LAB	0.205415	175,340	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	90.13
90.14	09012	INFUSION CLINIC	0.129147	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	90.16

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.17	09015 PHYSICAL MEDICINE	1.516617	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0.232444	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.283767	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.856845	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2.272095	131	298	90.23
90.24	09021 LIFE CARE CLINIC	2.200053	0	0	90.24
91.00	09100 EMERGENCY	0.096813	8,802,373	852,184	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.211021	72,221	15,240	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		156,289,912	30,214,111	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		156,289,912		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3	
		Component CCN: 15-S056		Date/Time Prepared: 5/26/2023 7:38 am	
		Title XIX	Subprovider - I PF		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PED IC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - I PF		501,398	40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158335	0	50.00
50.01	05001	ENDOSCOPY	0.125715	0	50.01
51.00	05100	RECOVERY ROOM	0.160305	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.251420	0	52.00
53.00	05300	ANESTHESIOLOGY	0.089554	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.186546	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140397	3,668	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.074330	0	55.00
56.00	05600	RADIOISOTOPE	0.065170	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.324204	0	59.00
60.00	06000	LABORATORY	0.179614	26,946	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.182168	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.119803	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.291717	2,644	65.00
66.00	06600	PHYSICAL THERAPY	0.387121	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.330697	609	67.00
68.00	06800	SPEECH PATHOLOGY	0.307639	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062825	1,506	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.138618	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226522	628	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.143738	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235646	41,016	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.946368	0	73.03
74.00	07400	RENAL DIALYSIS	0.323301	0	74.00
76.00	03020	RH NBN ECMO IC	0.343327	0	76.00
76.01	03140	CARDIOLOGY	0.064816	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	76.02
76.03	03950	CARDIAC CATH	0.102028	0	76.03
76.04	03951	DAY SURGERY	0.402960	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	76.07
76.08	03954	ECMO-ADULT	0.354806	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.294425	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.438431	0	77.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.361405	0	90.01
90.02	09002	IUSCC HEM/ONC	0.297743	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.200375	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.734697	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.145179	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.248478	0	90.07
90.08	09008	MOTILITY LAB	0.499965	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	90.10
90.11	09023	SLEEP LAB	0.205415	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	90.13
90.14	09012	INFUSION CLINIC	0.129147	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	90.15

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/26/2023 7:38 am	
		Title XIX	Subprovider - IPF		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.16	09014 ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	1.516617	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0.232444	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.283767	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.856845	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2.272095	0	0	90.23
90.24	09021 LIFE CARE CLINIC	2.200053	0	0	90.24
91.00	09100 EMERGENCY	0.096813	70,050	6,782	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.211021	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)			147,067	23,011
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	201.00
202.00	Net charges (line 200 minus line 201)			147,067	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2022 To 12/31/2022		Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	PPS Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Part I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	521,299	1,617.01	122.00	197,275	1.00
2.00	INTENSIVE CARE UNIT	43.00	210,160	2,287.27	15.00	34,309	2.00
3.00	CORONARY CARE UNIT	44.00	22,934	2,691.77	2.00	5,384	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,912.12	0.00	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,744.04	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.02	UH SURG 6IC	46.02	0	2,820.58	0.00	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0.00	0	5.03
5.04	RH PED IC	46.04	120,034	2,515.16	10.00	25,152	5.04
5.05	TRANSPLANT ICU	46.05	27,994	2,731.72	4.00	10,927	5.05
5.06	PEDS CANCER CARE	46.06	0	2,125.25	0.00	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		902,421		153.00	273,047	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.158335	4,960,594	785,436	8.00	
8.01	ENDOSCOPY	50.01	0.125715	73,218	9,205	8.01	
9.00	RECOVERY ROOM	51.00	0.160305	217,948	34,938	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.251420	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.089554	296,046	26,512	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.186546	246,498	45,983	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.140397	1,164,175	163,447	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.074330	40	3	13.00	
14.00	RADIOISOTOPE	56.00	0.065170	1,845,796	120,291	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.324204	4,319	1,400	17.00	
18.00	LABORATORY	60.00	0.179614	2,807,850	504,329	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.182168	9,944,348	1,811,542	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.119803	444,531	53,256	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.291717	202,539	59,084	23.00	
24.00	PHYSICAL THERAPY	66.00	0.387121	4,000	1,548	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.330697	903	299	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.307639	991	305	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.062825	982,711	61,739	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.138618	28,269	3,919	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.226522	524,909	118,903	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.143738	34,234	4,921	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.235646	1,363,362	321,271	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.946368	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.323301	4,390	1,419	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.343327	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.064816	0	0	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.000000	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.102028	3,848,682	392,673	34.03	
34.04	DAY SURGERY	76.04	0.402960	66,816	26,924	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.354806	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.294425	25,362	7,467	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.361405	0	0	37.01	
37.02	IUSCC HEM/ONC	90.02	0.297743	524	156	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.200375	925	185	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	1.734697	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.145179	157,434	22,856	37.06	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM	Provider CCN: 15-0056 Component CCN:	Period: From 01/01/2022 To 12/31/2022	Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description		Kidney		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.07	AMB SVC-RILEY CLINICS	90.07	0.248478	0	0	0	37.07
37.08	MOTILITY LAB	90.08	0.499965	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.205415	44,285	9,097	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.129147	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.516617	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.232444	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.283767	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.856845	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.272095	3,064	6,962	0	37.23
37.24	LIFE CARE CLINIC	90.24	2.200053	0	0	0	37.24
38.00	EMERGENCY	91.00	0.094430	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.211021	5,533	1,168	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			29,304,296	4,597,238	0	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	122	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	15	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	2	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	0	46.03
46.04	RH PED IC	6.04	0.00	10	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	4	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			153	0	0	48.00

Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	0	51.01
51.02	IUSCC HEM/ONC	23.02	524	0.000000	0	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	925	0.000000	0	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	0	51.05
51.06	OUTPATIENT SURGERY	23.06	157,434	0.000000	0	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	0	51.10
51.11	SLEEP LAB	23.11	44,285	0.000000	0	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	0	51.13
51.14	INFUSION CLINIC	23.14	0	0.000000	0	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	0	51.15
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	0	51.18

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2022 To 12/31/2022		Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am	
		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	3,064	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	5,533	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		211,765		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	4,870,285		30,206,717		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	20,768,514		20,735,600		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (see instructions)	25,638,799		50,942,317		61.00	
Cost Center Description		Usable Organs					
		1.00	2.00	3.00	4.00		
62.00	Total Usable Organs (see instructions)		338			62.00	
63.00	Medicare Usable Organs (see instructions)		208			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.615385			64.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
65.00	Medicare Cost and Charges (see instructions)	15,777,732		31,349,138		65.00	
66.00	Revenue for organs sold (see instructions)	984,848		0		66.00	
67.00	Subtotal (see instructions)	14,792,884		31,349,138		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	14,792,884	0	31,349,138	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		63	111		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs (see instructions)			190		73.00	
74.00	Total (sum of lines 70 through 73)		63	301		74.00	
75.00	Organs Transplanted		50	164		75.00	
76.00	Organs sold to other hospitals					76.00	
77.00	Organs sold to OPOs		13	111	984,848	77.00	
78.00	Organs sold to transplant hospitals		0	0	0	78.00	
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00	
80.00	Organs sold outside the U.S.		0	0	0	80.00	
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs used for research		0	0	0	82.00	
83.00	Unusable/Discarded organs (see instructions)		0	26		83.00	
84.00	Total (see instructions)		63	301		84.00	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2022 To 12/31/2022		Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	PPS Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	127,501	1,617.01	26.00	42,042	1.00
2.00	INTENSIVE CARE UNIT	43.00	81,591	2,287.27	6.00	13,724	2.00
3.00	CORONARY CARE UNIT	44.00	8,904	2,691.77	1.00	2,692	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,912.12	0.00	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,744.04	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.02	UH SURG 6IC	46.02	0	2,820.58	0.00	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0.00	0	5.03
5.04	RH PED IC	46.04	46,601	2,515.16	4.00	10,061	5.04
5.05	TRANSPLANT ICU	46.05	71,424	2,731.72	9.00	24,585	5.05
5.06	PEDS CANCER CARE	46.06	0	2,125.25	0.00	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		336,021		46.00	93,104	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00		0.158335	1,328,801	210,396	8.00
8.01	ENDOSCOPY	50.01		0.125715	12,352	1,553	8.01
9.00	RECOVERY ROOM	51.00		0.160305	5,058	811	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		0.251420	0	0	10.00
11.00	ANESTHESIOLOGY	53.00		0.089554	98,870	8,854	11.00
11.01	PULMONARY FUNCTION TESTING	53.01		0.186546	503,396	93,907	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00		0.140397	851,130	119,496	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00		0.074330	95	7	13.00
14.00	RADIOISOTOPE	56.00		0.065170	7,311	476	14.00
15.00	CT SCAN	57.00		0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00		0.324204	565	183	17.00
18.00	LABORATORY	60.00		0.179614	904,790	162,513	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01		0.182168	1,969,769	358,829	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02		0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00		0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00		0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00		0.119803	178,611	21,398	21.00
22.00	INTRAVENOUS THERAPY	64.00		0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00		0.291717	75,024	21,886	23.00
24.00	PHYSICAL THERAPY	66.00		0.387121	10,945	4,237	24.00
25.00	OCCUPATIONAL THERAPY	67.00		0.330697	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00		0.307639	1,051	323	26.00
27.00	ELECTROCARDIOLOGY	69.00		0.062825	639,261	40,162	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00		0.138618	10,975	1,521	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0.226522	157,024	35,569	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0.143738	7,520	1,081	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00		0.235646	340,104	80,144	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03		0.946368	0	0	31.03
32.00	RENAL DIALYSIS	74.00		0.323301	1,704	551	32.00
33.00	ASC (NON-DISTINCT PART)	75.00		0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00		0.343327	0	0	34.00
34.01	CARDIOLOGY	76.01		0.064816	0	0	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02		0.000000	0	0	34.02
34.03	CARDIAC CATH	76.03		0.102028	859,537	87,697	34.03
34.04	DAY SURGERY	76.04		0.402960	9,562	3,853	34.04
34.05	ONCOLOGY	76.05		0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06		0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07		0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08		0.354806	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97		0.294425	23,931	7,046	34.97
35.00	RURAL HEALTH CLINIC	88.00		0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00		0.000000	0	0	36.00
37.00	CLINIC	90.00		0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01		0.361405	0	0	37.01
37.02	IUSCC HEM/ONC	90.02		0.297743	1,006	300	37.02
37.03	AMB SVC-OPHTHALMOLOGY	90.03		0.200375	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04		1.734697	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05		0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06		0.145179	5,421	787	37.06

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2022 To 12/31/2022		Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Liver		Hospital		PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.07	AMB SVC-RILEY CLINICS	90.07	0.248478	0	0	0	37.07
37.08	MOTILITY LAB	90.08	0.499965	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.205415	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.129147	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.516617	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.232444	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.283767	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.856845	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.272095	4,560	10,361	0	37.23
37.24	LIFE CARE CLINIC	90.24	2.200053	0	0	0	37.24
38.00	EMERGENCY	91.00	0.094430	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.211021	1,569	331	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			8,009,942	1,274,272		41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	26	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	6	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	1	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	0	46.03
46.04	RH PED IC	6.04	0.00	4	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	9	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			46	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	0	51.01
51.02	IUSCC HEM/ONC	23.02	1,006	0.000000	0	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	0	51.05
51.06	OUTPATIENT SURGERY	23.06	5,421	0.000000	0	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	0	51.13
51.14	INFUSION CLINIC	23.14	0	0.000000	0	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	0	51.15
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	0	51.18

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 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2022 To 12/31/2022		Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	4,560	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	1,569	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		12,556		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,367,376		8,345,963		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	15,369,780		15,459,065		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (see instructions)	16,737,156		23,805,028		61.00	
Cost Center Description		Usable Organs					
		1.00	2.00	3.00	4.00		
62.00	Total Usable Organs (see instructions)		191			62.00	
63.00	Medicare Usable Organs (see instructions)		55			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.287958			64.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
65.00	Medicare Cost and Charges (see instructions)	4,819,598		6,854,848		65.00	
66.00	Revenue for organs sold (see instructions)	295,787		0		66.00	
67.00	Subtotal (see instructions)	4,523,811		6,854,848		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,523,811	0	6,854,848	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		8	43		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs (see instructions)			150		73.00	
74.00	Total (sum of lines 70 through 73)		8	193		74.00	
75.00	Organs Transplanted		8	140		75.00	
76.00	Organs sold to other hospitals					76.00	
77.00	Organs sold to OPOs		0	43	295,787	77.00	
78.00	Organs sold to transplant hospitals		0	0	0	78.00	
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00	
80.00	Organs sold outside the U.S.		0	0	0	80.00	
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs used for research		0	0	0	82.00	
83.00	Unusable/Discarded organs (see instructions)		0	10		83.00	
84.00	Total (see instructions)		8	193		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2022 To 12/31/2022		Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	PPS Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	16,824	1,617.01	2.00	3,234	1.00
2.00	INTENSIVE CARE UNIT	43.00	39,559	2,287.27	3.00	6,862	2.00
3.00	CORONARY CARE UNIT	44.00	4,317	2,691.77	0.00	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,912.12	0.00	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,744.04	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.02	UH SURG 61C	46.02	0	2,820.58	0.00	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0.00	0	5.03
5.04	RH PED IC	46.04	22,595	2,515.16	2.00	5,030	5.04
5.05	TRANSPLANT ICU	46.05	0	2,731.72	0.00	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,125.25	0.00	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		83,295		7.00	15,126	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.158335	333,696	52,836	8.00	
8.01	ENDOSCOPY	50.01	0.125715	809	102	8.01	
9.00	RECOVERY ROOM	51.00	0.160305	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.251420	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.089554	10,184	912	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.186546	60,158	11,222	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.140397	68,332	9,594	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.074330	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.065170	922	60	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.324204	67	22	17.00	
18.00	LABORATORY	60.00	0.179614	94,459	16,966	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.182168	1,008,949	183,798	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.119803	33,809	4,050	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.291717	35,291	10,295	23.00	
24.00	PHYSICAL THERAPY	66.00	0.387121	1,030	399	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.330697	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.307639	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.062825	52,512	3,299	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.138618	5,321	738	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.226522	18,681	4,232	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.143738	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.235646	94,789	22,337	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.946368	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.323301	826	267	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.343327	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.064816	0	0	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.000000	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.102028	341,554	34,848	34.03	
34.04	DAY SURGERY	76.04	0.402960	0	0	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.354806	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.294425	1,942	572	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.361405	0	0	37.01	
37.02	IUSCC HEM/ONC	90.02	0.297743	7	2	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.200375	137	27	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	1.734697	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.145179	8,146	1,183	37.06	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2022 To 12/31/2022		Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Heart		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Costs		
		0	1.00	2.00	3.00		
37.07	AMB SVC-RILEY CLINICS	90.07	0.248478	0	0	0	37.07
37.08	MOTILITY LAB	90.08	0.499965	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.205415	6,584	1,352	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.129147	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.516617	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.232444	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.283767	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.856845	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.272095	509	1,156	0	37.23
37.24	LIFE CARE CLINIC	90.24	2.200053	0	0	0	37.24
38.00	EMERGENCY	91.00	0.094430	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.211021	306	65	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			2,179,020	360,334		41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	2	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	0	46.03
46.04	RH PED IC	6.04	0.00	2	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			7	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	0	51.01
51.02	IUSCC HEM/ONC	23.02	7	0.000000	0	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	137	0.000000	0	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	0	51.05
51.06	OUTPATIENT SURGERY	23.06	8,146	0.000000	0	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	0	51.10
51.11	SLEEP LAB	23.11	6,584	0.000000	0	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	0	51.13
51.14	INFUSION CLINIC	23.14	0	0.000000	0	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	0	51.15
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	0	51.18

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM	Provider CCN: 15-0056 Component CCN:	Period: From 01/01/2022 To 12/31/2022	Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description		Heart		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	509	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	306	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		15,689		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	375,460		2,262,315		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,910,171		1,973,502		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (see instructions)	2,285,631		4,235,817		61.00	
Cost Center Description		Usable Organs					
		1.00	2.00	3.00	4.00		
62.00	Total Usable Organs (see instructions)		30			62.00	
63.00	Medicare Usable Organs (see instructions)		18			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.600000			64.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
65.00	Medicare Cost and Charges (see instructions)	1,371,379		2,541,490		65.00	
66.00	Revenue for organs sold (see instructions)	143,412		0		66.00	
67.00	Subtotal (see instructions)	1,227,967		2,541,490		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,227,967	0	2,541,490	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	20		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs (see instructions)			14		73.00	
74.00	Total (sum of lines 70 through 73)		0	34		74.00	
75.00	Organs Transplanted		0	10		75.00	
76.00	Organs sold to other hospitals					76.00	
77.00	Organs sold to OPOs		0	20	143,412	77.00	
78.00	Organs sold to transplant hospitals		0	0	0	78.00	
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00	
80.00	Organs sold outside the U.S.		0	0	0	80.00	
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs used for research		0	0	0	82.00	
83.00	Unusable/Discarded organs (see instructions)		0	4		83.00	
84.00	Total (see instructions)		0	34		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2022 To 12/31/2022		Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	PPS Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	18,927	1,617.01	2.00	3,234	1.00
2.00	INTENSIVE CARE UNIT	43.00	44,504	2,287.27	3.00	6,862	2.00
3.00	CORONARY CARE UNIT	44.00	4,857	2,691.77	0.00	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,912.12	0.00	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,744.04	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.02	UH SURG 6IC	46.02	0	2,820.58	0.00	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0.00	0	5.03
5.04	RH PED IC	46.04	25,419	2,515.16	2.00	5,030	5.04
5.05	TRANSPLANT ICU	46.05	0	2,731.72	0.00	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,125.25	0.00	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		93,707		7.00	15,126	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.158335	379,926	60,156	8.00	
8.01	ENDOSCOPY	50.01	0.125715	168,617	21,198	8.01	
9.00	RECOVERY ROOM	51.00	0.160305	5,779	926	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.251420	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.089554	12,193	1,092	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.186546	474,139	88,449	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.140397	375,774	52,758	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.074330	3	0	13.00	
14.00	RADIOISOTOPE	56.00	0.065170	36,237	2,362	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.324204	545	177	17.00	
18.00	LABORATORY	60.00	0.179614	274,745	49,348	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.182168	1,087,542	198,115	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.119803	47,535	5,695	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.291717	39,703	11,582	23.00	
24.00	PHYSICAL THERAPY	66.00	0.387121	2,780	1,076	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.330697	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.307639	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.062825	125,383	7,877	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.138618	5,986	830	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.226522	69,293	15,696	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.143738	5,714	821	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.235646	125,963	29,683	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.946368	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.323301	930	301	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.343327	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.064816	0	0	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.000000	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.102028	973,869	99,362	34.03	
34.04	DAY SURGERY	76.04	0.402960	10,923	4,402	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.354806	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.294425	10,220	3,009	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.361405	0	0	37.01	
37.02	IUSCC HEM/ONC	90.02	0.297743	43	13	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.200375	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	1.734697	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.145179	66,882	9,710	37.06	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM	Provider CCN: 15-0056 Component CCN:	Period: From 01/01/2022 To 12/31/2022	Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description		Lung		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Costs		
		0	1.00	2.00	3.00		
37.07	AMB SVC-RILEY CLINICS	90.07	0.248478	0	0	0	37.07
37.08	MOTILITY LAB	90.08	0.499965	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.205415	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.129147	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.516617	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.232444	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.283767	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.856845	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.272095	1,669	3,792	0	37.23
37.24	LIFE CARE CLINIC	90.24	2.200053	0	0	0	37.24
38.00	EMERGENCY	91.00	0.094430	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.211021	636	134	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			4,303,029	668,564	0	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	2	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	0	46.03
46.04	RH PED IC	6.04	0.00	2	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			7	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	0	51.01
51.02	IUSCC HEM/ONC	23.02	43	0.000000	0	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	0	51.05
51.06	OUTPATIENT SURGERY	23.06	66,882	0.000000	0	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	0	51.13
51.14	INFUSION CLINIC	23.14	0	0.000000	0	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	0	51.15
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	0	51.18

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2022 To 12/31/2022		Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am	
		Lung		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	
51.20	LUNG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	1,669	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	636	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		69,230		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	683,690		4,396,736		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	3,534,744		2,206,716		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (see instructions)	4,218,434		6,603,452		61.00	
Cost Center Description		Usable Organs					
		1.00	2.00	3.00	4.00		
62.00	Total Usable Organs (see instructions)		46			62.00	
63.00	Medicare Usable Organs (see instructions)		29			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.630435			64.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
65.00	Medicare Cost and Charges (see instructions)	2,659,448		4,163,047		65.00	
66.00	Revenue for organs sold (see instructions)	161,338		0		66.00	
67.00	Subtotal (see instructions)	2,498,110		4,163,047		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,498,110	0	4,163,047	0	69.00	
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	30		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs (see instructions)			28		73.00	
74.00	Total (sum of lines 70 through 73)		0	58		74.00	
75.00	Organs Transplanted		0	16		75.00	
76.00	Organs sold to other hospitals					76.00	
77.00	Organs sold to OPOs		0	30	161,338	77.00	
78.00	Organs sold to transplant hospitals		0	0	0	78.00	
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00	
80.00	Organs sold outside the U.S.		0	0	0	80.00	
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs used for research		0	0	0	82.00	
83.00	Unusable/Discarded organs (see instructions)		0	12		83.00	
84.00	Total (see instructions)		0	58		84.00	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2022 To 12/31/2022		Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	PPS Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	5,258	1,617.01	0.00	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	12,362	2,287.27	1.00	2,287	2.00
3.00	CORONARY CARE UNIT	44.00	1,349	2,691.77	0.00	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,912.12	0.00	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,744.04	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.02	UH SURG 61C	46.02	0	2,820.58	0.00	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0.00	0	5.03
5.04	RH PED IC	46.04	7,061	2,515.16	1.00	2,515	5.04
5.05	TRANSPLANT ICU	46.05	0	2,731.72	0.00	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,125.25	0.00	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		26,030		2.00	4,802	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00		0.158335	104,229	16,503	8.00
8.01	ENDOSCOPY	50.01		0.125715	253	32	8.01
9.00	RECOVERY ROOM	51.00		0.160305	1	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		0.251420	0	0	10.00
11.00	ANESTHESIOLOGY	53.00		0.089554	3,138	281	11.00
11.01	PULMONARY FUNCTION TESTING	53.01		0.186546	1,401	261	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00		0.140397	9,280	1,303	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00		0.074330	0	0	13.00
14.00	RADIOISOTOPE	56.00		0.065170	306	20	14.00
15.00	CT SCAN	57.00		0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00		0.324204	0	0	17.00
18.00	LABORATORY	60.00		0.179614	20,256	3,638	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01		0.182168	329,336	59,994	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02		0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00		0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00		0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00		0.119803	8,739	1,047	21.00
22.00	INTRAVENOUS THERAPY	64.00		0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00		0.291717	11,029	3,217	23.00
24.00	PHYSICAL THERAPY	66.00		0.387121	109	42	24.00
25.00	OCCUPATIONAL THERAPY	67.00		0.330697	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00		0.307639	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00		0.062825	3,627	228	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00		0.138618	1,663	231	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0.226522	5,844	1,324	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0.143738	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00		0.235646	29,627	6,981	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03		0.946368	0	0	31.03
32.00	RENAL DIALYSIS	74.00		0.323301	258	83	32.00
33.00	ASC (NON-DISTINCT PART)	75.00		0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00		0.343327	0	0	34.00
34.01	CARDIOLOGY	76.01		0.064816	0	0	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02		0.000000	0	0	34.02
34.03	CARDIAC CATH	76.03		0.102028	4,233	432	34.03
34.04	DAY SURGERY	76.04		0.402960	2	1	34.04
34.05	ONCOLOGY	76.05		0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06		0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07		0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08		0.354806	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97		0.294425	1	0	34.97
35.00	RURAL HEALTH CLINIC	88.00		0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00		0.000000	0	0	36.00
37.00	CLINIC	90.00		0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01		0.361405	0	0	37.01
37.02	IUSCC HEM/ONC	90.02		0.297743	0	0	37.02
37.03	AMB SVC-OPHTHALMOLOGY	90.03		0.200375	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04		1.734697	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05		0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06		0.145179	0	0	37.06

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:	Period: From 01/01/2022 To 12/31/2022	Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am		
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.07	AMB SVC-RILEY CLINICS	90.07	0.248478	0	0	37.07
37.08	MOTILITY LAB	90.08	0.499965	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.205415	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.129147	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.516617	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.232444	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.283767	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.856845	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.272095	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	2.200053	0	0	37.24
38.00	EMERGENCY	91.00	0.094430	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.211021	73	15	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			533,405	95,633	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	1	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			2	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	INFUSION CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2022 To 12/31/2022		Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am	
Cost Center Description		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	73	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		73		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	100,435		559,435		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,772,278		1,773,620		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (see instructions)	1,872,713		2,333,055		61.00	
Cost Center Description		Usable Organs					
		1.00	2.00	3.00	4.00		
62.00	Total Usable Organs (see instructions)		28			62.00	
63.00	Medicare Usable Organs (see instructions)		11			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.392857			64.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
65.00	Medicare Cost and Charges (see instructions)	735,708		916,557		65.00	
66.00	Revenue for organs sold (see instructions)	44,816		0		66.00	
67.00	Subtotal (see instructions)	690,892		916,557		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	690,892	0	916,557	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	23		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs (see instructions)			23		73.00	
74.00	Total (sum of lines 70 through 73)		0	46		74.00	
75.00	Organs Transplanted		0	5		75.00	
76.00	Organs sold to other hospitals					76.00	
77.00	Organs sold to OPOs		0	23	44,816	77.00	
78.00	Organs sold to transplant hospitals		0	0	0	78.00	
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00	
80.00	Organs sold outside the U.S.		0	0	0	80.00	
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs used for research		0	0	0	82.00	
83.00	Unusable/Discarded organs (see instructions)		0	18		83.00	
84.00	Total (see instructions)		0	46		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM	Provider CCN: 15-0056 Component CCN:	Period: From 01/01/2022 To 12/31/2022	Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description	Intestinal			Hospital	PPS	
	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
	0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	1,052	1,617.01	0.00	0 1.00
2.00	INTENSIVE CARE UNIT	43.00	2,472	2,287.27	0.00	0 2.00
3.00	CORONARY CARE UNIT	44.00	270	2,691.77	0.00	0 3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,912.12	0.00	0 3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,744.04	0.00	0 4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0 5.00
5.02	UH SURG 6IC	46.02	0	2,820.58	0.00	0 5.02
5.03	UH NS 3IC	46.03	0	0.00	0.00	0 5.03
5.04	RH PED IC	46.04	1,412	2,515.16	0.00	0 5.04
5.05	TRANSPLANT ICU	46.05	0	2,731.72	0.00	0 5.05
5.06	PEDS CANCER CARE	46.06	0	2,125.25	0.00	0 5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0 6.00
7.00	TOTAL (sum of lines 1 through 6)		5,206		0.00	0 7.00
Cost Center Description	Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
	0	1.00	2.00	3.00		
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.158335	21,056	3,334	8.00
8.01	ENDOSCOPY	50.01	0.125715	51	6	8.01
9.00	RECOVERY ROOM	51.00	0.160305	695	111	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.251420	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.089554	737	66	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.186546	28,160	5,253	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.140397	64,645	9,076	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.074330	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.065170	58	4	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.324204	23	7	17.00
18.00	LABORATORY	60.00	0.179614	45,401	8,155	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.182168	82,524	15,033	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.119803	9,232	1,106	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.291717	2,206	644	23.00
24.00	PHYSICAL THERAPY	66.00	0.387121	22	9	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.330697	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.307639	208	64	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.062825	35,786	2,248	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.138618	333	46	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.226522	1,970	446	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.143738	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.235646	6,745	1,589	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.946368	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.323301	52	17	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.343327	0	0	34.00
34.01	CARDIOLOGY	76.01	0.064816	0	0	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.000000	0	0	34.02
34.03	CARDIAC CATH	76.03	0.102028	8,687	886	34.03
34.04	DAY SURGERY	76.04	0.402960	1,314	529	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.354806	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.294425	1,365	402	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.361405	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.297743	8	2	37.02
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.200375	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	1.734697	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.145179	27,420	3,981	37.06

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM	Provider CCN: 15-0056 Component CCN:	Period: From 01/01/2022 To 12/31/2022	Worksheet D-4 Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description		Intestinal		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.07	AMB SVC-RILEY CLINICS	90.07	0.248478	0	0	0	37.07
37.08	MOTILITY LAB	90.08	0.499965	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.205415	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.129147	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.516617	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.232444	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.283767	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.856845	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.272095	306	695	37.23	
37.24	LIFE CARE CLINIC	90.24	2.200053	0	0	37.24	
38.00	EMERGENCY	91.00	0.094430	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.211021	145	31	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			339,149	53,740	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02	
46.03	UH NS 3IC	6.03	0.00	0	0	46.03	
46.04	RH PED IC	6.04	0.00	0	0	46.04	
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05	
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01	
51.02	IUSCC HEM/ONC	23.02	8	0.000000	0	51.02	
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	51.03	
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04	
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05	
51.06	OUTPATIENT SURGERY	23.06	27,420	0.000000	0	51.06	
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07	
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08	
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09	
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10	
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11	
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12	
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13	
51.14	INFUSION CLINIC	23.14	0	0.000000	0	51.14	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15	
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	51.16	
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
 Provider CCN: 15-0056
 Component CCN:
 Period: From 01/01/2022 To 12/31/2022
 Worksheet D-4
 Date/Time Prepared: 5/26/2023 7:38 am

Cost Center Description		Intestinal		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	306	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	145	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		27,879		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	53,740		344,355		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	993,978		996,252		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (see instructions)	1,047,718		1,340,607		61.00	
Cost Center Description		Usable Organs					
		1.00	2.00	3.00	4.00		
62.00	Total Usable Organs (see instructions)		12			62.00	
63.00	Medicare Usable Organs (see instructions)		3			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.250000			64.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
65.00	Medicare Cost and Charges (see instructions)	261,930		335,152		65.00	
66.00	Revenue for organs sold (see instructions)	8,963		0		66.00	
67.00	Subtotal (see instructions)	252,967		335,152		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	252,967	0	335,152	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0		1		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0		0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0		0		72.00
73.00	Organs Purchased from OPOs (see instructions)				11		73.00
74.00	Total (sum of lines 70 through 73)		0		12		74.00
75.00	Organs Transplanted		0		11		75.00
76.00	Organs sold to other hospitals						76.00
77.00	Organs sold to OPOs		0		1	8,963	77.00
78.00	Organs sold to transplant hospitals		0		0	0	78.00
79.00	Organs sold to MRTC without an agreement or VA hospitals		0		0	0	79.00
80.00	Organs sold outside the U.S.		0		0	0	80.00
81.00	Organs sent outside the U.S. (no revenue received)		0		0	0	81.00
82.00	Organs used for research		0		0	0	82.00
83.00	Unusable/Discarded organs (see instructions)		0		0	0	83.00
84.00	Total (see instructions)		0		12		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS				Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-6 Parts I - IV Date/Time Prepared: 5/26/2023 7:38 am	
Inpatient Routine Services Acquisition Costs		D-1	Routine Services Acquisition Charges	Per Diem Costs (see instructions)	Inpatient Acquisition Days	Acquisition Costs (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - INPATIENT ROUTINE AND ANCILLARY SERVICES CELLULAR THERAPY ACQUISITION COSTS							
1.00	ADULTS & PEDIATRICS	38.00	0	1,617.01	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,287.27	0	0	2.00
3.00	CORONARY CARE UNIT	44.00					3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01					3.01
4.00	BURN INTENSIVE CARE UNIT	45.00					4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 61C	46.02	0	2,820.58	0	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0	0	5.03
5.04	RH PEDIC	46.04	0	2,515.16	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	2,731.72	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,125.25	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Ancillary Services Acquisition Costs		C	Ratio of Cost to Charges (from Wkst. C, Pt. I, col. 9)	Inpatient Ancillary Services Acquisition Charges	Outpatient Ancillary Services Acquisition Charges	Inpatient Ancillary Services Acquisition Cost	
		0	1.00	2.00	3.00	4.00	
8.00	OPERATING ROOM	50.00	0.158335	0	0	0	8.00
8.01	ENDOSCOPY	50.01	0.125715	0	0	0	8.01
9.00	RECOVERY ROOM	51.00	0.160305	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00					10.00
11.00	ANESTHESIOLOGY	53.00	0.089554	0	0	0	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.186546	0	0	0	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.140397	0	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.074330	0	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.065170	0	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.324204	0	0	0	17.00
18.00	LABORATORY	60.00	0.179614	4,615,788	0	829,060	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.182168	0	0	0	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.119803	0	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0.062825	0	0	0	23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.226522	923,158	0	209,116	24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	0.235646	3,692,630	0	870,153	25.00
25.03	OUTPATIENT RETAIL PHARMACY	73.03	0.946368	0	0	0	25.03
26.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	0	26.00
27.00	RH NBN ECMOIC	76.00	0.343327	0	0	0	27.00
27.01	CARDIOLOGY	76.01	0.064816	0	0	0	27.01
27.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.000000	0	0	0	27.02
27.03	CARDIAC CATH	76.03	0.102028	0	0	0	27.03
27.04	DAY SURGERY	76.04	0.402960	0	0	0	27.04
27.05	ONCOLOGY	76.05	0.000000	0	0	0	27.05
27.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	0	27.06
27.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	0	27.07
27.08	ECMO-ADULT	76.08	0.354806	0	0	0	27.08
27.97	CARDIAC REHABILITATION	76.97	0.294425	0	0	0	27.97
28.00	CLINIC	90.00	0.000000	0	0	0	28.00
28.01	AMB SVC-OB & GYN	90.01	0.361405	0	0	0	28.01
28.02	IUSCC HEM/ONC	90.02	0.297743	0	0	0	28.02
28.03	AMB SVC-OPHTHALMOLOGY	90.03	0.200375	0	0	0	28.03
28.04	AMB SVC-PSYCH ADULT	90.04	1.734697	0	0	0	28.04
28.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	0	28.05
28.06	OUTPATIENT SURGERY	90.06	0.145179	0	0	0	28.06
28.07	AMB SVC-RILEY CLINICS	90.07	0.248478	0	0	0	28.07
28.08	MOTILITY LAB	90.08	0.499965	0	0	0	28.08
28.09	AMB SVC - PSYCH CHILDRN	90.09	0.000000	0	0	0	28.09
28.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	28.10
28.11	SLEEP LAB	90.11	0.205415	0	0	0	28.11
28.12	OP CARE ADULTS	90.12	0.000000	0	0	0	28.12
28.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	28.13
28.14	INFUSION CLINIC	90.14	0.129147	0	0	0	28.14
28.15	NEUROLOGY UH	90.15	0.000000	0	0	0	28.15
28.16	ORTHOPEDICS UH	90.16	0.000000	0	0	0	28.16
28.17	PHYSICAL MEDICINE	90.17	1.516617	0	0	0	28.17

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS

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Period:
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To 12/31/2022

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Ancillary Services Acquisition Costs		C	Ratio of Cost to Charges (from Wkst. C, Pt. 1, col. 9)	Inpatient Ancillary Services Acquisition Charges	Outpatient Ancillary Services Acquisition Charges	Inpatient Ancillary Services Acquisition Cost	
		0	1.00	2.00	3.00	4.00	
28.18	DERMATOLOGY CLINIC	90.18	0.232444	0	0	0	28.18
28.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	28.19
28.20	IUMG - MH	90.20	0.000000	0	0	0	28.20
28.21	OP REHAB CLINIC	90.21	0.283767	0	0	0	28.21
28.22	EATING DISORDERS CLINIC	90.22	0.856845	0	0	0	28.22
28.23	GASTROENTEROLOGY CLINIC	90.23	2.272095	0	0	0	28.23
28.24	LIFE CARE CLINIC	90.24	2.200053	0	0	0	28.24
30.00	TOTAL (sum of Lines 8 through 28)			9,231,576	0	1,908,329	30.00
Ancillary Services Acquisition Costs		Outpatient Ancillary Services Acquisition Cost					
		5.00					
8.00	OPERATING ROOM	0					8.00
8.01	ENDOSCOPY	0					8.01
9.00	RECOVERY ROOM	0					9.00
10.00	DELIVERY ROOM & LABOR ROOM	0					10.00
11.00	ANESTHESIOLOGY	0					11.00
11.01	PULMONARY FUNCTION TESTING	0					11.01
12.00	RADIOLOGY-DIAGNOSTIC	0					12.00
13.00	RADIOLOGY-THERAPEUTIC	0					13.00
14.00	RADIOISOTOPE	0					14.00
15.00	CT SCAN	0					15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	0					16.00
17.00	CARDIAC CATHETERIZATION	0					17.00
18.00	LABORATORY	0					18.00
18.01	TRANSPLANT IMMUNOLOGY	0					18.01
18.02	BONE MARROW TRANSPLANT LAB	0					18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	0					21.00
22.00	INTRAVENOUS THERAPY	0					22.00
23.00	ELECTROCARDIOLOGY	0					23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0					24.00
25.00	DRUGS CHARGED TO PATIENTS	0					25.00
25.03	OUTPATIENT RETAIL PHARMACY	0					25.03
26.00	ASC (NON-DISTINCT PART)	0					26.00
27.00	RH NBN ECMO IC	0					27.00
27.01	CARDIOLOGY	0					27.01
27.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0					27.02
27.03	CARDIAC CATH	0					27.03
27.04	DAY SURGERY	0					27.04
27.05	ONCOLOGY	0					27.05
27.06	DAY SURGERY-RILEY	0					27.06
27.07	CARDIOLOGY-RILEY	0					27.07
27.08	ECMO-ADULT	0					27.08
27.97	CARDIAC REHABILITATION	0					27.97
28.00	CLINIC	0					28.00
28.01	AMB SVC-OB & GYN	0					28.01
28.02	IUSCC HEM/ONC	0					28.02
28.03	AMB SVC-OPHTHALMOLOGY	0					28.03
28.04	AMB SVC-PSYCH ADULT	0					28.04
28.05	AMB SVC-DIABETES ADULT	0					28.05
28.06	OUTPATIENT SURGERY	0					28.06
28.07	AMB SVC-RILEY CLINICS	0					28.07
28.08	MOTILITY LAB	0					28.08
28.09	AMB SVC - PSYCH CHILD	0					28.09
28.10	CLINICAL GERIATRICS	0					28.10
28.11	SLEEP LAB	0					28.11
28.12	OP CARE ADULTS	0					28.12
28.13	PEDIATRIC CLINIC	0					28.13
28.14	INFUSION CLINIC	0					28.14
28.15	NEUROLOGY UH	0					28.15
28.16	ORTHOPEDICS UH	0					28.16
28.17	PHYSICAL MEDICINE	0					28.17
28.18	DERMATOLOGY CLINIC	0					28.18
28.19	INFUSION/HEM/ONC	0					28.19
28.20	IUMG - MH	0					28.20
28.21	OP REHAB CLINIC	0					28.21
28.22	EATING DISORDERS CLINIC	0					28.22

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet D-6 Parts I - IV Date/Time Prepared: 5/26/2023 7:38 am
Ancillary Services Acquisition Costs		Outpatient Ancillary Services Acquisition Cost		
		5.00		
28.23	GASTROENTEROLOGY CLINIC	0		28.23
28.24	LIFE CARE CLINIC	0		28.24
30.00	TOTAL (sum of lines 8 through 28)	0		30.00

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS

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Interns and Residents Not in Approved Teaching Program Acquisition Costs		D-2	Average Cost Per Day (from Wkst. D-2, Pt. 1, col. 4)	Inpatient Acquisition Days	Inpatient Part B Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - INTERNS AND RESIDENTS NOT IN AN APPROVED TEACHING PROGRAM CELLULAR THERAPY ACQUISITION COSTS						
1.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	1.00
2.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	4.00				3.00
3.01	NEONATAL INTENSIVE CARE UNIT	4.01				3.01
4.00	BURN INTENSIVE CARE UNIT	5.00				4.00
5.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	5.00
5.02	UH SURG 61C	6.02	0.00	0	0	5.02
5.03	UH NS 31C	6.03	0.00	0	0	5.03
5.04	RH PED IC	6.04	0.00	0	0	5.04
5.05	TRANSPLANT ICU	6.05	0.00	0	0	5.05
5.06	PEDS CANCER CARE	6.06	0.00	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)					6.00
7.00	TOTAL (sum of lines 1 through 6)			0	0	7.00
					Amount	
					1.00	
PART III - SUMMARY OF CELLULAR THERAPY ACQUISITION COSTS						
1.00	Acquisition cost from Worksheet B, col. 26 (see instructions)				3,924,335	1.00
Acquisition Services Total Costs				Inpatient	Outpatient	
				1.00	2.00	
2.00	Routine and ancillary			1,908,329	0	2.00
3.00	Interns and residents			0		3.00
4.00	Apportionment of acquisition cost from line 1			3,924,335	0	4.00
5.00	Cost of physicians' services in a teaching hospital (see instructions)			0	0	5.00
6.00	Total acquisition cost (sum of lines 2 through 5)			5,832,664	0	6.00
Determine Ratio of Medicare Transplants to Total Transplants				Inpatient	Outpatient	Total
				1.00	2.00	3.00
7.00	Total transplants (see instructions)		89	0	89	7.00
8.00	Medicare transplants (see instructions)		6	0		8.00
9.00	Medicare ratio (line 8 ÷ line 7)		0.067416	0.000000		9.00
10.00	Medicare cost (see instructions)		393,215	0		10.00
					Amount	
					1.00	
PART IV - STATISTICS						
1.00	Number of recipients intended for allogeneic HSCT where the acquisition cost was incurred but the transplant did not occur (see instructions)				0	1.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/26/2023 7:38 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		90,390,566	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		27,619,436	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)		12,666,336	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		2,505,696	2.04
3.00	Managed Care Simulated Payments		107,008,735	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		1,233.90	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)		527.75	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)		527.75	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		714.99	10.00
11.00	FTE count for residents in dental and podiatric programs.		26.01	11.00
12.00	Current year allowable FTE (see instructions)		553.76	12.00
13.00	Total allowable FTE count for the prior year.		553.17	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.		553.21	14.00
15.00	Sum of lines 12 through 14 divided by 3.		553.38	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		553.38	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.448480	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.445927	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.445927	21.00
22.00	IME payment adjustment (see instructions)		25,660,921	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		23,268,728	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		2.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		187.24	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		2.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.001621	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000433	27.00
28.00	IME add-on adjustment amount (see instructions)		51,098	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		46,335	28.01
29.00	Total IME payment (sum of lines 22 and 28)		25,712,019	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		23,315,063	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.55	30.00
31.00	Percentage of Medicaid patient days (see instructions)		43.31	31.00
32.00	Sum of lines 30 and 31		50.86	32.00
33.00	Allowable disproportionate share percentage (see instructions)		31.17	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/26/2023 7:38 am
		Title XVIII	Hospital	PPS
				1.00
34.00	Disproportionate share adjustment (see instructions)			9,195,930 34.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.001710159	0.001723092	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	12,299,477	11,845,228	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	9,199,332	2,985,649	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	12,184,981		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)	180,274,964		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)		203,590,027	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		12,529,018	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).		12,521,412	52.00
53.00	Nursing and Allied Health Managed Care payment		151,123	53.00
54.00	Special add-on payments for new technologies		553,652	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)		23,986,631	55.00
55.01	Cellular therapy acquisition cost (see instructions)		393,215	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).		187,843	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		281,383	58.00
59.00	Total (sum of amounts on lines 49 through 58)		254,194,304	59.00
60.00	Primary payer payments		90,824	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		254,103,480	61.00
62.00	Deductibles billed to program beneficiaries		8,491,184	62.00
63.00	Coinurance billed to program beneficiaries		1,180,738	63.00
64.00	Allowable bad debts (see instructions)		1,350,595	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		877,887	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		297,549	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		245,309,445	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)		-375,061	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/26/2023 7:38 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			1,664,197	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			243,270,187	71.00
71.01	Sequestration adjustment (see instructions)			3,065,204	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs			0	71.03
72.00	Interim payments			233,873,364	72.00
72.01	Interim payments-PARHM or CHART			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			6,331,619	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			6,664,147	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: 15-0056

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2023 7:38 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	90,390,566	0	90,390,566		90,390,566	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	27,619,436	0		27,619,436	27,619,436	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	12,666,336	0	12,666,336		12,666,336	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,505,696	0		2,505,696	2,505,696	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	107,008,735	0	80,387,021	26,621,714	107,008,735	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.445927	0.445927	0.445927	0.445927		5.00
6.00	IME payment adjustment (see instructions)	22.00	25,660,921	0	19,655,158	6,005,763	25,660,921	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	23,268,728	0	17,479,916	5,788,812	23,268,728	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	0.000433	0.000433	0.000433	0.000433		7.00
8.00	IME adjustment (see instructions)	28.00	51,098	0	39,139	11,959	51,098	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	46,335	0	34,808	11,527	46,335	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	25,712,019	0	19,694,297	6,017,722	25,712,019	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	23,315,063	0	17,514,724	5,800,339	23,315,063	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3117	0.3117	0.3117	0.3117		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	9,195,930	0	7,043,685	2,152,245	9,195,930	11.00
11.01	Uncompensated care payments	36.00	12,184,981	0	9,199,332	2,985,649	12,184,981	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	180,274,964	0	138,994,216	41,280,748	180,274,964	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	203,590,027	0	156,508,940	47,081,087	203,590,027	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0056

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2023 7:38 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	12,529,018	0	9,683,429	2,845,589	12,529,018	16.00
17.00	Special add-on payments for new technologies	54.00	553,652	0	499,978	53,673	553,651	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	166,692,347	49,980,349	216,672,696	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	8,942,958	0	6,864,128	2,078,830	8,942,958	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	1,008,699	0	841,059	167,640	1,008,699	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	0.1797	0.1797	0.1797	0.1797		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,607,050	0	1,233,484	373,566	1,607,050	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1085	0.1085	0.1085	0.1085		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	970,311	0	744,758	225,553	970,311	25.00
26.00	Total prospective capital payments (see instructions)	12.00	12,529,018	0	9,683,429	2,845,589	12,529,018	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: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2023 7:38 am	
Title XVIII				Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (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	90,390,566	90,390,566		90,390,566	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	27,619,436		27,619,436	27,619,436	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	12,666,336	12,666,336		12,666,336	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,505,696		2,505,696	2,505,696	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	107,008,735	80,387,021	26,621,714	107,008,735	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.445927	0.445927	0.445927		5.00
6.00	IME payment adjustment (see instructions)	22.00	25,660,921	19,655,158	6,005,763	25,660,921	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	23,268,728	17,479,916	5,788,812	23,268,728	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	0.000433	0.000433	0.000433		7.00
8.00	IME adjustment (see instructions)	28.00	51,098	39,139	11,959	51,098	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	46,335	34,808	11,527	46,335	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	25,712,019	19,694,297	6,017,722	25,712,019	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	23,315,063	17,514,724	5,800,339	23,315,063	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3117	0.3117	0.3117		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	9,195,930	7,043,685	2,152,245	9,195,930	11.00
11.01	Uncompensated care payments	36.00	12,184,981	9,199,332	2,985,649	12,184,981	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	180,274,964	138,994,216	41,280,748	180,274,964	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	203,590,027	156,508,940	47,081,087	203,590,027	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	12,529,018	9,683,429	2,845,589	12,529,018	16.00
17.00	Special add-on payments for new technologies	54.00	553,652	499,979	53,673	553,652	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			166,692,348	49,980,349	216,672,697	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2023 7:38 am	
Title XVIII				Hospital		PPS	

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	8,942,958	6,864,128	2,078,830	8,942,958	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	1,008,699	841,059	167,640	1,008,699	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	0.1797	0.1797	0.1797		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,607,050	1,233,484	373,566	1,607,050	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1085	0.1085	0.1085		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	970,311	744,758	225,553	970,311	25.00
26.00	Total prospective capital payments (see instructions)	12.00	12,529,018	9,683,429	2,845,589	12,529,018	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	-375,061	-272,670	-102,391	-375,061	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		1,664,197		1,664,197	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/26/2023 7:38 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		143,435	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		143,140,864	2.00
3.00	OPPS payments		109,895,702	3.00
4.00	Outlier payment (see instructions)		2,042,149	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		516,933	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		143,435	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		608,856	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)		608,856	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)		608,856	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		465,421	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)		143,435	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)		112,454,784	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)		17,628,902	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)		94,969,317	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		7,027,105	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)		101,996,422	30.00
31.00	Primary payer payments		15,837	31.00
32.00	Subtotal (line 30 minus line 31)		101,980,585	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)		1,720,926	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,118,602	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		435,946	36.00
37.00	Subtotal (see instructions)		103,099,187	37.00
38.00	MSP-LCC reconciliation amount from PS&R		545	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		105	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		103,098,642	40.00
40.01	Sequestration adjustment (see instructions)		1,299,043	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs		0	40.03
41.00	Interim payments		99,170,174	41.00
41.01	Interim payments-PARHM or CHART		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		2,629,425	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		861,222	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/26/2023 7:38 am
	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: 15-0056		Period: From 01/01/2022 To 12/31/2022		Worksheet E-1 Part I Date/Time Prepared: 5/26/2023 7:38 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		233,780,264		99,170,174	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	12/15/2022	93,100		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		93,100		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		233,873,364		99,170,174	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		6,331,619		2,629,425	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		240,204,983		101,799,599	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0056
Component CCN: 15-S056

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2023 7:38 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		696,647		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		696,647		0	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		37,071		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		733,718		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 15-0056

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

Worksheet E-1
Part II
Date/Time Prepared:
5/26/2023 7:38 am

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part II Date/Time Prepared: 5/26/2023 7:38 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			680,614 1.00
2.00	Net IPF PPS Outlier Payments			93,774 2.00
3.00	Net IPF PPS ECT Payments			24,232 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			16.20 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			1.35 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			1.35 8.00
9.00	Average Daily Census (see instructions)			13.597260 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.049958 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			34,002 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			832,622 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			832,622 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			832,622 18.00
19.00	Deductibles			48,164 19.00
20.00	Subtotal (line 18 minus line 19)			784,458 20.00
21.00	Coinsurance			44,346 21.00
22.00	Subtotal (line 20 minus line 21)			740,112 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			740,112 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			2,969 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			743,081 31.00
31.01	Sequestration adjustment (see instructions)			9,363 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			696,647 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			37,071 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			93,774 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.049958 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.049958 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/26/2023 7:38 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			553.51	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)				2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)				3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)				4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27			553.51	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			723.19	6.00
7.00	Enter the lesser of line 5 or line 6			553.51	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	203.98	400.01	603.99	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	186.93	366.58	553.51	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		24.17		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		24.50		10.01
11.00	Total weighted FTE count	186.93	390.75		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	190.95	386.98		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	189.23	388.91		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	189.04	388.88		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	189.04	388.88		17.00
18.00	Per resident amount	106,973.94	101,310.10		18.00
18.01	Per resident amount under §131 of the CAA 2021				18.01
19.00	Approved amount for resident costs	20,222,354	39,397,472	59,619,826	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			2.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			169.68	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			2.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			118,280.23	23.00
24.00	Multiply line 22 time line 23			236,560	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			59,856,386	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/26/2023 7:38 am
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		Title XVIII		Hospital	PPS	
		Inpatient Part A	Managed Care	Total		
		1.00	2.00	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD						
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	57,415	59,174			26.00
27.00	Total Inpatient Days (see instructions)	351,082	351,082			27.00
28.00	Ratio of inpatient days to total inpatient days	0.163537	0.168548			28.00
29.00	Program direct GME amount	9,788,734	10,088,674	19,877,408		29.00
29.01	Percent reduction for MA DGME		3.26			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		328,891	328,891		30.00
31.00	Net Program direct GME amount			19,548,517		31.00
				1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)						
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			219		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			40,833,731		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000005		34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0		35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0		36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY						
Part A Reasonable Cost						
37.00	Reasonable cost (see instructions)			231,918,693		37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			24,379,846		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0		39.00
40.00	Primary payer payments (see instructions)			90,824		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			256,207,715		41.00
Part B Reasonable Cost						
42.00	Reasonable cost (see instructions)			143,801,232		42.00
43.00	Primary payer payments (see instructions)			15,837		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			143,785,395		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			399,993,110		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.640530		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.359470		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B						
48.00	Total program GME payment (line 31)			19,548,517		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			12,521,412		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			7,027,105		50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/26/2023 7:38 am
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: 15-0056

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

Worksheet G

Date/Time Prepared:
5/26/2023 7:38 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	317,698,779	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	1,865,000	0	0	0	3.00
4.00	Accounts receivable	1,869,118,782	0	0	0	4.00
5.00	Other receivable	1,477,412,568	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-1,308,117,890	0	0	0	6.00
7.00	Inventory	98,568,149	0	0	0	7.00
8.00	Prepaid expenses	65,691,912	0	0	0	8.00
9.00	Other current assets	4,697,895,790	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	7,220,133,090	0	0	0	11.00
FIXED ASSETS						
12.00	Land	319,545,513	0	0	0	12.00
13.00	Land improvements	29,121,167	0	0	0	13.00
14.00	Accumulated depreciation	-15,721,178	0	0	0	14.00
15.00	Buildings	1,414,535,438	0	0	0	15.00
16.00	Accumulated depreciation	-609,432,879	0	0	0	16.00
17.00	Leasehold improvements	921,249,466	0	0	0	17.00
18.00	Accumulated depreciation	-619,583,962	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	19,586,225	0	0	0	21.00
22.00	Accumulated depreciation	-15,509,485	0	0	0	22.00
23.00	Major movable equipment	1,735,455,167	0	0	0	23.00
24.00	Accumulated depreciation	-1,405,493,475	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)	1,773,751,997	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	464,604,971	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	510,494,049	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	975,099,020	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	9,968,984,107	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,478,910,595	0	0	0	37.00
38.00	Salaries, wages, and fees payable	170,267,198	0	0	0	38.00
39.00	Payroll taxes payable	61,364,518	0	0	0	39.00
40.00	Notes and loans payable (short term)	55,024,118	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	237,707,788	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,003,274,217	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,686,374,433	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	75,511,442	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,761,885,875	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,765,160,092	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	6,203,824,015	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)	6,203,824,015	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	9,968,984,107	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0056

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

Worksheet G-1

Date/Time Prepared:
5/26/2023 7:38 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		6,873,602,800			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-316,520,259				2.00
3.00	Total (sum of line 1 and line 2)		6,557,082,541			0	3.00
4.00	UNRESTRICTED FUND BALANCE	15,298,444		0		0	4.00
5.00	MARKET TO MARKET INT SWAP	53,006,167		0		0	5.00
6.00	PY CORRECTION	1,959,316		0		0	6.00
7.00	ROUNDING	249		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)		70,264,176			0	10.00
11.00	Subtotal (line 3 plus line 10)		6,627,346,717			0	11.00
12.00	PENSION OBLIGATION	423,522,702		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)		423,522,702			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		6,203,824,015			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	UNRESTRICTED FUND BALANCE		0				4.00
5.00	MARKET TO MARKET INT SWAP		0				5.00
6.00	PY CORRECTION		0				6.00
7.00	ROUNDING		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	PENSION OBLIGATION		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: 15-0056

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	1,096,348,459		1,096,348,459	1.00
2.00	SUBPROVIDER - IPF	15,368,454		15,368,454	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	1,111,716,913		1,111,716,913	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	158,436,676		158,436,676	11.00
12.00	CORONARY CARE UNIT	150,232,824		150,232,824	12.00
12.01	NEONATAL INTENSIVE CARE UNIT	233,915,593		233,915,593	12.01
13.00	BURN INTENSIVE CARE UNIT	13,940,007		13,940,007	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.02	UH SURG 6IC	23,927,267		23,927,267	14.02
14.03	UH NS 3IC	0		0	14.03
14.04	RH PEDIC	81,734,188		81,734,188	14.04
14.05	TRANSPLANT ICU	17,800,802		17,800,802	14.05
14.06	PEDS CANCER CARE	12,297,756		12,297,756	14.06
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	692,285,113		692,285,113	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,804,002,026		1,804,002,026	17.00
18.00	Ancillary services	3,878,044,779	4,214,744,269	8,092,789,048	18.00
19.00	Outpatient services	253,856,132	979,315,542	1,233,171,674	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		340,419,080	340,419,080	22.00
23.00	AMBULANCE SERVICES	42,010	525,567,874	525,609,884	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	43,854,041	43,854,041	26.00
27.00	SPECIAL PURPOSE COST CENTERS	63,248,058	0	63,248,058	27.00
27.01	PHYSICIAN REVENUE	0	30,073,395	30,073,395	27.01
27.02	HOME OFFICE AND NRCC REVENUE	0	9,062	9,062	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	5,999,193,005	6,133,983,263	12,133,176,268	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		3,302,221,691		29.00
30.00	HOME OFFICE EXPENSE	1,649,809,628			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)		1,649,809,628		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)		4,952,031,319		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet G-3 Date/Time Prepared: 5/26/2023 7:38 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	12,133,176,268	1.00
2.00	Less contractual allowances and discounts on patients' accounts	8,555,758,811	2.00
3.00	Net patient revenues (line 1 minus line 2)	3,577,417,457	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	4,952,031,319	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,374,613,862	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-623,621,684	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	TOTAL OTHER OPERATING REVENUE	1,114,797,786	24.00
24.01	MEMBER PREMIUM REVENUE	566,100,468	24.01
24.02	SWAP GAIN	348,329	24.02
24.03	OTHER INCOME	468,704	24.03
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	1,058,093,603	25.00
26.00	Total (line 5 plus line 25)	-316,520,259	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)	-316,520,259	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet H

HHA CCN: 15-7158

To 12/31/2022

Date/Time Prepared: 5/26/2023 7:38 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	5,250,368	1,442,044	0	591,189	-779,330	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	5,045,977	1,385,906	0	0	6,431,883	6.00
7.00	Physical Therapy	2,840,718	780,219	0	0	3,620,937	7.00
8.00	Occupational Therapy	906,840	249,069	0	0	1,155,909	8.00
9.00	Speech Pathology	96,690	26,556	0	0	123,246	9.00
10.00	Medical Social Services	228,274	62,697	0	0	290,971	10.00
11.00	Home Health Aide	78,775	21,636	0	0	100,411	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	2,630,324	722,433	0	776,886	10,670,452	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	5,977,835	1,641,847	0	261,083	91,036,463	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	23,055,801	6,332,407	0	1,629,158	100,927,585	24.00
	Reclassification		Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
	7.00		8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	919,659	7,423,930	-4,612,640	2,811,290		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	6,431,883	0	6,431,883		6.00
7.00	Physical Therapy	0	3,620,937	0	3,620,937		7.00
8.00	Occupational Therapy	0	1,155,909	0	1,155,909		8.00
9.00	Speech Pathology	0	123,246	0	123,246		9.00
10.00	Medical Social Services	0	290,971	0	290,971		10.00
11.00	Home Health Aide	0	100,411	0	100,411		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	-179,170	14,620,925	-2,771,898	11,849,027		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	-740,489	98,176,739	-69,115,920	29,060,819		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	131,944,951	-76,500,458	55,444,493		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0056 HHA CCN: 15-7158		Period: From 01/01/2022 To 12/31/2022		Worksheet H-1 Part I Date/Time Prepared: 5/26/2023 7:38 am	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	2,811,290	0	0	0	2,811,290	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	6,431,883	0	0	0	6,431,883	6.00
7.00	Physical Therapy	3,620,937	0	0	0	3,620,937	7.00
8.00	Occupational Therapy	1,155,909	0	0	0	1,155,909	8.00
9.00	Speech Pathology	123,246	0	0	0	123,246	9.00
10.00	Medical Social Services	290,971	0	0	0	290,971	10.00
11.00	Home Health Aide	100,411	0	0	0	100,411	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	11,849,027	0	0	0	11,849,027	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	29,060,819	0	0	0	29,060,819	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	55,444,493	0	0	0	55,444,493	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	2,811,290					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	343,546	6,775,429				6.00
7.00	Physical Therapy	193,405	3,814,342				7.00
8.00	Occupational Therapy	61,741	1,217,650				8.00
9.00	Speech Pathology	6,583	129,829				9.00
10.00	Medical Social Services	15,542	306,513				10.00
11.00	Home Health Aide	5,363	105,774				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	632,892	12,481,919				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	1,552,218	30,613,037				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		55,444,493				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0056 HHA CCN: 15-7158		Period: From 01/01/2022 To 12/31/2022		Worksheet H-1 Part II Date/Time Prepared: 5/26/2023 7:38 am	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-2,811,290	52,633,203
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6,431,883
7.00	Physical Therapy	0	0	0	0	0	3,620,937
8.00	Occupational Therapy	0	0	0	0	0	1,155,909
9.00	Speech Pathology	0	0	0	0	0	123,246
10.00	Medical Social Services	0	0	0	0	0	290,971
11.00	Home Health Aide	0	0	0	0	0	100,411
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	11,849,027
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	29,060,819
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,811,290	52,633,203
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	2,811,290
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.053413

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7158

To 12/31/2022

Part I
Date/Time Prepared:
5/26/2023 7:38 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	541,271	421,109	3,703,626	2,516	3,037,146	1.00
2.00 Skilled Nursing Care	6,775,429	0	0	0	0	0	2.00
3.00 Physical Therapy	3,814,342	0	0	0	0	0	3.00
4.00 Occupational Therapy	1,217,650	0	0	0	0	0	4.00
5.00 Speech Pathology	129,829	0	0	0	0	0	5.00
6.00 Medical Social Services	306,513	0	0	0	0	0	6.00
7.00 Home Health Aide	105,774	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	12,481,919	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	30,613,037	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	55,444,493	541,271	421,109	3,703,626	2,516	3,037,146	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	0	0	1,638,777	9,344,445	688,499	325,246	1.00
2.00 Skilled Nursing Care	0	0	0	6,775,429	499,214	0	2.00
3.00 Physical Therapy	0	0	0	3,814,342	281,041	0	3.00
4.00 Occupational Therapy	0	0	0	1,217,650	89,716	0	4.00
5.00 Speech Pathology	0	0	0	129,829	9,566	0	5.00
6.00 Medical Social Services	0	0	0	306,513	22,584	0	6.00
7.00 Home Health Aide	0	0	0	105,774	7,793	0	7.00
8.00 Supplies (see instructions)	191,390	0	0	191,390	14,102	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	12,481,919	919,668	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	30,613,037	2,255,568	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	191,390	0	1,638,777	64,980,328	4,787,751	325,246	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7158

To 12/31/2022

Part I
Date/Time Prepared: 5/26/2023 7:38 am

Home Health Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	
		7.00	8.00	9.00	9.01	9.02	9.03	
1.00	Administrative and General	439,882	0	0	3,961	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	439,882	0	0	3,961	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMEDIC ADMINISTRATION	
		9.04	9.05	10.00	11.00	13.00	13.01	
1.00	Administrative and General	0	0	0	171,708	1,803,587	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	171,708	1,803,587	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7158

To 12/31/2022

Part I
Date/Time Prepared:
5/26/2023 7:38 am

Home Health Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
	14.00	15.00	16.00	17.00	PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
					18.00	21.00	
1.00 Administrative and General	0	0	519,480	0	208,336	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	1,228,182	0	0	0	0	0	8.00
9.00 Drugs	0	62,829	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	1,228,182	62,829	519,480	0	208,336	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-MET HODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	
	SERVICES-OTHER PRGM COSTS APPRV	23.00	23.01	23.02	23.03	23.04	
	22.00						
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7158

To 12/31/2022

Part I
Date/Time Prepared:
5/26/2023 7:38 am

Home Health
Agency I

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Cost Center Description		PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
		23.05	23.06	23.07	23.08	23.09	23.10	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	2,953	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	2,953	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.11	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	13,505,144	0	13,505,144			1.00
2.00	Skilled Nursing Care	0	7,274,643	0	7,274,643	1,609,806	8,884,449	2.00
3.00	Physical Therapy	0	4,095,383	0	4,095,383	906,267	5,001,650	3.00
4.00	Occupational Therapy	0	1,307,366	0	1,307,366	289,307	1,596,673	4.00
5.00	Speech Pathology	0	139,395	0	139,395	30,847	170,242	5.00
6.00	Medical Social Services	0	329,097	0	329,097	72,826	401,923	6.00
7.00	Home Health Aide	0	113,567	0	113,567	25,131	138,698	7.00
8.00	Supplies (see instructions)	0	1,433,674	0	1,433,674	317,258	1,750,932	8.00
9.00	Drugs	0	65,782	0	65,782	14,557	80,339	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	13,401,587	0	13,401,587	2,965,637	16,367,224	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	32,868,605	0	32,868,605	7,273,508	40,142,113	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	74,534,243	0	74,534,243	13,505,144	74,534,243	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.221290		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2022 To 12/31/2022	Worksheet H-2 Part II Date/Time Prepared: 5/26/2023 7:38 am PPS
		Home Health Agency I	

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	PURCHASING, RECEIVING & STORES (COSTED REQ)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	32,303	341,141	23,454,772	292	292	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	2,175,129	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	32,303	341,141	23,454,772	292	292	2,175,129	20.00
21.00 Total cost to be allocated	541,271	421,109	3,703,626	2,516	3,037,146	191,390	21.00
22.00 Unit cost multiplier	16.756060	1.234413	0.157905	8.616438	10,401.184932	0.087990	22.00
Cost Center Description	ADMITTING (INPATIENT CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	6.00	7.00	
1.00 Administrative and General	0	340,419,080	0	9,344,445	32,303	32,303	1.00
2.00 Skilled Nursing Care	0	0	0	6,775,429	0	0	2.00
3.00 Physical Therapy	0	0	0	3,814,342	0	0	3.00
4.00 Occupational Therapy	0	0	0	1,217,650	0	0	4.00
5.00 Speech Pathology	0	0	0	129,829	0	0	5.00
6.00 Medical Social Services	0	0	0	306,513	0	0	6.00
7.00 Home Health Aide	0	0	0	105,774	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	191,390	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	12,481,919	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	30,613,037	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	340,419,080	0	64,980,328	32,303	32,303	20.00
21.00 Total cost to be allocated	0	1,638,777	0	4,787,751	325,246	439,882	21.00
22.00 Unit cost multiplier	0.000000	0.004814	0	0.073680	10.068600	13.617373	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2022 To 12/31/2022	Worksheet H-2 Part II Date/Time Prepared: 5/26/2023 7:38 am
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		Home Health Agency I						PPS
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	
		8.00	9.00	9.01	9.02	9.03	9.04	
1.00	Administrative and General	0	32,303	699	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	32,303	699	0	0	0	20.00
21.00	Total cost to be allocated	0	0	3,961	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	5.666667	0.000000	0.000000	0.000000	22.00
Cost Center Description		HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	PARAMED ED ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
		9.05	10.00	11.00	13.00	13.01	14.00	
1.00	Administrative and General	0	0	292	59	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	2,175,129	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	292	59	0	2,175,129	20.00
21.00	Total cost to be allocated	0	0	171,708	1,803,587	0	1,228,182	21.00
22.00	Unit cost multiplier	0.000000	0.000000	588.041096	30,569.271186	0.000000	0.564648	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2022 To 12/31/2022	Worksheet H-2 Part II Date/Time Prepared: 5/26/2023 7:38 am PPS
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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
				PATIENT TRANSPORTATION (GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
				15.00	16.00		
1.00 Administrative and General	0	340,419,080	0	340,419,080	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	350,397	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	350,397	340,419,080	0	340,419,080	0	0	20.00
21.00 Total cost to be allocated	62,829	519,480	0	208,336	0	0	21.00
22.00 Unit cost multiplier	0.179308	0.001526	0.000000	0.000612	0.000000	0.000000	22.00

Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM CO ST)	PARAMED RADIOLOGY-MET HODI ST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)							
								23.00	23.01	23.02	23.03	23.04	23.05
								1.00 Administrative and General	0	0	0	0	0
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00						
3.00 Physical Therapy	0	0	0	0	0	0	3.00						
4.00 Occupational Therapy	0	0	0	0	0	0	4.00						
5.00 Speech Pathology	0	0	0	0	0	0	5.00						
6.00 Medical Social Services	0	0	0	0	0	0	6.00						
7.00 Home Health Aide	0	0	0	0	0	0	7.00						
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00						
9.00 Drugs	0	0	0	0	0	0	9.00						
10.00 DME	0	0	0	0	0	0	10.00						
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00						
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00						
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00						
14.00 Clinic	0	0	0	0	0	0	14.00						
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00						
16.00 Day Care Program	0	0	0	0	0	0	16.00						
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00						
18.00 Homemaker Service	0	0	0	0	0	0	18.00						
19.00 All Others (specify)	0	0	0	0	0	0	19.00						
19.50 Telemedicine	0	0	0	0	0	0	19.50						
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00						
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00						
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00						

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2022 To 12/31/2022	Worksheet H-2 Part II Date/Time Prepared: 5/26/2023 7:38 am
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Cost Center Description	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
	23.06	23.07	23.08	23.09	23.10	23.11	
	Home Health Agency I						
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	350,397	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	350,397	0	0	0	0	20.00
21.00 Total cost to be allocated	0	2,953	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.008428	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2022 To 12/31/2022	Worksheet H-3 Part I Date/Time Prepared: 5/26/2023 7:38 am			
				Title XVIII	Home Health Agency I	PPS			
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	8,884,449		8,884,449	16,083	552.41	1.00	
2.00	Physical Therapy	3.00	5,001,650	0	5,001,650	19,258	259.72	2.00	
3.00	Occupational Therapy	4.00	1,596,673	0	1,596,673	6,042	264.26	3.00	
4.00	Speech Pathology	5.00	170,242	0	170,242	449	379.16	4.00	
5.00	Medical Social Services	6.00	401,923		401,923	791	508.12	5.00	
6.00	Home Health Aide	7.00	138,698		138,698	1,151	120.50	6.00	
7.00	Total (sum of lines 1-6)		16,193,635	0	16,193,635	43,774		7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Part B				
		0	1.00	2.00	Not Subject to Deductibles & Coinsurance	Subject to Deductibles	3.00	4.00	5.00
Limitation Cost Computation									
8.00	Skilled Nursing Care		14020	0	1,342				8.00
8.01	Skilled Nursing Care		26900	0	838				8.01
8.02	Skilled Nursing Care		29200	0	777				8.02
8.03	Skilled Nursing Care		34620	0	568				8.03
8.04	Skilled Nursing Care		99915	0	991				8.04
9.00	Physical Therapy		14020	0	1,141				9.00
9.01	Physical Therapy		26900	0	2,845				9.01
9.02	Physical Therapy		29200	0	1,106				9.02
9.03	Physical Therapy		34620	0	777				9.03
9.04	Physical Therapy		99915	0	974				9.04
10.00	Occupational Therapy		14020	0	445				10.00
10.01	Occupational Therapy		26900	0	788				10.01
10.02	Occupational Therapy		29200	0	273				10.02
10.03	Occupational Therapy		34620	0	320				10.03
10.04	Occupational Therapy		99915	0	271				10.04
11.00	Speech Pathology		14020	0	0				11.00
11.01	Speech Pathology		26900	0	33				11.01
11.02	Speech Pathology		29200	0	0				11.02
11.03	Speech Pathology		34620	0	113				11.03
11.04	Speech Pathology		99915	0	11				11.04
12.00	Medical Social Services		14020	0	27				12.00
12.01	Medical Social Services		26900	0	140				12.01
12.02	Medical Social Services		29200	0	28				12.02
12.03	Medical Social Services		34620	0	8				12.03
12.04	Medical Social Services		99915	0	30				12.04
13.00	Home Health Aide		14020	0	53				13.00
13.01	Home Health Aide		26900	0	65				13.01
13.02	Home Health Aide		29200	0	95				13.02
13.03	Home Health Aide		34620	0	98				13.03
13.04	Home Health Aide		99915	0	80				13.04
14.00	Total (sum of lines 8-13)			0	14,237				14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2022 To 12/31/2022	Worksheet H-3 Part I Date/Time Prepared: 5/26/2023 7:38 am			
				Title XVIII	Home Health Agency I	PPS			
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (From HHA Records)	Ratio (col. 3 + col. 4)			
	0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	1,750,932	0	1,750,932	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	80,339	0	80,339	0	0.000000	16.00	
Program Visits									
Cost Center Description	Part A	Part B		Part A	Part B	Part B	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance					Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00					8.00	9.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	4,516	0	2,494,684	0	1.00		
2.00	Physical Therapy	0	6,843	0	1,777,264	0	2.00		
3.00	Occupational Therapy	0	2,097	0	554,153	0	3.00		
4.00	Speech Pathology	0	157	0	59,528	0	4.00		
5.00	Medical Social Services	0	233	0	118,392	0	5.00		
6.00	Home Health Aide	0	391	0	47,116	0	6.00		
7.00	Total (sum of lines 1-6)	0	14,237	0	5,051,137	0	7.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care						8.00		
8.01	Skilled Nursing Care						8.01		
8.02	Skilled Nursing Care						8.02		
8.03	Skilled Nursing Care						8.03		
8.04	Skilled Nursing Care						8.04		
9.00	Physical Therapy						9.00		
9.01	Physical Therapy						9.01		
9.02	Physical Therapy						9.02		
9.03	Physical Therapy						9.03		
9.04	Physical Therapy						9.04		
10.00	Occupational Therapy						10.00		
10.01	Occupational Therapy						10.01		
10.02	Occupational Therapy						10.02		
10.03	Occupational Therapy						10.03		
10.04	Occupational Therapy						10.04		
11.00	Speech Pathology						11.00		
11.01	Speech Pathology						11.01		
11.02	Speech Pathology						11.02		
11.03	Speech Pathology						11.03		
11.04	Speech Pathology						11.04		
12.00	Medical Social Services						12.00		
12.01	Medical Social Services						12.01		
12.02	Medical Social Services						12.02		
12.03	Medical Social Services						12.03		
12.04	Medical Social Services						12.04		
13.00	Home Health Aide						13.00		
13.01	Home Health Aide						13.01		
13.02	Home Health Aide						13.02		
13.03	Home Health Aide						13.03		
13.04	Home Health Aide						13.04		
14.00	Total (sum of lines 8-13)						14.00		

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2022 To 12/31/2022	Worksheet H-3 Part I Date/Time Prepared: 5/26/2023 7:38 am
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		Title XVIII		Home Health Agency I	PPS
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Cost Center Description	Program Covered Charges			Cost of Services		
	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	24,668	0	0	0	15.00
16.00	Cost of Drugs		0	0	0	0	16.00

Cost Center Description		Total Program Cost (sum of col.s. 9-10)				
		12.00				

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation						
1.00	Skilled Nursing Care	2,494,684				1.00
2.00	Physical Therapy	1,777,264				2.00
3.00	Occupational Therapy	554,153				3.00
4.00	Speech Pathology	59,528				4.00
5.00	Medical Social Services	118,392				5.00
6.00	Home Health Aide	47,116				6.00
7.00	Total (sum of lines 1-6)	5,051,137				7.00
Cost Center Description						
		12.00				

Limitation Cost Computation

8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
8.03	Skilled Nursing Care					8.03
8.04	Skilled Nursing Care					8.04
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
9.04	Physical Therapy					9.04
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
10.04	Occupational Therapy					10.04
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
11.04	Speech Pathology					11.04
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
12.04	Medical Social Services					12.04
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
13.04	Home Health Aide					13.04
14.00	Total (sum of lines 8-13)					14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0056
HHA CCN: 15-7158

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

Worksheet H-3
Part II
Date/Time Prepared:
5/26/2023 7:38 am
PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.387121	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.330697	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.307639	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.226522	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.235646	0	0	col. 2, line 16.00		5.00
5.03 Cost of Drugs 3	73.03	0.946368	0	0	col. 2, line 16.03		5.03

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2022 To 12/31/2022	Worksheet H-4 Part I-II Date/Time Prepared: 5/26/2023 7:38 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,332,863
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	566,049
13.00	Total PPS Reimbursement - LUPA Episodes		0	70,186
14.00	Total PPS Reimbursement - PEP Episodes		0	20,677
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	192,001
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	2,277
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	3,184,053
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	3,184,053
25.00	Coinurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	3,184,053
27.00	Allowable bad debts (from your records)		0	0
27.01	Adjusted reimbursable bad debts (see instructions)		0	0
28.00	Allowable bad debts for dual eligible (see instructions)		0	0
29.00	Total costs - current cost reporting period (see instructions)		0	3,184,053
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	3,184,053
31.01	Sequestration adjustment (see instructions)		0	36,385
31.02	Demonstration payment adjustment amount after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	3,147,668
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2022 To 12/31/2022	Worksheet H-5 Date/Time Prepared: 5/26/2023 7:38 am
		Home Health Agency I	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		0		3,147,668	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,147,668	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,147,668	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 15-0056

Period:

Worksheet I-1

Component CCN: 15-3522

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

Date/Time Prepared:
5/26/2023 7:38 am

Renal Dialysis

		Total Costs	Bas is	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	3,763,944	HOURS OF SERVICE	71,849.00	34.54	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	29,548	HOURS OF SERVICE	1,548.00	0.74	3.00
4.00	TECHNICIANS	267,162	HOURS OF SERVICE	10,902.00	5.24	4.00
5.00	SOCIAL WORKERS	79,842	HOURS OF SERVICE	2,080.00	1.00	5.00
6.00	DIETICIANS	61,249	HOURS OF SERVICE	2,080.00	1.00	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	320,174	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	4,521,919				9.00
10.00	EMPLOYEE BENEFITS	324,751	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	16,159	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	57,918	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	1,449,822	REQUISITIONS			14.00
15.00	DRUGS		REQUISITIONS			15.00
16.00	OTHER	1,090,523	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	7,461,092				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	668,667	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	309,077	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	714,034	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,505,848	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	1,174,786	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	219				23.00
24.00	CENTRAL SERVICE & SUPPLIES	116,961	REQUISITIONS			24.00
25.00	PHARMACY	4,670	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	1,246,214	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	13,201,568				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	RH NBN ECMO IC		CHARGES	0		30.00
30.01	CARDIOLOGY		CHARGES	0		30.01
30.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		CHARGES	0		30.02
30.03	CARDIAC CATH		CHARGES	0		30.03
30.04	DAY SURGERY		CHARGES	0		30.04
30.05	ONCOLOGY		CHARGES	0		30.05
30.06	DAY SURGERY-RILEY		CHARGES	0		30.06
30.07	CARDIOLOGY-RILEY		CHARGES	0		30.07
30.08	ECMO-ADULT		CHARGES	0		30.08
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
31.00	TOTAL COSTS (SUM OF LINES 27-30)	13,201,568				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet 1-2

Component CCN: 15-3522

To 12/31/2022

Date/Time Prepared: 5/26/2023 7:38 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Bui lding	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00 Total Renal Department Costs		1,843,453	383,154	3,763,944	437,801	1,038,785	4,670	1.00
MAINTENANCE								
2.00	Hemodi alysi s	713,884	148,378	1,457,600	169,540	402,273	1,808	2.00
2.01	AKI -Hemodi alysi s	0	0	0	0	0	0	2.01
3.00	Intermi ttent Peri toneal	0	0	0	0	0	0	3.00
3.01	AKI -Intermi ttent Peri toneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodi alysi s	0	0	0	0	0	0	4.00
5.00	Intermi ttent Peri toneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodi alysi s	0	0	0	0	0	0	8.00
9.00	Intermi ttent Peri toneal	0	0	0	0	0	0	9.00
10.00	CAPD	226,019	46,977	461,484	53,677	127,362	573	10.00
11.00	CCPD	903,550	187,799	1,844,860	214,584	509,150	2,289	11.00
OTHER BILLABLE SERVICES								
12.00	Inpati ent Di alysi s	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)	0	0	0	0	0	0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	1,843,453	383,154	3,763,944	437,801	1,038,785	4,670	17.00
18.00	Medi cal Educati onal Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medi cal Suppl i es	Routi ne Anci ll ary Servi ces	Subtotal (sum of col s. 1-8)	Overhead	Total (col . 9 + col . 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00 Total Renal Department Costs		1,566,783	0	9,038,590	4,162,759	13,201,349		1.00
MAINTENANCE								
2.00	Hemodi alysi s	606,742	0	3,500,225	1,612,043	5,112,268		2.00
2.01	AKI -Hemodi alysi s	0	0	0	0	0		2.01
3.00	Intermi ttent Peri toneal	0	0	0	0	0		3.00
3.01	AKI -Intermi ttent Peri toneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodi alysi s	0	0	0	0	0		4.00
5.00	Intermi ttent Peri toneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodi alysi s	0	0	0	0	0		8.00
9.00	Intermi ttent Peri toneal	0	0	0	0	0		9.00
10.00	CAPD	192,098	0	1,108,190	510,381	1,618,571		10.00
11.00	CCPD	767,943	0	4,430,175	2,040,335	6,470,510		11.00
OTHER BILLABLE SERVICES								
12.00	Inpati ent Di alysi s	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)	0	0	0	0	0		14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	1,566,783	0	9,038,590	4,162,759	13,201,349		17.00
18.00	Medi cal Educati onal Program Costs					219		18.00
19.00	Total Renal Costs (line 17 + line 18)					13,201,568		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056
Component CCN: 15-3522

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

Worksheet I-3
Date/Time Prepared:
5/26/2023 7:38 am

		Capital Related Costs		Direct Patient Care Salary				
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)		
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		1,843,453	383,154	3,763,944	437,801	1,038,785	1.00
MAINTENANCE								
2.00	Hemodialysis		1,355	1,355.00	1,355.00	1,355.00	1,355	2.00
2.01	AKI -Hemodialysis		0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
3.01	AKI -Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
HOME								
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		429	429.00	429.00	429.00	429	10.00
11.00	CCPD		1,715	1,715.00	1,715.00	1,715.00	1,715	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		3,499	3,499.00	3,499.00	3,499.00	3,499	17.00
18.00	Unit Cost Multiplier (line 1 + line 17)		526.851386	109.503858	1,075.719920	125.121749	296.880537	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	4,670	1,566,783	0	9,038,590	4,162,759		1.00
MAINTENANCE								
2.00	Hemodialysis	1,355	1,355	0				2.00
2.01	AKI -Hemodialysis	0	0	0				2.01
3.00	Intermittent Peritoneal	0	0	0				3.00
3.01	AKI -Intermittent Peritoneal	0	0	0				3.01
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
HOME								
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	429	429	0				10.00
11.00	CCPD	1,715	1,715	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	3,499	3,499	0		9,038,590		17.00
18.00	Unit Cost Multiplier (line 1 + line 17)	1.334667	447.780223	0.000000		0.460554		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet I-4

Component CCN: 15-3522

To 12/31/2022

Date/Time Prepared: 5/26/2023 7:38 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	2,137	5,112,268	2,392.26	1,069	2,557,326	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	97	1,618,571	16,686.30	48	800,942	9.00
10.00	Home Program - CCPD	386	6,470,510	16,762.98	194	3,252,018	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	2,137	13,201,349		1,069	6,610,286	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	3,586					12.00
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00				
1.00	Maintenance - Hemodialysis	369,027	345.21				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - CAPD	0	0.00				5.00
6.00	Training - CCPD	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - CAPD	40,011	833.56				9.00
10.00	Home Program - CCPD	162,563	837.95				10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	571,601					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 15-0056

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

Worksheet I-5

Date/Time Prepared:
5/26/2023 7:38 am

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	6,610,286		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	571,601	571,601	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	571,601	571,601	2.03
2.04	Outlier payments	15,476		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	233	233	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	233	233	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	114,447	114,447	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	114,447	114,447	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	114,680	8.00
9.00	Program payment (see instructions)	0	457,094	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	13,201,349		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	13,201,349		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet 0
		Hospice CCN: 15-1511		Date/Time Prepared: 5/26/2023 7:38 am

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		22,460	22,460	-4,561	17,899	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		265,034	265,034	-11,403	253,631	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	3,190,854	3,190,854	-2,158,568	1,032,286	3.00
4.00	ADMINISTRATIVE & GENERAL*	3,371,078	7,930,801	11,301,879	344,487	11,646,366	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	566,084	566,084	0	566,084	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	946	946	0	946	7.00
8.00	DIETARY*	0	3,008	3,008	0	3,008	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	169,630	169,630	-81,338	88,292	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	82,035	0	82,035	0	82,035	13.00
14.00	PHARMACY*	83,215	0	83,215	0	83,215	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	47,953	274,002	321,955	0	321,955	15.00
16.00	OTHER GENERAL SERVICE*	0	38,419	38,419	0	38,419	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		352,434	352,434	0	352,434	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	6,127,757	0	6,127,757	-15,740	6,112,017	28.00
29.00	LPN/LVN**	471,474	0	471,474	0	471,474	29.00
30.00	PHYSICAL THERAPY**	115,497	0	115,497	0	115,497	30.00
31.00	OCCUPATIONAL THERAPY**	135,489	0	135,489	0	135,489	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	493,710	0	493,710	0	493,710	33.00
34.00	SPIRITUAL COUNSELING**	367,209	0	367,209	0	367,209	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	178,031	0	178,031	0	178,031	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	402,497	0	402,497	-456	402,041	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	3,011	3,011	-3,011	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	-18,682	-18,682	18,682	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	578,578	578,578	-578,578	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	2,612,349	2,612,349	0	2,612,349	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	204,079	0	204,079	0	204,079	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	12,080,024	15,988,928	28,068,952	-2,490,486	25,578,466	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet 0

Hospice CCN: 15-1511

To 12/31/2022

Date/Time Prepared: 5/26/2023 7:38 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	17,899	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	253,631	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,032,286	3.00
4.00	ADMINISTRATIVE & GENERAL*	-6,961,821	4,684,545	4.00
5.00	PLANT OPERATION & MAINTENANCE*	-11,298	554,786	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	946	7.00
8.00	DIETARY*	0	3,008	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	88,292	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	82,035	13.00
14.00	PHARMACY*	0	83,215	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	-274,002	47,953	15.00
16.00	OTHER GENERAL SERVICE*	0	38,419	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	352,434	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	6,112,017	28.00
29.00	LPN/LVN**	0	471,474	29.00
30.00	PHYSICAL THERAPY**	0	115,497	30.00
31.00	OCCUPATIONAL THERAPY**	0	135,489	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	493,710	33.00
34.00	SPIRITUAL COUNSELING**	0	367,209	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	178,031	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	402,041	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	2,612,349	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	204,079	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-7,247,121	18,331,345	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0056 Hospice CCN: 15-1511	Period: From 01/01/2022 To 12/31/2022	Worksheet 0-2 Date/Time Prepared: 5/26/2023 7:38 am
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	Hospice I					
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	5,655,882	0	5,655,882	-14,528	5,641,354
29.00	LPN/LVN	435,168	0	435,168	0	435,168
30.00	PHYSICAL THERAPY	106,603	0	106,603	0	106,603
31.00	OCCUPATIONAL THERAPY	125,056	0	125,056	0	125,056
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES	455,692	0	455,692	0	455,692
34.00	SPIRITUAL COUNSELING	338,931	0	338,931	0	338,931
35.00	DIETARY COUNSELING	0	0	0	0	0
36.00	COUNSELING - OTHER	164,321	0	164,321	0	164,321
37.00	HOSPICE AIDE & HOME MAKER SERVICES	371,503	0	371,503	-421	371,082
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0
39.00	PATIENT TRANSPORTATION	0	0	0	0	0
40.00	IMAGING SERVICES	0	0	0	0	0
41.00	LABS & DIAGNOSTICS	0	2,780	2,780	-2,780	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-17,244	-17,244	17,244	0
42.50	DRUGS CHARGED TO PATIENTS	0	534,024	534,024	-534,024	0
43.00	OUTPATIENT SERVICES	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	2,411,182	2,411,182	0	2,411,182
100.00	TOTAL *	7,653,156	2,930,742	10,583,898	-534,509	10,049,389

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

	ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
	6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED		25.00
26.00	PHYSICIAN SERVICES	0	26.00
27.00	NURSE PRACTITIONER	0	27.00
28.00	REGISTERED NURSE	5,641,354	28.00
29.00	LPN/LVN	435,168	29.00
30.00	PHYSICAL THERAPY	106,603	30.00
31.00	OCCUPATIONAL THERAPY	125,056	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	32.00
33.00	MEDICAL SOCIAL SERVICES	455,692	33.00
34.00	SPIRITUAL COUNSELING	338,931	34.00
35.00	DIETARY COUNSELING	0	35.00
36.00	COUNSELING - OTHER	164,321	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	371,082	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	38.00
39.00	PATIENT TRANSPORTATION	0	39.00
40.00	IMAGING SERVICES	0	40.00
41.00	LABS & DIAGNOSTICS	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	42.50
43.00	OUTPATIENT SERVICES	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	2,411,182	46.00
100.00	TOTAL *	10,049,389	100.00

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

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

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet 0-3

Hospice CCN: 15-1511

To 12/31/2022

Date/Time Prepared: 5/26/2023 7:38 am

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		29,169	29,169	0	29,169	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	49,590	0	49,590	-127	49,463	28.00
29.00	LPN/LVN	3,815	0	3,815	0	3,815	29.00
30.00	PHYSICAL THERAPY	935	0	935	0	935	30.00
31.00	OCCUPATIONAL THERAPY	1,096	0	1,096	0	1,096	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	3,995	0	3,995	0	3,995	33.00
34.00	SPIRITUAL COUNSELING	2,972	0	2,972	0	2,972	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	1,441	0	1,441	0	1,441	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	3,257	0	3,257	-4	3,253	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	24	24	-24	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-151	-151	151	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	4,682	4,682	-4,682	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	21,141	21,141	0	21,141	46.00
100.00	TOTAL *	67,101	54,865	121,966	-4,686	117,280	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	29,169	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	49,463	28.00
29.00	LPN/LVN	0	3,815	29.00
30.00	PHYSICAL THERAPY	0	935	30.00
31.00	OCCUPATIONAL THERAPY	0	1,096	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	3,995	33.00
34.00	SPIRITUAL COUNSELING	0	2,972	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	1,441	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	3,253	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	21,141	46.00
100.00	TOTAL *	0	117,280	100.00

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

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

Provider CCN: 15-0056

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

Worksheet 0-4

Date/Time Prepared:
5/26/2023 7:38 am

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		323,265	323,265	0	323,265	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	422,285	0	422,285	-1,085	421,200	28.00
29.00	LPN/LVN	32,491	0	32,491	0	32,491	29.00
30.00	PHYSICAL THERAPY	7,959	0	7,959	0	7,959	30.00
31.00	OCCUPATIONAL THERAPY	9,337	0	9,337	0	9,337	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	34,023	0	34,023	0	34,023	33.00
34.00	SPIRITUAL COUNSELING	25,306	0	25,306	0	25,306	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	12,269	0	12,269	0	12,269	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	27,737	0	27,737	-31	27,706	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	207	207	-207	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-1,287	-1,287	1,287	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	39,872	39,872	-39,872	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	180,026	180,026	0	180,026	46.00
100.00	TOTAL *	571,407	542,083	1,113,490	-39,908	1,073,582	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	323,265	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	421,200	28.00
29.00	LPN/LVN	0	32,491	29.00
30.00	PHYSICAL THERAPY	0	7,959	30.00
31.00	OCCUPATIONAL THERAPY	0	9,337	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	34,023	33.00
34.00	SPIRITUAL COUNSELING	0	25,306	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	12,269	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	27,706	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	180,026	46.00
100.00	TOTAL *	0	1,073,582	100.00

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

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

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet 0-5

Hospice CCN: 15-1511

To 12/31/2022

Date/Time Prepared: 5/26/2023 7:38 am

Descriptions		Hospice I			
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of col s. 1 + 2)	
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	17,899	16,656	34,555	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	253,631	14,076	267,707	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,032,286	1,979,947	3,012,233	3.00
4.00	ADMINISTRATIVE & GENERAL	4,684,545	3,498,163	8,182,708	4.00
5.00	PLANT OPERATION & MAINTENANCE	554,786	23,544	578,330	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	946	4,629	5,575	7.00
8.00	DIETARY	3,008	0	3,008	8.00
9.00	NURSING ADMINISTRATION	0	1,925,864	1,925,864	9.00
10.00	ROUTINE MEDICAL SUPPLIES	88,292	47,627	135,919	10.00
11.00	MEDICAL RECORDS	0	66,921	66,921	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	82,035	0	82,035	13.00
14.00	PHARMACY	83,215	453	83,668	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	47,953	0	47,953	15.00
16.00	OTHER GENERAL SERVICE	38,419	26,860	65,279	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	10,049,389	0	10,049,389	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	117,280	0	117,280	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,073,582	0	1,073,582	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	204,079	0	204,079	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	18,331,345	7,604,740	25,936,085	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2022	Worksheet 0-6
		Hospice CCN: 15-1511	To 12/31/2022	Part I
				Date/Time Prepared: 5/26/2023 7:38 am

Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIX	34,555	34,555			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	267,707		267,707		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	3,012,233	0	0	3,012,233	3.00
4.00	ADMINISTRATIVE & GENERAL	8,182,708	34,555	267,707	839,753	9,324,723 4.00
5.00	PLANT OPERATION & MAINTENANCE	578,330	0	0	0	578,330 5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0 6.00
7.00	HOUSEKEEPING	5,575	0	0	0	5,575 7.00
8.00	DIETARY	3,008	0	0	0	3,008 8.00
9.00	NURSING ADMINISTRATION	1,925,864	0	0	0	1,925,864 9.00
10.00	ROUTINE MEDICAL SUPPLIES	135,919	0	0	0	135,919 10.00
11.00	MEDICAL RECORDS	66,921	0	0	0	66,921 11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0 12.00
13.00	VOLUNTEER SERVICE COORDINATION	82,035	0	0	20,502	102,537 13.00
14.00	PHARMACY	83,668	0	0	20,797	104,465 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	47,953	0	0	11,984	59,937 15.00
16.00	OTHER GENERAL SERVICE	65,279	0	0	0	65,279 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	10,049,389			1,908,930	11,958,319 51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	117,280	0	0	16,737	134,017 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,073,582	0	0	142,527	1,216,109 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	204,079	0	0	51,003	255,082 60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0 61.00
62.00	FUNDRAISING	0	0	0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0 65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0 66.00
67.00	ADVERTISING	0	0	0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0 68.00
69.00	THRIFT STORE	0	0	0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0 71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0 99.00
100.00	TOTAL	25,936,085	34,555	267,707	3,012,233	25,936,085 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet 0-6 Part I Date/Time Prepared: 5/26/2023 7:38 am
		Hospice CCN: 15-1511	Hospice I	

Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL	9,324,723				4.00
5.00	PLANT OPERATION & MAINTENANCE	324,643	902,973			5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0		6.00
7.00	HOUSEKEEPING	3,130	0		8,705	7.00
8.00	DIETARY	1,689	0		0	4,697
9.00	NURSING ADMINISTRATION	1,081,076	0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	76,298	0		0	10.00
11.00	MEDICAL RECORDS	37,566	0		0	11.00
12.00	STAFF TRANSPORTATION	0	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	57,559	0		0	13.00
14.00	PHARMACY	58,641	0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	33,645	0		0	15.00
16.00	OTHER GENERAL SERVICE	36,644	902,973		8,705	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0				50.00
51.00	HOSPICE ROUTINE HOME CARE	6,712,755				51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	75,230	0	0	0	573
53.00	HOSPICE GENERAL INPATIENT CARE	682,658	0	0	0	4,124
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	143,189	0		0	60.00
61.00	VOLUNTEER PROGRAM	0	0		0	61.00
62.00	FUNDRAISING	0	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0	68.00
69.00	THRIFT STORE	0	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	9,324,723	902,973	0	8,705	4,697

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1511

To 12/31/2022

Part I
Date/Time Prepared:
5/26/2023 7:38 am

Descriptions	Hospice I					
	NURSING ADMINISTRATIVE	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	3,006,940					9.00
10.00	0	212,217				10.00
11.00	0		104,487			11.00
12.00	0			0		12.00
13.00	0			0	160,096	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	3,006,940			0	160,096	16.00
17.00						17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	0	195,875	96,440	0	0	51.00
52.00	0	1,717	846	0	0	52.00
53.00	0	14,625	7,201	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00						70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	3,006,940	212,217	104,487	0	160,096	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1511

To 12/31/2022

Part I
Date/Time Prepared:
5/26/2023 7:38 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	163,106					14.00
15.00	0	93,582				15.00
16.00	0		4,180,637			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	150,546	86,376	3,858,702		23,059,013	51.00
52.00	1,320	757	33,833	0	248,293	52.00
53.00	11,240	6,449	288,102	0	2,230,508	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		398,271	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	163,106	93,582	4,180,637	0	25,936,085	100.00

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

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1511

To 12/31/2022

Part II
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Descriptions		Hospice I				
		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)
		1.00	2.00	3.00	4A	4.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,100				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		11,403			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	12,052,849		3.00
4.00	ADMINISTRATIVE & GENERAL	1,100	11,403	3,360,099	-9,324,723	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	82,035	0	13.00
14.00	PHARMACY	0	0	83,215	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	47,953	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			7,638,205	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	66,971	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	570,292	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	204,079	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	34,555	267,707	3,012,233		100.00
101.00	UNIT COST MULTIPLIER	31.413636	23.476892	0.249919		101.00

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

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1511

To 12/31/2022

Part II
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	3,160				6.00
7.00	HOUSEKEEPING	0		1,100			7.00
8.00	DIETARY	0		0	3,494		8.00
9.00	NURSING ADMINISTRATION	0		0		63	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	1,100		1,100		63	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	500	0	426	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	2,660	0	3,068	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	902,973	0	8,705	4,697	3,006,940	100.00
101.00	UNIT COST MULTIPLIER	820.884545	0.000000	7.913636	1.344305	47,729.206349	101.00

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

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1511

To 12/31/2022

Part II
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	79,578					10.00
11.00	MEDICAL RECORDS		79,578				11.00
12.00	STAFF TRANSPORTATION			79,578			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	2,845	13.00
14.00	PHARMACY					0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES					0	15.00
16.00	OTHER GENERAL SERVICE					0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					2,845	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	73,450	73,450	73,450	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	644	644	644	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	5,484	5,484	5,484	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	212,217	104,487	0		160,096	100.00
101.00	UNIT COST MULTIPLIER	2.666780	1.313014	0.000000		56.272759	101.00

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

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1511

To 12/31/2022

Part II
Date/Time Prepared:
5/26/2023 7:38 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	79,578				15.00
16.00	OTHER GENERAL SERVICE		79,578			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	73,450	73,450			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	644	644	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	5,484	5,484	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	93,582	4,180,637	0		100.00
101.00	UNIT COST MULTIPLIER	1.175978	52.535085	0.000000		101.00

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

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet 0-7

Hospice CCN: 15-1511

To 12/31/2022

Date/Time Prepared: 5/26/2023 7:38 am

Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
			HCHC	HRHC	HIRC	
			2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
1.00 PHYSICAL THERAPY	66.00	0.387121	0	0	0	1.00
2.00 OCCUPATIONAL THERAPY	67.00	0.330697	0	0	0	2.00
3.00 SPEECH PATHOLOGY	68.00	0.307639	0	0	0	3.00
4.00 DRUGS CHARGED TO PATIENTS	73.00	0.235646	0	0	0	4.00
4.03 OUTPATIENT RETAIL PHARMACY	73.03	0.946368	0	0	0	4.03
5.00 DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00 LABORATORY	60.00	0.179614	0	0	0	6.00
6.01 TRANSPLANT IMMUNOLOGY	60.01	0.182168	0	0	0	6.01
6.02 BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	0	6.02
7.00 MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.226522	0	0	0	7.00
8.00 OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00 RADIOLOGY-THERAPEUTIC	55.00	0.074330	0	0	0	9.00
10.00 RH NBN ECMO IC	76.00	0.343327	0	0	0	10.00
10.01 CARDIOLOGY	76.01	0.064816	0	0	0	10.01
10.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.000000	0	0	0	10.02
10.03 CARDIAC CATH	76.03	0.102028	0	0	0	10.03
10.04 DAY SURGERY	76.04	0.402960	0	0	0	10.04
10.05 ONCOLOGY	76.05	0.000000	0	0	0	10.05
10.06 DAY SURGERY-RILEY	76.06	0.000000	0	0	0	10.06
10.07 RADIOLOGY-RILEY	76.07	0.000000	0	0	0	10.07
10.08 ECMO-ADULT	76.08	0.354806	0	0	0	10.08
10.97 CARDIAC REHABILITATION	76.97	0.294425	0	0	0	10.97
11.00 Totals (sum of lines 1-11)						11.00

Cost Center Descriptions	Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
	HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
	5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS						
1.00 PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00 OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00 SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.03 OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	4.03
5.00 DURABLE MEDICAL EQUIP-RENTED						5.00
6.00 LABORATORY	0	0	0	0	0	6.00
6.01 TRANSPLANT IMMUNOLOGY	0	0	0	0	0	6.01
6.02 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	6.02
7.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00 OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00 RH NBN ECMO IC	0	0	0	0	0	10.00
10.01 RADIOLOGY	0	0	0	0	0	10.01
10.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.02
10.03 CARDIAC CATH	0	0	0	0	0	10.03
10.04 DAY SURGERY	0	0	0	0	0	10.04
10.05 ONCOLOGY	0	0	0	0	0	10.05
10.06 DAY SURGERY-RILEY	0	0	0	0	0	10.06
10.07 RADIOLOGY-RILEY	0	0	0	0	0	10.07
10.08 ECMO-ADULT	0	0	0	0	0	10.08
10.97 CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00 Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0056

Period: From 01/01/2022

Worksheet 0-8

Hospice CCN: 15-1511

To 12/31/2022

Date/Time Prepared: 5/26/2023 7:38 am

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0	0	5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			23,059,013	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			73,450	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			313.94	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	58,605	3,782		9.00
10.00	Program cost (line 8 times line 9)	18,398,454	1,187,321		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			248,293	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			644	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			385.55	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	424	40		14.00
15.00	Program cost (line 13 times line 14)	163,473	15,422		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			2,230,508	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			5,484	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			406.73	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	3,969	517		19.00
20.00	Program cost (line 18 times line 19)	1,614,311	210,279		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			25,537,814	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			79,578	22.00
23.00	Average cost per diem (line 21 divided by line 22)			320.92	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0056	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/26/2023 7:38 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		8,942,958	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,008,699	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)		948.27	3.00
4.00	Number of interns & residents (see instructions)		555.38	4.00
5.00	Indirect medical education percentage (see instructions)		17.97	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)		1,607,050	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.55	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		43.31	8.00
9.00	Sum of lines 7 and 8		50.86	9.00
10.00	Allowable disproportionate share percentage (see instructions)		10.85	10.00
11.00	Disproportionate share adjustment (see instructions)		970,311	11.00
12.00	Total prospective capital payments (see instructions)		12,529,018	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