

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: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/26/2023 10:13 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report	Date: 5/26/2023 Time: 10:13 am
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.	
Contractor use only	5. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input checked="" type="checkbox"/> Initial Report for this Provider CCN 9. <input checked="" 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 IU HEALTH ARNETT HOSPITAL ( 15-0173 ) 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	Todd Williams	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Todd Williams		2
3	Signatory Title	CHIEF FINANCIAL OFFICER		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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	HOSPITAL	0	695,484	-79,725	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	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
200.00	TOTAL	0	695,484	-79,725	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-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 10:13 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47905 County: TIPPECANOE				
1.00 Street: 6165 MCCARTY LANE		2.00 City: LAFAYETTE								
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
		V		XVIII		XIX				
3.00	Hospital and Hospital-Based Component Identification:									
	Hospital	IU HEALTH ARNETT HOSPITAL		150173	29200	1	11/10/2008	N	P	P
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							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	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.									
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

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		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.	1,373	718	2	43	10,507	31		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)					N	N		40.00	
						V	XVII	XIX		
						1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	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
<b>Teaching Hospitals</b>										
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					Y			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00	

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		V	XVIII	XIX		
		1.00	2.00	3.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	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			
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings				0.00	62.01
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				Y	63.00

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.27	11.19	0.226141	

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

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		V		XIX			
		1.00		2.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y			98.06
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a CAH?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
					1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
					1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.						113.00
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, §2208.1.	N					0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 10:13 am
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	877,074	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	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	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	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
<b>Certified Transplant Center Information</b>				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
<b>All Providers</b>				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: 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.		Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 10:13 am			
1.00									
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00	
		Part A	Part B	Title V	Title XIX				
		1.00	2.00	3.00	4.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
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	166.00	
1.00									
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00	
		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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						Y	1,788	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/26/2023 10:13 am	
		Y/N	Date				
		1.00	2.00				
<b>PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE</b>							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
<b>Financial Data and Reports</b>							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
<b>Approved Educational Activities</b>							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					2.00
<b>Bad Debts</b>							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.					N	14.00
<b>Bed Complement</b>							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
<b>PS&amp;R Data</b>							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2023	Y	04/03/2023		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: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/26/2023 10:13 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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
<b>Provider-Based Physicians</b>					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/26/2023 10:13 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, GOVT 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: 15-0173

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2023 10:13 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P		
	Line No.				Visits / Trips	Title V	
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - STATISTICAL DATA</b>							
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	163	59,495	0.00	0	1.00	
2.00 HMO and other (see instructions)						2.00	
3.00 HMO IPF Subprovider						3.00	
4.00 HMO IRF Subprovider						4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00	
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		163	59,495	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00	
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	17	6,205	0.00	0	12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		194	70,810	0.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)	30.00					24.10	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25	
27.00 Total (sum of lines 14-26)		194				27.00	
28.00 Observation Bed Days					0	28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)		7	2,555			32.00	
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01	
33.00 LTCH non-covered days						33.00	
33.01 LTCH site neutral days and discharges						33.01	
34.00 Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0173

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2023 10:13 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
<b>PART I - STATISTICAL DATA</b>						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,050	476	43,484		1.00
2.00	HMO and other (see instructions)	12,094	9,891			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)	16,050	476	43,484		7.00
8.00	INTENSIVE CARE UNIT	1,094	610	3,830		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0		10.00
10.01	BURN INTENSIVE CARE UNIT	0	0	0		10.01
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	167	3,417		12.00
13.00	NURSERY		1,499	2,671		13.00
14.00	Total (see instructions)	17,144	2,752	53,402	14.46	996.07
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			443		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)				14.46	996.07
28.00	Observation Bed Days		330	5,346		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	31	932		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0173

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2023 10:13 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
<b>PART I - STATISTICAL DATA</b>							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,260	186	12,100	1.00
2.00	HMO and other (see instructions)			1,992	1,898		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	BURN INTENSIVE CARE UNIT						10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,260	186	12,100	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/26/2023 10:13 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	95,209,942	-455,698	94,754,244	2,071,823.49	45.73
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		746,068	0	746,068	4,518.59	165.11
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		428,712	0	428,712	5,125.52	83.64
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		1,099,784	0	1,099,784	27,040.00	40.67
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		284,137	2,620,526	2,904,663	48,994.53	59.29
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		2,272,071	0	2,272,071	24,311.60	93.46
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		111,240	0	111,240	586.73	189.59
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		37,202,127	0	37,202,127	670,233.00	55.51
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		22,129,187	0	22,129,187		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		616,308	0	616,308		
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		84,561	0	84,561		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		74,402	0	74,402		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/26/2023 10:13 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	-1,393	1,393	0	0.00	0.00	26.00
27.00	Administrative & General	9,830,913	-1,273,826	8,557,087	94,265.45	90.78	27.00
28.00	Administrative & General under contract (see inst.)	529,575	0	529,575	3,614.75	146.50	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,486,581	-100,629	1,385,952	49,293.47	28.12	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,659,973	-10,485	1,649,488	87,568.79	18.84	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,361,826	-480,914	880,912	42,361.42	20.80	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	477,021	477,021	25,397.00	18.78	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	8,813,097	-246,658	8,566,439	90,115.39	95.06	38.00
39.00	Central Services and Supply	624,632	-58,850	565,782	18,050.11	31.35	39.00
40.00	Pharmacy	4,914,294	-668,995	4,245,299	100,602.90	42.20	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	558,791	0	558,791	18,245.77	30.63	42.00
43.00	Other General Service	690,673	-4,907	685,766	35,557.79	19.29	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/26/2023 10:13 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	94,211,021	-455,698	93,755,323	2,043,272.72	45.88	1.00
2.00	Excluded area salaries (see instructions)	284,137	2,620,526	2,904,663	48,994.53	59.29	2.00
3.00	Subtotal salaries (line 1 minus line 2)	93,926,884	-3,076,224	90,850,660	1,994,278.19	45.56	3.00
4.00	Subtotal other wages & related costs (see inst.)	39,585,438	0	39,585,438	695,131.33	56.95	4.00
5.00	Subtotal wage-related costs (see inst.)	22,213,748	0	22,213,748	0.00	24.45	5.00
6.00	Total (sum of lines 3 thru 5)	155,726,070	-3,076,224	152,649,846	2,689,409.52	56.76	6.00
7.00	Total overhead cost (see instructions)	30,468,962	-2,366,850	28,102,112	565,072.84	49.73	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2023 10:13 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			3,555,558 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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		10,315,970	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		228,508	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)		457,091	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,376,214	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		6,971,116	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		22,904,457	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/26/2023 10:13 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		2,272,071	22,904,457
2.00	Hospital		2,272,071	22,904,457
3.00	SUBPROVIDER - IPF			
4.00	SUBPROVIDER - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	SKILLED NURSING FACILITY			
9.00	NURSING FACILITY			
10.00	OTHER LONG TERM CARE I			
11.00	Hospital-Based HHA			
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	RENAL DIALYSIS I		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/26/2023 10:13 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.191846	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		37,804,755	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		295,656,459	6.00	
7.00	Medicaid cost (line 1 times line 6)		56,720,509	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)		18,915,754	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		35,504	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		174,868	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		33,548	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
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)		18,915,754	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	29,115,388	763,540	29,878,928	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,585,671	763,540	6,349,211	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)	5,585,671	763,540	6,349,211	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)		19,518,286	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		450,394	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		692,914	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		18,825,372	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,854,092	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		10,203,303	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		29,119,057	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet A Date/Time Prepared: 5/26/2023 10:13 am	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	5,177,279	5,177,279	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	438,087	438,087	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	5,659,571	5,659,571	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	469,106	469,106	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,393	975,656	974,263	14,208,791	15,183,054
5.01	00570	ADMITTING	592,899	164,314	757,213	-170,336	586,877
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	9,238,014	65,789,076	75,027,090	-2,754,117	72,272,973
7.00	00700	OPERATION OF PLANT	1,486,581	15,288,302	16,774,883	-5,660,745	11,114,138
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	1,156,494	1,156,494	-312,606	843,888
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,659,973	1,937,092	3,597,065	-378,676	3,218,389
10.00	01000	DIETARY	1,361,826	871,539	2,233,365	-1,014,735	1,218,630
11.00	01100	CAFETERIA	0	0	0	696,631	696,631
13.00	01300	NURSING ADMINISTRATION	8,813,097	2,832,359	11,645,456	-1,722,818	9,922,638
14.00	01400	CENTRAL SERVICES & SUPPLY	624,632	1,245,455	1,870,087	8,930,930	10,801,017
15.00	01500	PHARMACY	4,914,294	8,084,673	12,998,967	-7,190,297	5,808,670
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	558,791	233,822	792,613	-116,134	676,479
18.00	01850	PATIENT TRANSPORT SERVICES	690,673	177,951	868,624	-108,441	760,183
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,099,784	1,099,784
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	48,840	2,252,898	2,301,738	-1,107,874	1,193,864
23.00	02300	PARAMED PRGM - PHARMACY	104,666	43,874	148,540	100,474	249,014
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	23,396,622	28,777,153	52,173,775	-6,510,489	45,663,286
31.00	03100	INTENSIVE CARE UNIT	3,654,185	4,344,162	7,998,347	-1,176,135	6,822,212
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,466,173	1,615,378	4,081,551	-585,798	3,495,753
43.00	04300	NURSERY	0	0	0	916,111	916,111
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	5,721,673	20,484,263	26,205,936	-17,152,642	9,053,294
51.00	05100	RECOVERY ROOM	1,126,256	361,497	1,487,753	-266,730	1,221,023
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,867,768	1,481,968	4,349,736	-898,120	3,451,616
53.00	05300	ANESTHESIOLOGY	195,924	7,170,180	7,366,104	-438,436	6,927,668
53.01	05301	ASC ANESTHESIOLOGY	945	163,793	164,738	-148,005	16,733
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,786,371	7,709,136	12,495,507	-5,890,383	6,605,124
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIO SOTOPE	381,294	1,057,786	1,439,080	-786,499	652,581
59.00	05900	CARDIAC CATHETERIZATION	1,429,864	6,175,879	7,605,743	-5,721,593	1,884,150
60.00	06000	LABORATORY	26,609	12,184,419	12,211,028	-2,538	12,208,490
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	839,190	839,190	2,198	841,388
65.00	06500	RESPIRATORY THERAPY	2,106,034	2,316,783	4,422,817	-1,025,619	3,397,198
66.00	06600	PHYSICAL THERAPY	496,880	629,110	1,125,990	-100,297	1,025,693
67.00	06700	OCCUPATIONAL THERAPY	289,785	578,856	868,641	-43,310	825,331
68.00	06800	SPEECH PATHOLOGY	336,537	104,891	441,428	-43,380	398,048
69.00	06900	ELECTROCARDIOLOGY	1,181,970	2,439,692	3,621,662	-795,401	2,826,261
70.00	07000	ELECTROENCEPHALOGRAPHY	83,314	39,702	123,016	-30,866	92,150
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,164,563	9,164,563
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,376,242	10,376,242
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	45,373,328	45,373,328
73.01	07301	RETAIL PHARMACY	459,158	7,340,941	7,800,099	-116,341	7,683,758
74.00	07400	RENAL DIALYSIS	0	1,066,393	1,066,393	-54,998	1,011,395
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	4,194,310	5,044,233	9,238,543	-3,959,439	5,279,104
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	280,687	1,337,731	1,618,418	-491,630	1,126,788
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	368,301	567,978	936,279	-194,663	741,616
90.02	09001	ANTI COAGULATION CLINIC	604,632	168,491	773,123	-121,459	651,664
90.03	09002	ARNETT CANCER CARE CENTER	1,259,237	37,448,931	38,708,168	-36,983,444	1,724,724
90.04	09003	OUTPATIENT INFUSION CENTER	51,277	22,812	74,089	-14,799	59,290
91.00	09100	EMERGENCY	7,171,772	9,609,414	16,781,186	-2,251,030	14,530,156
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

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

Worksheet A  
Date/Time Prepared:  
5/26/2023 10:13 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	
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	95,030,471	262,134,267	357,164,738	-3,727,728	353,437,010	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,252	133,078	172,330	-10,956	161,374	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	140,119	60,044	200,163	-30,374	169,789	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302 WHITE HOSPITAL	0	0	0	2,115,822	2,115,822	193.02
193.03	19303 HOSPICE	100	4,332	4,432	0	4,432	193.03
193.04	19304 FRANKFORT HOSPITAL	0	0	0	1,653,236	1,653,236	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	-54	-54	0	-54	194.00
200.00	TOTAL (SUM OF LINES 118 through 199)	95,209,942	262,331,667	357,541,609	0	357,541,609	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

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

Worksheet A  
Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	862,975	6,040,254	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	438,087	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	13,340,487	13,340,487	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,192,891	6,852,462	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	469,106	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	146,645	15,329,699	4.00
5.01	00570	ADMITTING	-2,039	584,838	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-17,278,533	54,994,440	5.06
7.00	00700	OPERATION OF PLANT	-6,393	11,107,745	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	-26	843,862	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	0	3,218,389	9.00
10.00	01000	DIETARY	-24	1,218,606	10.00
11.00	01100	CAFETERIA	0	696,631	11.00
13.00	01300	NURSING ADMINISTRATION	-257,825	9,664,813	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-225	10,800,792	14.00
15.00	01500	PHARMACY	-91,311	5,717,359	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	676,479	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	760,183	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,099,784	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	1,193,864	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	0	249,014	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-96,693	45,566,593	30.00
31.00	03100	INTENSIVE CARE UNIT	-115,127	6,707,085	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-8,595	3,487,158	35.00
43.00	04300	NURSERY	0	916,111	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-5,048	9,048,246	50.00
51.00	05100	RECOVERY ROOM	0	1,221,023	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-5,000	3,446,616	52.00
53.00	05300	ANESTHESIOLOGY	-652	6,927,016	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	16,733	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-15,100	6,590,024	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	652,581	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,884,150	59.00
60.00	06000	LABORATORY	-48,488	12,160,002	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	841,388	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,397,198	65.00
66.00	06600	PHYSICAL THERAPY	0	1,025,693	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	825,331	67.00
68.00	06800	SPEECH PATHOLOGY	0	398,048	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,826,261	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	92,150	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,164,563	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,376,242	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	45,373,328	73.00
73.01	07301	RETAIL PHARMACY	-65,814	7,617,944	73.01
74.00	07400	RENAL DIALYSIS	0	1,011,395	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	5,279,104	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	-579	1,126,209	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	SLEEP CLINIC	0	741,616	90.01
90.02	09001	ANTI COAGULATION CLINIC	-341	651,323	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	1,724,724	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	59,290	90.04
91.00	09100	EMERGENCY	-383,000	14,147,156	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

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

Worksheet A  
Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-2,837,815	350,599,195	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	161,374	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	169,789	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	193.01
193.02	19302 WHITE HOSPITAL	0	2,115,822	193.02
193.03	19303 HOSPICE	0	4,432	193.03
193.04	19304 FRANKFORT HOSPITAL	0	1,653,236	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	-54	194.00
200.00	TOTAL (SUM OF LINES 118 through 199)	-2,837,815	354,703,794	200.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:  
5/26/2023 10:13 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - NONBILLABLE SUPPLIES</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,770,897	1.00
2.00	ADMINISTRATIVE	5.01	0	8	2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	238,803	3.00
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	1	4.00
5.00	HOUSEKEEPING	9.00	0	1,144	5.00
6.00	DIETARY	10.00	0	285	6.00
7.00	PARAMEDICAL PRGM - PHARMACY	23.00	0	6	7.00
8.00	RADIOISOTOPE	56.00	0	34,927	8.00
9.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,198	9.00
10.00	ELECTROCARDIOLOGY	69.00	0	3,187	10.00
11.00	OUTPATIENT WOUND CARE CENTER	76.01	0	30,016	11.00
12.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	6	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
	<b>0</b>		<b>0</b>	<b>10,081,478</b>	
<b>B - BILLABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,164,563	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
	<b>0</b>		<b>0</b>	<b>9,164,563</b>	
<b>C - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,376,242	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
			0	10,376,242	
<b>D - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	45,373,328	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
			0	45,373,328	
<b>E - BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,208,791	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
			0	14,208,791	

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:  
5/26/2023 10:13 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>F - CAFETERIA</b>						
1.00	CAFETERIA	11.00	477,021	219,610	1.00	
	O		477,021	219,610		
<b>G - PROPERTY TAX</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,653	1.00	
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	2,084	2.00	
	O		0	8,737		
<b>H - PROPERTY INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	242,166	1.00	
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	37,827	2.00	
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	14,649	3.00	
	O		0	294,642		
<b>I - LEASE EXPENSE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	461,430	1.00	
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	88,457	2.00	
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	149,090	3.00	
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	90	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	3,729	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	
	O		0	702,796		
<b>J - INTEREST EXPENSE</b>						
1.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	1,069	1.00	
2.00		0.00	0	0	2.00	
	O		0	1,069		
<b>K - HOUSEKEEPING SUPPLIES</b>						
1.00	HOUSEKEEPING	9.00	0	48,481	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	
	O		0	48,481		
<b>L - DEPRECIATION EXPENSE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,467,030	1.00	
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	309,719	2.00	
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,495,832	3.00	
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	467,947	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	

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

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5/26/2023 10:13 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	10,740,528	
<b>M - FMLA RECLASS</b>					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06		12,273	1.00
2.00	OPERATION OF PLANT	7.00		939	2.00
3.00	HOUSEKEEPING	9.00		10,485	3.00
4.00	DIETARY	10.00		3,893	4.00
5.00	NURSING ADMINISTRATION	13.00		38,781	5.00
6.00	PHARMACY	15.00		25,112	6.00
7.00	PATIENT TRANSPORT SERVICES	18.00		4,907	7.00
8.00	ADULTS & PEDIATRICS	30.00		126,339	8.00
9.00	INTENSIVE CARE UNIT	31.00		21,662	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00		15,301	10.00
11.00	OPERATING ROOM	50.00		44,532	11.00
12.00	RECOVERY ROOM	51.00		4,748	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00		18,891	13.00
14.00	ANESTHESIOLOGY	53.00		324	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00		18,644	15.00
16.00	CARDIAC CATHETERIZATION	59.00		4,497	16.00
17.00	RESPIRATORY THERAPY	65.00		15,405	17.00
18.00	ELECTROCARDIOLOGY	69.00		6,208	18.00
19.00	ASC (NON-DISTINCT PART)	75.01		30,228	19.00
20.00	SLEEP CLINIC	90.01		516	20.00
21.00	ANTI COAGULATION CLINIC	90.02		3,847	21.00
22.00	EMERGENCY	91.00		49,559	22.00
0			0	457,091	
<b>N - NURSERY</b>					
1.00	NURSERY	43.00	801,069	115,042	1.00
2.00		0.00	0	0	2.00
0			801,069	115,042	
<b>O - ARNETT TO WHITE ALLOCATION</b>					
1.00	WHITE HOSPITAL	193.02	1,431,704	684,118	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
0			1,431,704	684,118	
<b>P - ARNETT TO FRANKFORT ALLOCATION</b>					
1.00	FRANKFORT HOSPITAL	193.04	1,074,762	578,474	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
0			1,074,762	578,474	

Provider CCN: 15-0173

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	
Q - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,099,784	1.00
	0		0	1,099,784	
R - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM - PHARMACY	23.00	114,060	8,726	1.00
	0		114,060	8,726	
S - BENEFIT SALARY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,393	0	1.00
	TOTALS		1,393	0	
500.00	Grand Total: Increases		3,900,009	104,163,500	500.00

RECLASSIFICATIONS

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Period:  
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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			
<b>A - NONBILLABLE SUPPLIES</b>							
1.00	OPERATION OF PLANT	7.00	0	137,530	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	8,300	0	2.00	
3.00	PHARMACY	15.00	0	49,307	0	3.00	
4.00	PATIENT TRANSPORT SERVICES	18.00	0	7,359	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	946,023	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	208,286	0	6.00	
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	50,049	0	7.00	
8.00	OPERATING ROOM	50.00	0	4,645,987	0	8.00	
9.00	RECOVERY ROOM	51.00	0	49,290	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	129,112	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0	237,136	0	11.00	
12.00	ASC ANESTHESIOLOGY	53.01	0	86,335	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,400,506	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	422,975	0	14.00	
15.00	LABORATORY	60.00	0	1,221	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	533,572	0	16.00	
17.00	PHYSICAL THERAPY	66.00	0	1,826	0	17.00	
18.00	OCCUPATIONAL THERAPY	67.00	0	2,524	0	18.00	
19.00	SPEECH PATHOLOGY	68.00	0	2,644	0	19.00	
20.00	RETAIL PHARMACY	73.01	0	82	0	20.00	
21.00	RENAL DIALYSIS	74.00	0	4,425	0	21.00	
22.00	ASC (NON-DISTINCT PART)	75.01	0	738,112	0	22.00	
23.00	SLEEP CLINIC	90.01	0	17,381	0	23.00	
24.00	ARNETT CANCER CARE CENTER	90.03	0	49,213	0	24.00	
25.00	OUTPATIENT INFUSION CENTER	90.04	0	475	0	25.00	
26.00	EMERGENCY	91.00	0	349,293	0	26.00	
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,515	0	27.00	
0			0	10,081,478			
<b>B - BILLABLE SUPPLIES</b>							
1.00	NURSING ADMINISTRATION	13.00		341	0	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00		306,794	0	2.00	
3.00	PHARMACY	15.00		49	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00		291,736	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00		70,987	0	5.00	
6.00	NEONATAL INTENSIVE CARE UNIT	35.00		4,413	0	6.00	
7.00	OPERATING ROOM	50.00		3,544,262	0	7.00	
8.00	RECOVERY ROOM	51.00		1,488	0	8.00	
9.00	DELIVERY ROOM & LABOR ROOM	52.00		157,092	0	9.00	
10.00	ANESTHESIOLOGY	53.00		15,136	0	10.00	
11.00	ASC ANESTHESIOLOGY	53.01		7,532	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00		2,278,809	0	12.00	
13.00	RADIOISOTOPE	56.00		632	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00		1,413,767	0	14.00	
15.00	RESPIRATORY THERAPY	65.00		11,636	0	15.00	
16.00	PHYSICAL THERAPY	66.00		1,478	0	16.00	
17.00	ELECTROCARDIOLOGY	69.00		545	0	17.00	
18.00	RETAIL PHARMACY	73.01		113	0	18.00	
19.00	RENAL DIALYSIS	74.00		38,286	0	19.00	
20.00	ASC (NON-DISTINCT PART)	75.01		515,318	0	20.00	
21.00	OUTPATIENT WOUND CARE CENTER	76.01		449,744	0	21.00	
22.00	SLEEP CLINIC	90.01		297	0	22.00	
23.00	ARNETT CANCER CARE CENTER	90.03		1,251	0	23.00	
24.00	OUTPATIENT INFUSION CENTER	90.04		130	0	24.00	
25.00	EMERGENCY	91.00		52,727	0	25.00	
0			0	9,164,563			
<b>C - IMPLANTS</b>							
1.00	OPERATION OF PLANT	7.00		3,843	0	1.00	
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01		807	0	2.00	
3.00	NURSING ADMINISTRATION	13.00		10	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00		15,473	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00		120	0	5.00	
6.00	OPERATING ROOM	50.00		5,986,079	0	6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00		12,879	0	7.00	
8.00	ANESTHESIOLOGY	53.00		4,384	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00		46,798	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00		2,908,326	0	10.00	
11.00	ASC (NON-DISTINCT PART)	75.01		1,365,360	0	11.00	
12.00	OUTPATIENT WOUND CARE CENTER	76.01		31,875	0	12.00	
13.00	ARNETT CANCER CARE CENTER	90.03		288	0	13.00	
0			0	10,376,242			

RECLASSIFICATIONS

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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		
<b>D - DRUGS</b>						
1.00	OPERATION OF PLANT	7.00		7	0	1.00
2.00	NURSING ADMINISTRATION	13.00		9,020	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		65,587	0	3.00
4.00	PHARMACY	15.00		5,304,438	0	4.00
5.00	ADULTS & PEDIATRICS	30.00		394,352	0	5.00
6.00	INTENSIVE CARE UNIT	31.00		216,634	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00		24,471	0	7.00
8.00	OPERATING ROOM	50.00		473,465	0	8.00
9.00	RECOVERY ROOM	51.00		5,281	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		57,123	0	10.00
11.00	ANESTHESIOLOGY	53.00		66,099	0	11.00
12.00	ASC ANESTHESIOLOGY	53.01		7,456	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00		521,834	0	13.00
14.00	RADIOISOTOPE	56.00		536,283	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00		101,116	0	15.00
16.00	RESPIRATORY THERAPY	65.00		22,207	0	16.00
17.00	ELECTROCARDIOLOGY	69.00		223,018	0	17.00
18.00	RETAIL PHARMACY	73.01		45,664	0	18.00
19.00	RENAL DIALYSIS	74.00		11,726	0	19.00
20.00	ASC (NON-DISTINCT PART)	75.01		217,793	0	20.00
21.00	OUTPATIENT WOUND CARE CENTER	76.01		1,511	0	21.00
22.00	ARNETT CANCER CARE CENTER	90.03		36,636,103	0	22.00
23.00	OUTPATIENT INFUSION CENTER	90.04		5,953	0	23.00
24.00	EMERGENCY	91.00		426,025	0	24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.00		162	0	25.00
0				0	45,373,328	
<b>E - BENEFITS</b>						
1.00	ADMINISTRATIVE	5.01		103,377	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06		873,414	0	2.00
3.00	OPERATION OF PLANT	7.00		226,063	0	3.00
4.00	HOUSEKEEPING	9.00		417,612	0	4.00
5.00	DIETARY	10.00		289,651	0	5.00
6.00	NURSING ADMINISTRATION	13.00		1,061,344	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00		111,979	0	7.00
8.00	PHARMACY	15.00		650,742	0	8.00
9.00	SOCIAL SERVICE	17.00		116,134	0	9.00
10.00	PATIENT TRANSPORT SERVICES	18.00		101,062	0	10.00
11.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00		8,090	0	11.00
12.00	PARAMEDICAL PRGM - PHARMACY	23.00		22,318	0	12.00
13.00	ADULTS & PEDIATRICS	30.00		3,532,250	0	13.00
14.00	INTENSIVE CARE UNIT	31.00		503,015	0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	35.00		404,548	0	15.00
16.00	OPERATING ROOM	50.00		883,297	0	16.00
17.00	RECOVERY ROOM	51.00		148,572	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00		489,557	0	18.00
19.00	ANESTHESIOLOGY	53.00		25,204	0	19.00
20.00	ASC ANESTHESIOLOGY	53.01		152	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00		751,877	0	21.00
22.00	RADIOISOTOPE	56.00		32,513	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00		252,354	0	23.00
24.00	LABORATORY	60.00		1,317	0	24.00
25.00	RESPIRATORY THERAPY	65.00		277,245	0	25.00
26.00	PHYSICAL THERAPY	66.00		96,993	0	26.00
27.00	OCCUPATIONAL THERAPY	67.00		40,786	0	27.00
28.00	SPEECH PATHOLOGY	68.00		40,736	0	28.00
29.00	ELECTROCARDIOLOGY	69.00		267,968	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00		30,866	0	30.00
31.00	RETAIL PHARMACY	73.01		70,391	0	31.00
32.00	ASC (NON-DISTINCT PART)	75.01		670,967	0	32.00
33.00	OUTPATIENT WOUND CARE CENTER	76.01		36,873	0	33.00
34.00	SLEEP CLINIC	90.01		88,297	0	34.00
35.00	ANTI COAGULATION CLINIC	90.02		121,459	0	35.00
36.00	ARNETT CANCER CARE CENTER	90.03		290,548	0	36.00
37.00	OUTPATIENT INFUSION CENTER	90.04		8,240	0	37.00
38.00	EMERGENCY	91.00		1,122,953	0	38.00
39.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00		10,962	0	39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00		27,065	0	40.00
0				0	14,208,791	



RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>F - CAFETERIA</b>							
1.00	DIETARY	10.00	477,021	219,610	0		1.00
	O		477,021	219,610			
<b>G - PROPERTY TAX</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	6,653	13		1.00
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	2,084	13		2.00
	O		0	8,737			
<b>H - PROPERTY INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	294,642	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
	O		0	294,642			
<b>I - LEASE EXPENSE</b>							
1.00	OPERATION OF PLANT	7.00	0	458,408	10		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,513	10		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,862	10		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	2,083	10		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	391	0		5.00
6.00	OPERATING ROOM	50.00	0	62,405	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	8,157	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	60,520	0		8.00
9.00	SLEEP CLINIC	90.01	0	88,457	0		9.00
	O		0	702,796			
<b>J - INTEREST EXPENSE</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	207	11		1.00
2.00	OUTPATIENT WOUND CARE CENTER	76.01	0	862	0		2.00
	O		0	1,069			
<b>K - HOUSEKEEPING SUPPLIES</b>							
1.00	ADMINISTRATIVE	5.01		975	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06		2	0		2.00
3.00	OPERATION OF PLANT	7.00		1,341	0		3.00
4.00	DIETARY	10.00		2	0		4.00
5.00	NURSING ADMINISTRATION	13.00		160	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00		3,766	0		6.00
7.00	PHARMACY	15.00		4,271	0		7.00
8.00	PATIENT TRANSPORT SERVICES	18.00		20	0		8.00
9.00	ADULTS & PEDIATRICS	30.00		18,767	0		9.00
10.00	INTENSIVE CARE UNIT	31.00		1,024	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00		916	0		11.00
12.00	OPERATING ROOM	50.00		1,774	0		12.00
13.00	RECOVERY ROOM	51.00		138	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00		757	0		14.00
15.00	ANESTHESIOLOGY	53.00		23	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00		3,020	0		16.00
17.00	RADIOISOTOPE	56.00		89	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00		572	0		18.00
19.00	RESPIRATORY THERAPY	65.00		11	0		19.00
20.00	ELECTROCARDIOLOGY	69.00		647	0		20.00
21.00	RETAIL PHARMACY	73.01		91	0		21.00
22.00	RENAL DIALYSIS	74.00		426	0		22.00
23.00	ASC (NON-DISTINCT PART)	75.01		1,367	0		23.00
24.00	OUTPATIENT WOUND CARE CENTER	76.01		781	0		24.00
25.00	SLEEP CLINIC	90.01		231	0		25.00
26.00	ARNETT CANCER CARE CENTER	90.03		3,359	0		26.00
27.00	OUTPATIENT INFUSION CENTER	90.04		1	0		27.00
28.00	EMERGENCY	91.00		3,318	0		28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00		632	0		29.00
	O		0	48,481			
<b>L - DEPRECIATION EXPENSE</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	26,896	9		1.00
2.00	OPERATION OF PLANT	7.00	0	4,704,693	9		2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	309,716	9		3.00
4.00	HOUSEKEEPING	9.00	0	10,689	9		4.00
5.00	DIETARY	10.00	0	28,736	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	299,910	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	161,471	0		7.00
8.00	PHARMACY	15.00	0	388,872	0		8.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6  
Date/Time Prepared:  
5/26/2023 10:13 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
9.00	ADULTS & PEDIATRICS	30.00	0	285,812	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	174,106	0	10.00	
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	101,010	0	11.00	
12.00	OPERATING ROOM	50.00	0	1,415,866	0	12.00	
13.00	RECOVERY ROOM	51.00	0	61,961	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19,492	0	14.00	
15.00	ANESTHESIOLOGY	53.00	0	82,297	0	15.00	
16.00	ASC ANESTHESIOLOGY	53.01	0	46,530	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	802,153	0	17.00	
18.00	RADIOISOTOPE	56.00	0	251,909	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	622,483	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	120,428	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	176,834	0	21.00	
22.00	RENAL DIALYSIS	74.00	0	135	0	22.00	
23.00	ASC (NON-DISTINCT PART)	75.01	0	414,908	0	23.00	
24.00	ARNETT CANCER CARE CENTER	90.03	0	2,682	0	24.00	
25.00	EMERGENCY	91.00	0	230,939	0	25.00	
0			0	10,740,528			
<b>M - FMLA RECLASS</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	12,273	0	0	1.00	
2.00	OPERATION OF PLANT	7.00	939	0	0	2.00	
3.00	HOUSEKEEPING	9.00	10,485	0	0	3.00	
4.00	DIETARY	10.00	3,893	0	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	38,781	0	0	5.00	
6.00	PHARMACY	15.00	25,112	0	0	6.00	
7.00	PATIENT TRANSPORT SERVICES	18.00	4,907	0	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	126,339	0	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	21,662	0	0	9.00	
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	15,301	0	0	10.00	
11.00	OPERATING ROOM	50.00	44,532	0	0	11.00	
12.00	RECOVERY ROOM	51.00	4,748	0	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	18,891	0	0	13.00	
14.00	ANESTHESIOLOGY	53.00	324	0	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	18,644	0	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	4,497	0	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	15,405	0	0	17.00	
18.00	ELECTROCARDIOLOGY	69.00	6,208	0	0	18.00	
19.00	ASC (NON-DISTINCT PART)	75.01	30,228	0	0	19.00	
20.00	SLEEP CLINIC	90.01	516	0	0	20.00	
21.00	ANTI COAGULATION CLINIC	90.02	3,847	0	0	21.00	
22.00	EMERGENCY	91.00	49,559	0	0	22.00	
0			457,091	0			
<b>N - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	774,540	109,463	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	26,529	5,579	0	2.00	
0			801,069	115,042			
<b>O - ARNETT TO WHITE ALLOCATION</b>							
1.00	ADMINISTRATIVE	5.01	25,939	7,057	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	715,540	343,841	0	2.00	
3.00	OPERATION OF PLANT	7.00	49,845	14,585	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	116,021	84,633	0	4.00	
5.00	PHARMACY	15.00	303,241	79,364	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	46,417	69,793	0	6.00	
7.00	OPERATING ROOM	50.00	67,305	24,028	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	30,169	12,524	0	8.00	
9.00	ELECTROCARDIOLOGY	69.00	58,939	23,519	0	9.00	
10.00	EMERGENCY	91.00	18,288	24,774	0	10.00	
0			1,431,704	684,118			
<b>P - ARNETT TO FRANKFORT ALLOCATION</b>							
1.00	ADMINISTRATIVE	5.01	25,939	7,057	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	494,135	237,590	0	2.00	
3.00	OPERATION OF PLANT	7.00	49,845	14,585	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	91,856	54,952	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	58,850	96,534	0	5.00	
6.00	PHARMACY	15.00	226,582	60,645	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	6,001	32,353	0	7.00	
8.00	OPERATING ROOM	50.00	35,500	12,674	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	30,169	12,524	0	9.00	
10.00	ELECTROCARDIOLOGY	69.00	33,679	13,439	0	10.00	
11.00	ASC (NON-DISTINCT PART)	75.01	12,560	23,054	0	11.00	
12.00	EMERGENCY	91.00	9,646	13,067	0	12.00	

Provider CCN: 15-0173

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		
	0		1,074,762	578,474			
Q - INTERNS AND RESIDENTS							
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	1,099,784	0		1.00
	0		0	1,099,784			
R - PARAMEDICAL EDUCATION							
1.00	PHARMACY	15.00	114,060	8,726	0		1.00
	0		114,060	8,726			
S - BENEFIT SALARY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,393	0		1.00
	TOTALS		0	1,393			
500.00	Grand Total: Decreases		4,355,707	103,707,802			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/26/2023 10:13 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	2,221,221	1,076,003	0	1,076,003	0	1.00
2.00	Land Improvements	590,336	0	0	0	0	2.00
3.00	Buildings and Fixtures	170,662,482	0	0	0	0	3.00
4.00	Building Improvements	12,897,988	2,848,007	0	2,848,007	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	81,769,696	2,907,345	0	2,907,345	4,673,755	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	268,141,723	6,831,355	0	6,831,355	4,673,755	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	268,141,723	6,831,355	0	6,831,355	4,673,755	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	3,297,224	0				1.00
2.00	Land Improvements	590,336	0				2.00
3.00	Buildings and Fixtures	170,662,482	0				3.00
4.00	Building Improvements	15,745,995	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	80,003,286	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	270,299,323	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	270,299,323	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	0	2.01
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
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0				1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0				2.01
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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	190,296,037	0	190,296,037	0.704020	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0.000000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	80,003,287	0	80,003,287	0.295980	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	270,299,324	0	270,299,324	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,330,005	461,430	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	309,719	88,457	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,688,723	149,090	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	467,947	90	2.01
3.00	Total (sum of lines 1-2)	0	0	0	12,796,394	699,067	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	242,166	6,653	0	6,040,254	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	37,827	2,084	0	438,087	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	13,340,487	0	0	0	13,340,487	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	14,649	0	0	6,852,462	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	1,069	0	0	0	469,106	2.01
3.00	Total (sum of lines 1-2)	13,341,556	294,642	8,737	0	27,140,396	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

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

Worksheet A-8

Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1.01
1.02 Investment income - CAP REL COSTS INTEREST EXPENSE (chapter 2)	B	1,615,224	0	CAP REL COSTS INTEREST EXPENSE	1.02	11	1.02
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	2.01
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	-2,384,261	0		0.00	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	37,883,605				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT - NONHOSP			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	26.01
26.02 Depreciation - CAP REL COSTS INTEREST EXPENSE			0	CAP REL COSTS INTEREST EXPENSE	1.02	0	26.02
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

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

Worksheet A-8

Date/Time Prepared:  
5/26/2023 10:13 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
				1.00	2.00		3.00	4.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP - NONHOSP			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	27.01
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	EMPLOYEE BENEFITS	A	-14,208,735		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	HAF OFFSET	A	-23,365,273		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.01
33.02	MISCELLANEOUS INCOME	B	-297,930		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.02
33.03	MISCELLANEOUS INCOME	B	-6,393		OPERATION OF PLANT	7.00	0	33.03
33.04	MISCELLANEOUS INCOME	B	-26		OPERATION OF PLANT - NONHOSPITAL	7.01	0	33.04
33.05	MISCELLANEOUS INCOME	B			CAFETERIA	11.00	0	33.05
33.06	MISCELLANEOUS INCOME	B	-30,701		NURSING ADMINISTRATION	13.00	0	33.06
33.07	MISCELLANEOUS INCOME	B	-225		CENTRAL SERVICES & SUPPLY	14.00	0	33.07
33.08	MISCELLANEOUS INCOME	B	-79,692		PHARMACY	15.00	0	33.08
33.09	MISCELLANEOUS INCOME	B	-15,100		RADIOLOGY-DIAGNOSTIC	54.00	0	33.09
33.10	MISCELLANEOUS INCOME	B			ELECTROCARDIOLOGY	69.00	0	33.10
33.11	MISCELLANEOUS INCOME	B			EMERGENCY	91.00	0	33.11
33.12	TELEPHONE EXPENSE	A			OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.12
33.13	NON-ALLOWABLE MARKETING	A	-2,500		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.13
33.14	NON-ALLOWABLE MARKETING	A	-2,039		ADMINISTRATIVE	5.01	0	33.14
33.15	NON-ALLOWABLE MARKETING	A	-815,731		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.15
33.16	NON-ALLOWABLE MARKETING	A	-24		DIETARY	10.00	0	33.16
33.17	NON-ALLOWABLE MARKETING	A	-76		NURSING ADMINISTRATION	13.00	0	33.17
33.18	NON-ALLOWABLE MARKETING	A			PHARMACY	15.00	0	33.18
33.19	NON-ALLOWABLE MARKETING	A	-12		OPERATING ROOM	50.00	0	33.19
33.20	NON-ALLOWABLE MARKETING	A			DELIVERY ROOM & LABOR ROOM	52.00	0	33.20
33.21	NON-ALLOWABLE MARKETING	A	-341		ANTICOAGULATION CLINIC	90.02	0	33.21
33.22	NON-ALLOWABLE MARKETING	A	-157		EMERGENCY	91.00	0	33.22
33.23	UNWONTED SITUATIONS	A	-1,947		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.23
33.24	UNWONTED SITUATIONS	A			ADULTS & PEDIATRICS	30.00	0	33.24
33.25	UNWONTED SITUATIONS	A			OPERATING ROOM	50.00	0	33.25
33.26	UNWONTED SITUATIONS	A			RECOVERY ROOM	51.00	0	33.26
33.27	UNWONTED SITUATIONS	A			OUTPATIENT WOUND CARE CENTER	76.01	0	33.27
33.28	UNWONTED SITUATIONS	A			EMERGENCY	91.00	0	33.28
33.29	CONTRIBUTION EXPENSE	A	-35,616		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.29
33.30	CONTRIBUTION EXPENSE	A	-681,362		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.30
33.31	CONTRIBUTION EXPENSE	A			OPERATION OF PLANT	7.00	0	33.31
33.32	CONTRIBUTION EXPENSE	A	-440		NURSING ADMINISTRATION	13.00	0	33.32
33.33	CONTRIBUTION EXPENSE	A	-67		PHARMACY	15.00	0	33.33
33.34	CONTRIBUTION EXPENSE	A	-166		ADULTS & PEDIATRICS	30.00	0	33.34
33.35	CONTRIBUTION EXPENSE	A	-12		OPERATING ROOM	50.00	0	33.35
33.36	CONTRIBUTION EXPENSE	A	-65,814		RETAIL PHARMACY	73.01	0	33.36
33.37	CONTRIBUTION EXPENSE	A	-579		OUTPATIENT WOUND CARE CENTER	76.01	0	33.37
33.38	CONTRIBUTION EXPENSE	A	-510		EMERGENCY	91.00	0	33.38
33.39	RECRUITMENT	A	-256,339		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.39
33.40	RECRUITMENT	A	-11,552		PHARMACY	15.00	0	33.40
33.41	RECRUITMENT	A	-48,000		ADULTS & PEDIATRICS	30.00	0	33.41
33.42	RECRUITMENT	A	-5,000		INTENSIVE CARE UNIT	31.00	0	33.42
33.43	RECRUITMENT	A			NEONATAL INTENSIVE CARE UNIT	35.00	0	33.43
33.44	RECRUITMENT	A	-5,024		OPERATING ROOM	50.00	0	33.44
33.45	RECRUITMENT	A			RECOVERY ROOM	51.00	0	33.45
33.46	RECRUITMENT	A	-5,000		DELIVERY ROOM & LABOR ROOM	52.00	0	33.46
33.47	RECRUITMENT	A			ASC (NON-DISTINCT PART)	75.01	0	33.47



Provider CCN: 15-0173      Period: From 01/01/2022 To 12/31/2022      Worksheet A-8  
 Date/Time Prepared: 5/26/2023 10:13 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		
33.48 RECRUITMENT	A	-10,000	EMERGENCY	91.00	0	33.48
33.49 PRACTICE MGMT	A		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.49
33.50 RETAIL PHARMACY	A		RETAIL PHARMACY	193.01	0	33.50
33.51 PRECEPTORS	A		IT & R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	33.51
33.52 PRECEPTORS	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.52
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,837,815				50.00

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

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

Provider CCN: 15-0173

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

Worksheet A-8-1

Date/Time Prepared: 5/26/2023 10:13 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1,318,624	455,649 1.00
2.00	1.02	CAP REL COSTS INTEREST EXPEN	HOME OFFICE ALLOCATION	11,725,263	0 2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	1,192,891	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	14,435,314	41,818 4.00
4.02	5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	45,243,095	35,534,057 4.02
4.03	7.00	OPERATION OF PLANT	RELATED PARTY	143,248	143,248 4.03
4.04	13.00	NURSING ADMINISTRATION	RELATED PARTY	30,297	30,355 4.04
4.05	22.00	I&R SERVICES-OTHER PRGM. COS	RELATED PARTY	1,018,226	1,018,226 4.05
4.06	30.00	ADULTS & PEDIATRICS	RELATED PARTY	-90	-90 4.06
4.07	35.00	NEONATAL INTENSIVE CARE UNIT	RELATED PARTY	60,000	60,000 4.07
4.08	50.00	OPERATING ROOM	RELATED PARTY	401,232	401,232 4.08
4.09	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	17,500	17,500 4.09
4.10	60.00	LABORATORY	RELATED PARTY	11,963,790	11,963,790 4.10
4.11	63.00	BLOOD STORING, PROCESSING &	RELATED PARTY	2,145	2,145 4.11
4.12	70.00	ELECTROENCEPHALOGRAPHY	RELATED PARTY	12,000	12,000 4.12
4.13	91.00	EMERGENCY	RELATED PARTY	336,502	336,502 4.13
5.00	0		0	87,900,037	50,016,432 5.00

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

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

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

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

6.00	B	IU HEALTH	100.00	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: 15-0173

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

Worksheet A-8-1

Date/Time Prepared:  
5/26/2023 10:13 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	862,975	9		1.00
2.00	11,725,263	11		2.00
3.00	1,192,891	9		3.00
4.00	14,393,496	0		4.00
4.02	9,709,038	0		4.02
4.03	0	0		4.03
4.04	-58	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
5.00	37,883,605			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0173

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

Worksheet A-8-2

Date/Time Prepared:  
5/26/2023 10:13 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 & GENERAL	2,097,536	1,351,469	746,067	211,500	5,198	1.00
2.00	13.00	NURSING ADMINISTRATION	226,550	226,550	0	211,500	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	48,527	48,527	0	211,500	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	110,127	110,127	0	211,500	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	8,595	8,595	0	211,500	0	5.00
6.00	53.00	ANESTHESIOLOGY	652	652	0	239,400	0	6.00
7.00	60.00	LABORATORY	48,488	48,488	0	211,500	0	7.00
8.00	91.00	EMERGENCY	372,333	372,333	0	211,500	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,912,808	2,166,741	746,067		5,198	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	528,547	26,427	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	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			528,547	26,427	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	528,547	217,520	1,568,989		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	226,550		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	48,527		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	110,127		4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	8,595		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	652		6.00
7.00	60.00	LABORATORY	0	0	0	48,488		7.00
8.00	91.00	EMERGENCY	0	0	0	372,333		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	528,547	217,520	2,384,261		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,040,254	6,040,254			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	438,087	0	438,087		1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	13,340,487	0	0	13,340,487	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,852,462				6,852,462
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	469,106				0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,329,699	0	0	0	0
5.01	00570	ADMINISTRATIVE	584,838	17,723	226	39,144	20,107
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	54,994,440	188,463	0	416,240	213,805
7.00	00700	OPERATION OF PLANT	11,107,745	1,169,521	0	2,582,999	1,326,781
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	843,862	0	9,146	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	3,218,389	75,643	943	167,066	85,815
10.00	01000	DIETARY	1,218,606	123,715	0	273,237	140,351
11.00	01100	CAFETERIA	696,631	86,235	0	190,458	97,831
13.00	01300	NURSING ADMINISTRATION	9,664,813	57,950	0	127,989	65,743
14.00	01400	CENTRAL SERVICES & SUPPLY	10,800,792	301,769	478	666,486	342,347
15.00	01500	PHARMACY	5,717,359	79,771	310	176,181	90,497
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	676,479	0	0	0	0
18.00	01850	PATIENT TRANSPORT SERVICES	760,183	20,591	0	45,478	23,360
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,099,784	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,193,864	4,567	0	10,088	5,182
23.00	02300	PARAMED ED PRGM - PHARMACY	249,014	2,215	0	4,893	2,513
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	45,566,593	1,713,184	0	3,783,729	1,943,544
31.00	03100	INTENSIVE CARE UNIT	6,707,085	173,760	0	383,765	197,124
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,487,158	135,339	0	298,908	153,537
43.00	04300	NURSERY	916,111	64,657	0	142,802	73,351
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	9,048,246	450,097	0	994,083	510,620
51.00	05100	RECOVERY ROOM	1,221,023	68,860	0	152,085	78,120
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,446,616	216,672	0	478,542	245,807
53.00	05300	ANESTHESIOLOGY	6,927,016	18,133	0	40,049	20,571
53.01	05301	ASC ANESTHESIOLOGY	16,733	0	807	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,590,024	240,344	0	530,823	272,662
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	652,581	31,456	0	69,474	35,686
59.00	05900	CARDIAC CATHETERIZATION	1,884,150	95,173	0	210,198	107,970
60.00	06000	LABORATORY	12,160,002	131,727	0	290,932	149,440
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	841,388	9,529	0	21,047	10,811
65.00	06500	RESPIRATORY THERAPY	3,397,198	18,467	0	40,786	20,950
66.00	06600	PHYSICAL THERAPY	1,025,693	9,727	0	21,482	11,035
67.00	06700	OCCUPATIONAL THERAPY	825,331	6,039	0	13,338	6,851
68.00	06800	SPEECH PATHOLOGY	398,048	4,901	0	10,825	5,560
69.00	06900	ELECTROCARDIOLOGY	2,826,261	35,447	0	78,288	40,213
70.00	07000	ELECTROENCEPHALOGRAPHY	92,150	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,164,563	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,376,242	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	45,373,328	0	0	0	0
73.01	07301	RETAIL PHARMACY	7,617,944	17,997	0	39,747	20,417
74.00	07400	RENAL DIALYSIS	1,011,395	23,110	0	51,041	26,218
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	5,279,104	0	232,960	0	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.01	03951	OUTPATIENT WOUND CARE CENTER	1,126,209	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	741,616	0	0	0	0
90.02	09001	ANTI COAGULATION CLINIC	651,323	0	8,009	0	0
90.03	09002	ARNETT CANCER CARE CENTER	1,724,724	0	48,997	0	0
90.04	09003	OUTPATIENT INFUSION CENTER	59,290	895	0	1,977	1,016
91.00	09100	EMERGENCY	14,147,156	308,962	0	682,372	350,507
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP		
	0	1.00	1.01	1.02	2.00		
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS							
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	350,599,195	5,902,639	301,876	13,036,552	6,696,342	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	161,374	33,869	0	74,803	38,423	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	169,789	29,195	122,906	64,480	33,121	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 RETAIL PHARMACY	0	0	0	0	0	193.01	
193.02 19302 WHITE HOSPITAL	2,115,822	39,711	6,226	87,705	45,051	193.02	
193.03 19303 HOSPICE	4,432	0	0	0	0	193.03	
193.04 19304 FRANKFORT HOSPITAL	1,653,236	34,840	7,079	76,947	39,525	193.04	
194.00 07950 MARKETING/PUBLIC RELATIONS	-54	0	0	0	0	194.00	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118 through 201)	354,703,794	6,040,254	438,087	13,340,487	6,852,462	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

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Cost Center Description			CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	ADMI TTING	Subtotal	OTHER ADMI NI STRATI VE & GENERAL	
			MVBLE EQUI P - NONHOSP					
			2.01	4.00	5.01	5A.01	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUI P						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUI P - NONHOSP	469,106					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	15,329,699				4.00
5.01	00570	ADMI TTING	242	87,529	749,809			5.01
5.06	00590	OTHER ADMI NI STRATI VE & GENERAL	0	1,296,871	0	57,109,819	57,109,819	5.06
7.00	00700	OPERATION OF PLANT	0	224,225	0	16,411,271	3,149,405	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	9,793	0	0	862,801	165,576	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,010	266,861	0	3,815,727	732,257	9.00
10.00	01000	DI ETARY	0	142,517	0	1,898,426	364,317	10.00
11.00	01100	CAFETERIA	0	77,174	0	1,148,329	220,370	11.00
13.00	01300	NURSI NG ADMI NI STRATI ON	0	1,385,913	0	11,302,408	2,168,989	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	512	91,534	0	12,203,918	2,341,993	14.00
15.00	01500	PHARMACY	332	686,821	0	6,751,271	1,295,603	15.00
16.00	01600	MEDI CAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCI AL SERVICE	0	90,403	0	766,882	147,168	17.00
18.00	01850	PATI ENT TRANSPORT SERVICES	0	110,946	0	960,558	184,336	18.00
21.00	02100	I & R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,099,784	211,054	21.00
22.00	02200	I & R SERVICES-OTHER PRGM. COSTS APPRVD	0	7,902	0	1,221,603	234,432	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	0	35,386	0	294,021	56,424	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDI ATRI CS	0	3,630,952	84,854	56,722,856	10,885,440	30.00
31.00	03100	INTENSIVE CARE UNIT	0	587,684	12,429	8,061,847	1,547,109	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	396,512	7,394	4,478,848	859,513	35.00
43.00	04300	NURSERY	0	129,600	1,752	1,328,273	254,902	43.00
<b>ANCI LLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATI NG ROOM	0	901,838	73,054	11,977,938	2,298,626	50.00
51.00	05100	RECOVERY ROOM	0	181,442	5,932	1,707,462	327,670	51.00
52.00	05200	DELI VERY ROOM & LABOR ROOM	0	456,611	12,195	4,856,443	931,976	52.00
53.00	05300	ANESTHESI OLOGY	0	31,645	4,083	7,041,497	1,351,298	53.00
53.01	05301	ASC ANESTHESI OLOGY	865	153	2,149	20,707	3,974	53.01
54.00	05400	RADI OLOGY-DI AGNOSTI C	0	761,580	50,863	8,446,296	1,620,886	54.00
55.00	05500	RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55.00
56.00	05600	RADI OI SOTOPE	0	61,687	7,245	858,129	164,679	56.00
59.00	05900	CARDI AC CATHETERI ZATI ON	0	230,602	26,799	2,554,892	490,297	59.00
60.00	06000	LABORATORY	0	4,305	39,932	12,776,338	2,451,843	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	2,238	885,013	169,838	63.00
65.00	06500	RESPI RATORY THERAPY	0	338,230	7,945	3,823,576	733,763	65.00
66.00	06600	PHYSI CAL THERAPY	0	80,387	1,919	1,150,243	220,737	66.00
67.00	06700	OCCUPATI ONAL THERAPY	0	46,883	1,193	899,635	172,644	67.00
68.00	06800	SPEECH PATHOLOGY	0	54,446	966	474,746	91,106	68.00
69.00	06900	ELECTROCARDI OLOGY	0	175,235	17,588	3,173,032	608,921	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,479	311	105,940	20,330	70.00
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	30,217	9,194,780	1,764,524	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATI ENTS	0	0	57,634	10,433,876	2,002,313	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	109,935	45,483,263	8,728,466	73.00
73.01	07301	RETAI L PHARMACY	0	74,284	3,590	7,773,979	1,491,865	73.01
74.00	07400	RENAL DI ALYSI S	0	0	1,673	1,113,437	213,674	74.00
75.00	07500	ASC (NON-DI STI NCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DI STI NCT PART)	249,454	671,650	65,484	6,498,652	1,247,124	75.01
76.00	03950	CARDI AC CATHETERI ZATI ON	0	0	0	0	0	76.00
76.01	03951	OUTPATI ENT WOUND CARE CENTER	0	45,411	5,935	1,177,555	225,979	76.01
76.97	07697	CARDI AC REHABI LI TATI ON	0	0	0	0	0	76.97
77.00	07700	ALLOGENEI C HSCT ACQUI SI TI ON	0	0	0	0	0	77.00
<b>OUTPATI ENT SERVICE COST CENTERS</b>								
90.00	09000	CLI NI C	0	0	0	0	0	90.00
90.01	04950	SLEEP CLI NI C	0	59,502	2,307	803,425	154,181	90.01
90.02	09001	ANTI COAGULATI ON CLI NI C	8,576	97,197	239	765,344	146,873	90.02
90.03	09002	ARNETT CANCER CARE CENTER	52,466	203,724	14,541	2,044,452	392,341	90.03
90.04	09003	OUTPATI ENT INFUSI ON CENTER	0	8,296	710	72,184	13,852	90.04
91.00	09100	EMERGENCY	0	1,147,741	96,703	16,733,441	3,211,231	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATI ON BEDS (DI STI NCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATI ENT SERVI CES	0	0	0	0	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP - NONHOSP	2.01					
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	323,250	14,895,158	749,809	349,284,917	56,069,899
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,350	0	314,819	60,415
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	131,609	22,669	0	573,769	110,109
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	RETAIL PHARMACY	0	0	0	0	0
193.02	19302	WHITE HOSPITAL	6,667	231,627	0	2,532,809	486,059
193.03	19303	HOSPICE	0	16	0	4,448	854
193.04	19304	FRANKFORT HOSPITAL	7,580	173,879	0	1,993,086	382,483
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	-54	0
200.00		Cross Foot Adjustments				0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	469,106	15,329,699	749,809	354,703,794	57,109,819



COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/26/2023 10:13 am		
Cost Center Description			OPERATION OF PLANT 7.00	OPERATION OF PLANT - NONHOSPITAL 7.01	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINITTING					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	19,560,676				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	1,028,377			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0		8.00
9.00	00900	HOUSEKEEPING	317,209	2,262	0	4,867,455	9.00
10.00	01000	DIETARY	518,797	0	0	103,206	2,884,746
11.00	01100	CAFETERIA	361,624	0	0	79,573	0
13.00	01300	NURSING ADMINISTRATION	243,013	0	0	57,705	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,265,462	1,146	0	259,891	0
15.00	01500	PHARMACY	334,517	744	0	58,207	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	PATIENT TRANSPORT SERVICES	86,350	0	0	16,443	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	19,153	0	0	200,356	0
23.00	02300	PARAMED ED PRGM - PHARMACY	9,290	0	0	1,804	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	7,184,189	0	0	1,442,367	2,600,014
31.00	03100	INTENSIVE CARE UNIT	728,657	0	0	144,391	229,005
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	567,540	0	0	115,152	0
43.00	04300	NURSERY	271,139	0	0	55,037	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,887,472	0	0	391,937	0
51.00	05100	RECOVERY ROOM	288,765	0	0	59,522	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	908,611	0	0	184,326	55,727
53.00	05300	ANESTHESIOLOGY	76,041	0	0	15,670	0
53.01	05301	ASC ANESTHESIOLOGY	0	1,937	0	1,675	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,007,878	0	0	219,544	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	131,910	0	0	27,190	0
59.00	05900	CARDIAC CATHETERIZATION	399,104	0	0	81,467	0
60.00	06000	LABORATORY	552,395	0	0	116,286	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	39,961	0	0	8,286	0
65.00	06500	RESPIRATORY THERAPY	77,441	0	0	11,288	0
66.00	06600	PHYSICAL THERAPY	40,789	0	0	7,384	0
67.00	06700	OCCUPATIONAL THERAPY	25,326	0	0	5,438	0
68.00	06800	SPEECH PATHOLOGY	20,553	0	0	4,240	0
69.00	06900	ELECTROCARDIOLOGY	148,646	0	0	31,481	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	RETAIL PHARMACY	75,468	0	0	0	0
74.00	07400	RENAL DIALYSIS	96,913	0	0	19,884	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	558,809	0	484,319	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	36,674	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	0	0	43,839	0
90.02	09001	ANTI COAGULATION CLINIC	0	19,212	0	16,636	0
90.03	09002	ARNETT CANCER CARE CENTER	0	117,531	0	163,540	0
90.04	09003	OUTPATIENT INFUSION CENTER	3,754	0	0	7,629	0
91.00	09100	EMERGENCY	1,295,624	0	0	266,218	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

Period:  
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Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	18,983,591	701,641	0	4,738,605	2,884,746	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	142,028	0	0	29,484	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	122,429	294,820	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	15,567	0	193.01
193.02	19302 WHITE HOSPITAL	166,527	14,935	0	43,813	0	193.02
193.03	19303 HOSPICE	0	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	146,101	16,981	0	39,986	0	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	19,560,676	1,028,377	0	4,867,455	2,884,746	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0173		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/26/2023 10:13 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.06	00590	OTHER ADMINISTRATION & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,809,896					11.00
13.00	01300	NURSING ADMINISTRATION	100,037	13,872,152				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,044	12,310	16,104,764			14.00
15.00	01500	PHARMACY	111,698	0	30,909	8,582,949		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	20,252	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	39,488	0	4,027	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	2,125	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	6,674	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	546,000	5,942,201	513,726	49,242	0	30.00
31.00	03100	INTENSIVE CARE UNIT	74,935	884,057	112,994	39,603	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	58,632	805,014	28,254	4,474	0	35.00
43.00	04300	NURSERY	18,589	209,919	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	137,262	995,496	2,625,893	15,513	0	50.00
51.00	05100	RECOVERY ROOM	24,062	337,231	27,223	965	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	74,427	764,196	70,154	10,443	0	52.00
53.00	05300	ANESTHESIOLOGY	7,413	42,113	128,829	11,500	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	47,191	509	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	122,228	322,653	839,905	21,008	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	7,551	0	1,176	1,850	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	40,989	453,529	363,263	10,292	0	59.00
60.00	06000	LABORATORY	1,293	0	722	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	52,443	24,944	287,034	0	0	65.00
66.00	06600	PHYSICAL THERAPY	14,502	0	1,678	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,112	0	1,332	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,590	0	1,800	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	37,525	93,297	2,503	1,357	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,379	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,833,986	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,473,116	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,291,986	0	73.00
73.01	07301	RETAIL PHARMACY	11,246	0	44	8,430	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	2,344	202	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	1,103,047	438,127	17,109	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	135,087	8,302	14	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	10,289	0	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	0	0	0	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	37,825	314,231	58,741	31,235	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	1,455	12,634	251	1,088	0	90.04
91.00	09100	EMERGENCY	179,221	1,420,193	189,479	66,099	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part I  
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5/26/2023 10:13 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		1,765,997	13,872,152	16,103,292	8,582,919	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,309	0	0	0	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,472	30	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	0 193.01
193.02	19302	WHITE HOSPITAL	22,677	0	0	0	0 193.02
193.03	19303	HOSPICE	0	0	0	0	0 193.03
193.04	19304	FRANKFORT HOSPITAL	18,913	0	0	0	0 193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	1,809,896	13,872,152	16,104,764	8,582,949	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS	
		17.00	18.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102 CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00570 ADMITTING					5.01
5.06 00590 OTHER ADMINISTRATIVE & GENERAL					5.06
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 OPERATION OF PLANT - NONHOSPITAL					7.01
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	934,302				17.00
18.00 01850 PATIENT TRANSPORT SERVICES	0	1,291,202			18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,310,838		21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	1,677,669	22.00
23.00 02300 PARAMED PRGM - PHARMACY	0	0			368,213 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	747,731	146,160	1,047,008	1,340,007	0 30.00
31.00 03100 INTENSIVE CARE UNIT	65,859	21,409	15,692	20,083	0 31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	58,757	12,735	62,181	79,582	0 35.00
43.00 04300 NURSERY	45,929	3,019	0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	125,835	33,608	43,013	0 50.00
51.00 05100 RECOVERY ROOM	0	10,217	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	16,026	21,006	101,644	130,089	0 52.00
53.00 05300 ANESTHESIOLOGY	0	7,034	0	0	0 53.00
53.01 05301 ASC ANESTHESIOLOGY	0	3,701	0	0	0 53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	87,611	0	0	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0	12,479	0	0	0 56.00
59.00 05900 CARDIAC CATHETERIZATION	0	46,161	0	0	0 59.00
60.00 06000 LABORATORY	0	68,783	0	0	0 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,855	0	0	0 63.00
65.00 06500 RESPIRATORY THERAPY	0	13,686	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0	3,306	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,054	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,664	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	30,295	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	536	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	52,048	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	99,275	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	189,026	0	0	368,213 73.00
73.01 07301 RETAIL PHARMACY	0	6,184	0	0	0 73.01
74.00 07400 RENAL DIALYSIS	0	2,881	0	0	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	112,795	0	0	0 75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0 76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	10,223	0	0	0 76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0 76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0	0	0	0	0 90.00
90.01 04950 SLEEP CLINIC	0	3,974	0	0	0 90.01
90.02 09001 ANTI COAGULATION CLINIC	0	412	0	0	0 90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	25,046	0	0	0 90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	1,223	0	0	0 90.04
91.00 09100 EMERGENCY	0	166,569	50,705	64,895	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0 93.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part I  
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5/26/2023 10:13 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY			
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS				
		17.00	18.00	21.00			22.00	23.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	934,302	1,291,202	1,310,838	1,677,669	368,213	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
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	934,302	1,291,202	1,310,838	1,677,669	368,213	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP				1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE				1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00570	ADMITTING				5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	PATIENT TRANSPORT SERVICES				18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM - PHARMACY				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	89,166,941	-2,387,015	86,779,926	30.00
31.00	03100	INTENSIVE CARE UNIT	11,945,641	-35,775	11,909,866	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,130,682	-141,763	6,988,919	35.00
43.00	04300	NURSERY	2,186,807	0	2,186,807	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	20,532,593	-76,621	20,455,972	50.00
51.00	05100	RECOVERY ROOM	2,783,117	0	2,783,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,125,068	-231,733	7,893,335	52.00
53.00	05300	ANESTHESIOLOGY	8,681,395	0	8,681,395	53.00
53.01	05301	ASC ANESTHESIOLOGY	79,694	0	79,694	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,688,009	0	12,688,009	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,204,964	0	1,204,964	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,439,994	0	4,439,994	59.00
60.00	06000	LABORATORY	15,967,660	0	15,967,660	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,106,953	0	1,106,953	63.00
65.00	06500	RESPIRATORY THERAPY	5,024,175	0	5,024,175	65.00
66.00	06600	PHYSICAL THERAPY	1,438,639	0	1,438,639	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,113,541	0	1,113,541	67.00
68.00	06800	SPEECH PATHOLOGY	602,699	0	602,699	68.00
69.00	06900	ELECTROCARDIOLOGY	4,127,057	0	4,127,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	129,185	0	129,185	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,845,338	0	15,845,338	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,008,580	0	18,008,580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,060,954	0	63,060,954	73.00
73.01	07301	RETAIL PHARMACY	9,367,216	0	9,367,216	73.01
74.00	07400	RENAL DIALYSIS	1,449,335	0	1,449,335	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	10,459,982	0	10,459,982	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	1,557,160	0	1,557,160	76.01
76.97	07697	CARDIAC REHABILITATION	36,674	0	36,674	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0	0	90.00
90.01	04950	SLEEP CLINIC	1,015,708	0	1,015,708	90.01
90.02	09001	ANTI COAGULATION CLINIC	948,477	0	948,477	90.02
90.03	09002	ARNETT CANCER CARE CENTER	3,184,942	0	3,184,942	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	114,070	0	114,070	90.04
91.00	09100	EMERGENCY	23,643,675	-115,600	23,528,075	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS					
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	347,166,925	-2,988,507	344,178,418	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	549,055	0	549,055	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,102,629	0	1,102,629	192.00
193.00	19300 NONPAID WORKERS	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	15,567	0	15,567	193.01
193.02	19302 WHITE HOSPITAL	3,266,820	0	3,266,820	193.02
193.03	19303 HOSPICE	5,302	0	5,302	193.03
193.04	19304 FRANKFORT HOSPITAL	2,597,550	0	2,597,550	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	-54	0	-54	194.00
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	354,703,794	-2,988,507	351,715,287	202.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
			1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS		0					
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400	0	0	0	0	0	4.00
5.01	00570	0	17,723	226	39,144	20,107	5.01
5.06	00590	0	188,463	0	416,240	213,805	5.06
7.00	00700	0	1,169,521	0	2,582,999	1,326,781	7.00
7.01	00701	0	0	9,146	0	0	7.01
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	75,643	943	167,066	85,815	9.00
10.00	01000	0	123,715	0	273,237	140,351	10.00
11.00	01100	0	86,235	0	190,458	97,831	11.00
13.00	01300	0	57,950	0	127,989	65,743	13.00
14.00	01400	0	301,769	478	666,486	342,347	14.00
15.00	01500	0	79,771	310	176,181	90,497	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	20,591	0	45,478	23,360	18.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	4,567	0	10,088	5,182	22.00
23.00	02300	0	2,215	0	4,893	2,513	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	1,713,184	0	3,783,729	1,943,544	30.00
31.00	03100	0	173,760	0	383,765	197,124	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	0	135,339	0	298,908	153,537	35.00
43.00	04300	0	64,657	0	142,802	73,351	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	450,097	0	994,083	510,620	50.00
51.00	05100	0	68,860	0	152,085	78,120	51.00
52.00	05200	0	216,672	0	478,542	245,807	52.00
53.00	05300	0	18,133	0	40,049	20,571	53.00
53.01	05301	0	0	807	0	0	53.01
54.00	05400	0	240,344	0	530,823	272,662	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	31,456	0	69,474	35,686	56.00
59.00	05900	0	95,173	0	210,198	107,970	59.00
60.00	06000	0	131,727	0	290,932	149,440	60.00
63.00	06300	0	9,529	0	21,047	10,811	63.00
65.00	06500	0	18,467	0	40,786	20,950	65.00
66.00	06600	0	9,727	0	21,482	11,035	66.00
67.00	06700	0	6,039	0	13,338	6,851	67.00
68.00	06800	0	4,901	0	10,825	5,560	68.00
69.00	06900	0	35,447	0	78,288	40,213	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
73.01	07301	0	17,997	0	39,747	20,417	73.01
74.00	07400	0	23,110	0	51,041	26,218	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	232,960	0	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03951	0	0	0	0	0	76.01
76.97	07697	0	0	0	0	0	76.97
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	09001	0	0	8,009	0	0	90.02
90.03	09002	0	0	48,997	0	0	90.03
90.04	09003	0	895	0	1,977	1,016	90.04
91.00	09100	0	308,962	0	682,372	350,507	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	5,902,639	301,876	13,036,552	6,696,342 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,869	0	74,803	38,423 190.00
191.00	19100 RESEARCH	0	0	0	0	0 191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	29,195	122,906	64,480	33,121 192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0 193.00
193.01	19301 RETAIL PHARMACY	0	0	0	0	0 193.01
193.02	19302 WHITE HOSPITAL	0	39,711	6,226	87,705	45,051 193.02
193.03	19303 HOSPICE	0	0	0	0	0 193.03
193.04	19304 FRANKFORT HOSPITAL	0	34,840	7,079	76,947	39,525 193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0 194.00
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)	0	6,040,254	438,087	13,340,487	6,852,462 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description	CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP - NONHOSP					
	2.01	2A	4.00	5.01	5.06	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0		4.00
5.01 00570	ADMITTING	242	77,442	0	77,442	5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	0	818,508	0	0	818,508 5.06
7.00 00700	OPERATION OF PLANT	0	5,079,301	0	0	45,131 7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	9,793	18,939	0	0	2,373 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	1,010	330,477	0	0	10,493 9.00
10.00 01000	DIETARY	0	537,303	0	0	5,221 10.00
11.00 01100	CAFETERIA	0	374,524	0	0	3,158 11.00
13.00 01300	NURSING ADMINISTRATION	0	251,682	0	0	31,082 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	512	1,311,592	0	0	33,561 14.00
15.00 01500	PHARMACY	332	347,091	0	0	18,566 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	2,109 17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	89,429	0	0	2,642 18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	3,024 21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	19,837	0	0	3,359 22.00
23.00 02300	PARAMED ED PRGM - PHARMACY	0	9,621	0	0	809 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	7,440,457	0	8,729	156,111 30.00
31.00 03100	INTENSIVE CARE UNIT	0	754,649	0	1,279	22,170 31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	587,784	0	761	12,317 35.00
43.00 04300	NURSERY	0	280,810	0	180	3,653 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	1,954,800	0	7,515	32,939 50.00
51.00 05100	RECOVERY ROOM	0	299,065	0	610	4,696 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	941,021	0	1,255	13,355 52.00
53.00 05300	ANESTHESIOLOGY	0	78,753	0	420	19,364 53.00
53.01 05301	ASC ANESTHESIOLOGY	865	1,672	0	221	57 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,043,829	0	5,232	23,227 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	136,616	0	745	2,360 56.00
59.00 05900	CARDIAC CATHETERIZATION	0	413,341	0	2,757	7,026 59.00
60.00 06000	LABORATORY	0	572,099	0	4,108	35,135 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	41,387	0	230	2,434 63.00
65.00 06500	RESPIRATORY THERAPY	0	80,203	0	817	10,515 65.00
66.00 06600	PHYSICAL THERAPY	0	42,244	0	197	3,163 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	26,228	0	123	2,474 67.00
68.00 06800	SPEECH PATHOLOGY	0	21,286	0	99	1,306 68.00
69.00 06900	ELECTROCARDIOLOGY	0	153,948	0	1,809	8,726 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	32	291 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,108	25,286 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,929	28,693 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,619	125,079 73.00
73.01 07301	RETAIL PHARMACY	0	78,161	0	369	21,378 73.01
74.00 07400	RENAL DIALYSIS	0	100,369	0	172	3,062 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	ASC (NON-DISTINCT PART)	249,454	482,414	0	6,736	17,871 75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0 76.00
76.01 03951	OUTPATIENT WOUND CARE CENTER	0	0	0	611	3,238 76.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 04950	SLEEP CLINIC	0	0	0	237	2,209 90.01
90.02 09001	ANTI COAGULATION CLINIC	8,576	16,585	0	25	2,105 90.02
90.03 09002	ARNETT CANCER CARE CENTER	52,466	101,463	0	1,496	5,622 90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	3,888	0	73	199 90.04
91.00 09100	EMERGENCY	0	1,341,841	0	9,948	46,017 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0 93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description	CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP - NONHOSP					
	2.01	2A	4.00	5.01	5.06	
OTHER REIMBURSABLE COST CENTERS						
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	323,250	26,260,659	0	77,442	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	147,095	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	131,609	381,311	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	0	193.01
193.02	19302 WHITE HOSPITAL	6,667	185,360	0	0	193.02
193.03	19303 HOSPICE	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	7,580	165,971	0	0	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	194.00
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	469,106	27,140,396	0	77,442	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/26/2023 10:13 am	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT	5,124,432					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	21,312				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0			8.00
9.00	00900	HOUSEKEEPING	83,101	47	0	424,118		9.00
10.00	01000	DIETARY	135,912	0	0	8,993	687,429	10.00
11.00	01100	CAFETERIA	94,737	0	0	6,933	0	11.00
13.00	01300	NURSING ADMINISTRATION	63,664	0	0	5,028	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	331,521	24	0	22,645	0	14.00
15.00	01500	PHARMACY	87,635	15	0	5,072	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	22,622	0	0	1,433	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	5,018	0	0	17,458	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	2,434	0	0	157	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,882,084	0	0	125,676	619,578	30.00
31.00	03100	INTENSIVE CARE UNIT	190,891	0	0	12,581	54,571	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	148,682	0	0	10,034	0	35.00
43.00	04300	NURSERY	71,032	0	0	4,796	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	494,473	0	0	34,151	0	50.00
51.00	05100	RECOVERY ROOM	75,650	0	0	5,186	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	238,034	0	0	16,061	13,280	52.00
53.00	05300	ANESTHESIOLOGY	19,921	0	0	1,365	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	40	0	146	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	264,040	0	0	19,130	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	34,557	0	0	2,369	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	104,556	0	0	7,099	0	59.00
60.00	06000	LABORATORY	144,714	0	0	10,132	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,469	0	0	722	0	63.00
65.00	06500	RESPIRATORY THERAPY	20,288	0	0	984	0	65.00
66.00	06600	PHYSICAL THERAPY	10,686	0	0	643	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,635	0	0	474	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,384	0	0	369	0	68.00
69.00	06900	ELECTROCARDIOLOGY	38,942	0	0	2,743	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	19,771	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	25,389	0	0	1,733	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	11,580	0	42,200	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,196	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	0	3,820	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	0	398	0	1,450	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	2,436	0	14,250	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	984	0	0	665	0	90.04
91.00	09100	EMERGENCY	339,423	0	0	23,197	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,973,249	14,540	0	412,891	687,429	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,208	0	0	2,569	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	32,074	6,110	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	1,356	0	193.01
193.02	19302 WHITE HOSPITAL	43,626	310	0	3,818	0	193.02
193.03	19303 HOSPICE	0	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	38,275	352	0	3,484	0	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,124,432	21,312	0	424,118	687,429	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/26/2023 10:13 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	479,352					11.00
13.00	01300	NURSING ADMINISTRATION	26,495	377,951				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,309	335	1,704,987			14.00
15.00	01500	PHARMACY	29,583	0	3,272	491,234		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	5,364	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	10,458	0	426	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	563	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	1,768	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	144,606	161,897	54,387	2,818	0	30.00
31.00	03100	INTENSIVE CARE UNIT	19,847	24,086	11,963	2,267	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,529	21,933	2,991	256	0	35.00
43.00	04300	NURSERY	4,923	5,719	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	36,354	27,123	278,000	888	0	50.00
51.00	05100	RECOVERY ROOM	6,373	9,188	2,882	55	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,712	20,821	7,427	598	0	52.00
53.00	05300	ANESTHESIOLOGY	1,963	1,147	13,639	658	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	4,996	29	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,372	8,791	88,920	1,202	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,000	0	124	106	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	10,856	12,357	38,458	589	0	59.00
60.00	06000	LABORATORY	342	0	76	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	13,890	680	30,388	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,841	0	178	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,884	0	141	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,275	0	191	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,939	2,542	265	78	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	630	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	511,768	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	579,428	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	474,581	0	73.00
73.01	07301	RETAIL PHARMACY	2,979	0	5	482	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	248	12	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	30,053	46,384	979	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	3,680	879	1	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	1,089	0	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	0	0	0	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	10,018	8,561	6,219	1,788	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	385	344	27	62	0	90.04
91.00	09100	EMERGENCY	47,467	38,694	20,060	3,783	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		467,725	377,951	1,704,831	491,232	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	612	0	0	0	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	156	2	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	0 193.01
193.02	19302	WHITE HOSPITAL	6,006	0	0	0	0 193.02
193.03	19303	HOSPICE	0	0	0	0	0 193.03
193.04	19304	FRANKFORT HOSPITAL	5,009	0	0	0	0 193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	479,352	377,951	1,704,987	491,234	0 202.00



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
		17.00	18.00	21.00		22.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00570	ADMITTING					5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	7,473				17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	127,010			18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,024		21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	46,235	22.00
23.00 02300	PARAMED PRGM - PHARMACY	0	0			14,789
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	5,981	14,413			30.00
31.00 03100	INTENSIVE CARE UNIT	527	2,111			31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0			33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0			33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	470	1,256			35.00
43.00 04300	NURSERY	367	298			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	12,409			50.00
51.00 05100	RECOVERY ROOM	0	1,008			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	128	2,071			52.00
53.00 05300	ANESTHESIOLOGY	0	694			53.00
53.01 05301	ASC ANESTHESIOLOGY	0	365			53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	8,639			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00 05600	RADIOISOTOPE	0	1,231			56.00
59.00 05900	CARDIAC CATHETERIZATION	0	4,552			59.00
60.00 06000	LABORATORY	0	6,783			60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	380			63.00
65.00 06500	RESPIRATORY THERAPY	0	1,350			65.00
66.00 06600	PHYSICAL THERAPY	0	326			66.00
67.00 06700	OCCUPATIONAL THERAPY	0	203			67.00
68.00 06800	SPEECH PATHOLOGY	0	164			68.00
69.00 06900	ELECTROCARDIOLOGY	0	2,987			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	53			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,133			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,790			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	18,319			73.00
73.01 07301	RETAIL PHARMACY	0	610			73.01
74.00 07400	RENAL DIALYSIS	0	284			74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0			75.00
75.01 07501	ASC (NON-DISTINCT PART)	0	11,123			75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0			76.00
76.01 03951	OUTPATIENT WOUND CARE CENTER	0	1,008			76.01
76.97 07697	CARDIAC REHABILITATION	0	0			76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0			77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0			90.00
90.01 04950	SLEEP CLINIC	0	392			90.01
90.02 09001	ANTI COAGULATION CLINIC	0	41			90.02
90.03 09002	ARNETT CANCER CARE CENTER	0	2,470			90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	121			90.04
91.00 09100	EMERGENCY	0	16,426			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0			92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0			93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY			
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS				
		17.00	18.00	21.00			22.00	23.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0			102.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,473	127,010	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
191.00	19100	RESEARCH	0	0				191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
193.00	19300	NONPAID WORKERS	0	0				193.00
193.01	19301	RETAIL PHARMACY	0	0				193.01
193.02	19302	WHITE HOSPITAL	0	0				193.02
193.03	19303	HOSPICE	0	0				193.03
193.04	19304	FRANKFORT HOSPITAL	0	0				193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0				194.00
200.00		Cross Foot Adjustments			3,024	46,235	14,789	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,473	127,010	3,024	46,235	14,789	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
2.00	00200				2.00
2.01	00201				2.01
4.00	00400				4.00
5.01	00570				5.01
5.06	00590				5.06
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	10,616,737	0	10,616,737	30.00
31.00	03100	1,096,942	0	1,096,942	31.00
33.00	03300	0	0	0	33.00
33.01	03301	0	0	0	33.01
35.00	02060	802,013	0	802,013	35.00
43.00	04300	371,778	0	371,778	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	2,878,652	0	2,878,652	50.00
51.00	05100	404,713	0	404,713	51.00
52.00	05200	1,273,763	0	1,273,763	52.00
53.00	05300	137,924	0	137,924	53.00
53.01	05301	7,526	0	7,526	53.01
54.00	05400	1,495,382	0	1,495,382	54.00
55.00	05500	0	0	0	55.00
56.00	05600	180,108	0	180,108	56.00
59.00	05900	601,591	0	601,591	59.00
60.00	06000	773,389	0	773,389	60.00
63.00	06300	55,622	0	55,622	63.00
65.00	06500	159,115	0	159,115	65.00
66.00	06600	61,278	0	61,278	66.00
67.00	06700	38,162	0	38,162	67.00
68.00	06800	31,074	0	31,074	68.00
69.00	06900	221,979	0	221,979	69.00
70.00	07000	1,006	0	1,006	70.00
71.00	07100	545,295	0	545,295	71.00
72.00	07200	623,840	0	623,840	72.00
73.00	07300	629,598	0	629,598	73.00
73.01	07301	123,755	0	123,755	73.01
74.00	07400	131,269	0	131,269	74.00
75.00	07500	0	0	0	75.00
75.01	07501	649,340	0	649,340	75.01
76.00	03950	0	0	0	76.00
76.01	03951	9,417	0	9,417	76.01
76.97	07697	3,196	0	3,196	76.97
77.00	07700	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	0	0	0	90.00
90.01	04950	7,747	0	7,747	90.01
90.02	09001	20,604	0	20,604	90.02
90.03	09002	154,323	0	154,323	90.03
90.04	09003	6,748	0	6,748	90.04
91.00	09100	1,886,856	0	1,886,856	91.00
92.00	09200	0	0	0	92.00
92.01	09201	0	0	0	92.01
93.00	04951	0	0	0	93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS					
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	26,000,742	0	26,000,742	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	188,350	0	188,350	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	421,231	0	421,231	192.00
193.00	19300 NONPAID WORKERS	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	1,356	0	1,356	193.01
193.02	19302 WHITE HOSPITAL	246,085	0	246,085	193.02
193.03	19303 HOSPICE	12	0	12	193.03
193.04	19304 FRANKFORT HOSPITAL	218,572	0	218,572	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	194.00
200.00	Cross Foot Adjustments	64,048	0	64,048	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	27,140,396	0	27,140,396	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1  
Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)		
		1.00	1.01	1.02	2.00	2.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	398,061					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	67,827				1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	0	0	398,061			1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				398,061		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				0	67,827	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00570	ADMITTING	1,168	35	1,168	1,168	35	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	12,420	0	12,420	12,420	0	5.06
7.00	00700	OPERATION OF PLANT	77,073	0	77,073	77,073	0	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	1,416	0	0	1,416	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,985	146	4,985	4,985	146	9.00
10.00	01000	DIETARY	8,153	0	8,153	8,153	0	10.00
11.00	01100	CAFETERIA	5,683	0	5,683	5,683	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,819	0	3,819	3,819	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,887	74	19,887	19,887	74	14.00
15.00	01500	PHARMACY	5,257	48	5,257	5,257	48	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	1,357	0	1,357	1,357	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	301	0	301	301	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	146	0	146	146	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	112,901	0	112,901	112,901	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,451	0	11,451	11,451	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,919	0	8,919	8,919	0	35.00
43.00	04300	NURSERY	4,261	0	4,261	4,261	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,662	0	29,662	29,662	0	50.00
51.00	05100	RECOVERY ROOM	4,538	0	4,538	4,538	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,279	0	14,279	14,279	0	52.00
53.00	05300	ANESTHESIOLOGY	1,195	0	1,195	1,195	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	125	0	0	125	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,839	0	15,839	15,839	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,073	0	2,073	2,073	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,272	0	6,272	6,272	0	59.00
60.00	06000	LABORATORY	8,681	0	8,681	8,681	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	628	0	628	628	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,217	0	1,217	1,217	0	65.00
66.00	06600	PHYSICAL THERAPY	641	0	641	641	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	398	0	398	398	0	67.00
68.00	06800	SPEECH PATHOLOGY	323	0	323	323	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,336	0	2,336	2,336	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	1,186	0	1,186	1,186	0	73.01
74.00	07400	RENAL DIALYSIS	1,523	0	1,523	1,523	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	36,068	0	0	36,068	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	0	0	0	90.01
90.02	09001	ANTICOAGULATION CLINIC	0	1,240	0	0	1,240	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	7,586	0	0	7,586	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	59	0	59	59	0	90.04
91.00	09100	EMERGENCY	20,361	0	20,361	20,361	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)	
		1.00	1.01	1.02	2.00	2.01	
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	388,992	46,738	388,992	388,992	46,738	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,232	0	2,232	2,232	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,924	19,029	1,924	1,924	19,029	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302 WHITE HOSPITAL	2,617	964	2,617	2,617	964	193.02
193.03	19303 HOSPICE	0	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	2,296	1,096	2,296	2,296	1,096	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,040,254	438,087	13,340,487	6,852,462	469,106	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.174192	6.458888	33.513675	17.214603	6.916213	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						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: 15-0173

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

Worksheet B-1  
Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5.01	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	94,754,244					4.00
5.01	00570	ADMITTING	541,021	1,794,034,951				5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	8,016,066	0	-57,109,819	297,594,029		5.06
7.00	00700	OPERATION OF PLANT	1,385,952	0	0	16,411,271	307,400	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	0	0	862,801	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,649,488	0	0	3,815,727	4,985	9.00
10.00	01000	DIETARY	880,912	0	0	1,898,426	8,153	10.00
11.00	01100	CAFETERIA	477,021	0	0	1,148,329	5,683	11.00
13.00	01300	NURSING ADMINISTRATION	8,566,439	0	0	11,302,408	3,819	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	565,782	0	0	12,203,918	19,887	14.00
15.00	01500	PHARMACY	4,245,299	0	0	6,751,271	5,257	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	558,791	0	0	766,882	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	685,766	0	0	960,558	1,357	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,099,784	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	48,840	0	0	1,221,603	301	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	218,726	0	0	294,021	146	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,443,325	203,000,406	0	56,722,856	112,901	30.00
31.00	03100	INTENSIVE CARE UNIT	3,632,523	29,735,099	0	8,061,847	11,451	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,450,872	17,687,974	0	4,478,848	8,919	35.00
43.00	04300	NURSERY	801,069	4,192,368	0	1,328,273	4,261	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,574,336	174,771,498	0	11,977,938	29,662	50.00
51.00	05100	RECOVERY ROOM	1,121,508	14,190,942	0	1,707,462	4,538	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,822,348	29,175,326	0	4,856,443	14,279	52.00
53.00	05300	ANESTHESIOLOGY	195,600	9,768,773	0	7,041,497	1,195	53.00
53.01	05301	ASC ANESTHESIOLOGY	945	5,140,615	0	20,707	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,707,389	121,682,285	0	8,446,296	15,839	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	381,294	17,332,006	0	858,129	2,073	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,425,367	64,112,168	0	2,554,892	6,272	59.00
60.00	06000	LABORATORY	26,609	95,531,356	0	12,776,338	8,681	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,354,697	0	885,013	628	63.00
65.00	06500	RESPIRATORY THERAPY	2,090,629	19,008,325	0	3,823,576	1,217	65.00
66.00	06600	PHYSICAL THERAPY	496,880	4,591,032	0	1,150,243	641	66.00
67.00	06700	OCCUPATIONAL THERAPY	289,785	2,853,153	0	899,635	398	67.00
68.00	06800	SPEECH PATHOLOGY	336,537	2,310,696	0	474,746	323	68.00
69.00	06900	ELECTROCARDIOLOGY	1,083,144	42,076,358	0	3,173,032	2,336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,314	744,015	0	105,940	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	72,289,202	0	9,194,780	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	137,881,446	0	10,433,876	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	263,234,876	0	45,483,263	0	73.00
73.01	07301	RETAIL PHARMACY	459,158	8,589,403	0	7,773,979	1,186	73.01
74.00	07400	RENAL DIALYSIS	0	4,001,831	0	1,113,437	1,523	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	4,151,522	156,660,044	0	6,498,652	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	280,687	14,198,227	0	1,177,555	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	367,785	5,518,801	0	803,425	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	600,785	571,779	0	765,344	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	1,259,237	34,786,529	0	2,044,452	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	51,277	1,697,970	0	72,184	59	90.04
91.00	09100	EMERGENCY	7,094,279	231,345,751	0	16,733,441	20,361	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		4.00	5.01	5A.06	5.06	7.00	
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	92,068,307	1,794,034,951	-57,109,819	292,175,098	298,331	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,252	0	0	314,819	2,232	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	140,119	0	0	573,769	1,924	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302 WHITE HOSPITAL	1,431,704	0	0	2,532,809	2,617	193.02
193.03	19303 HOSPICE	100	0	0	4,448	0	193.03
193.04	19304 FRANKFORT HOSPITAL	1,074,762	0	0	1,993,086	2,296	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	54	0	0	194.00
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)	15,329,699	749,809		57,109,819	19,560,676	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.161784	0.000418		0.191905	63.632648	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	77,442		818,508	5,124,432	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000043		0.002750	16.670241	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: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQ. FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQ. FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.01	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	66,376				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	54,334			8.00
9.00	00900	HOUSEKEEPING	146	0	377,723		9.00
10.00	01000	DIETARY	0	0	8,009	48,246	10.00
11.00	01100	CAFETERIA	0	0	6,175	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,478	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	74	0	20,168	0	14.00
15.00	01500	PHARMACY	48	0	4,517	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	0	1,276	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	15,548	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	0	0	140	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	43,484	111,930	43,484	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,830	11,205	3,830	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	3,417	8,936	0	35.00
43.00	04300	NURSERY	0	2,671	4,271	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	30,415	0	50.00
51.00	05100	RECOVERY ROOM	0	0	4,619	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	932	14,304	932	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,216	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	125	0	130	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	17,037	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	2,110	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	6,322	0	59.00
60.00	06000	LABORATORY	0	0	9,024	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	643	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	876	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	573	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	422	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	329	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,443	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	1,543	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	36,068	0	37,584	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	2,846	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	3,402	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	1,240	0	1,291	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	7,586	0	12,691	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	592	0	90.04
91.00	09100	EMERGENCY	0	0	20,659	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)		
		7.01	8.00	9.00	10.00	11.00		
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		45,287	54,334	367,724	48,246	76,475	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,288	0	100	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	19,029	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	1,208	0	0	193.01
193.02	19302	WHITE HOSPITAL	964	0	3,400	0	982	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	1,096	0	3,103	0	819	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)		1,028,377	0	4,867,455	2,884,746	1,809,896	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		15.493205	0.000000	12.886308	59.792439	23.092477	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		21,312	0	424,118	687,429	479,352	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.321080	0.000000	1.122828	14.248414	6.116056	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: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description		NURSING ADMINISTRATION  (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE  (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	42,822					13.00
14.00	01400	38	30,532,362				14.00
15.00	01500	0	58,599	46,950,104			15.00
16.00	01600	0	0	0	1,794,034,951		16.00
17.00	01700	0	0	0	0	54,334	17.00
18.00	01850	0	7,635	0	0	0	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	18,343	973,952	269,362	203,000,406	43,484	30.00
31.00	03100	2,729	214,221	216,634	29,735,099	3,830	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	2,485	53,565	24,471	17,687,974	3,417	35.00
43.00	04300	648	0	0	4,192,368	2,671	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	3,073	4,978,326	84,859	174,771,498	0	50.00
51.00	05100	1,041	51,611	5,281	14,190,942	0	51.00
52.00	05200	2,359	133,003	57,123	29,175,326	932	52.00
53.00	05300	130	244,242	62,908	9,768,773	0	53.00
53.01	05301	0	89,467	2,784	5,140,615	0	53.01
54.00	05400	996	1,592,342	114,918	121,682,285	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	2,229	10,119	17,332,006	0	56.00
59.00	05900	1,400	688,695	56,298	64,112,168	0	59.00
60.00	06000	0	1,369	0	95,531,356	0	60.00
63.00	06300	0	0	0	5,354,697	0	63.00
65.00	06500	77	544,177	0	19,008,325	0	65.00
66.00	06600	0	3,181	0	4,591,032	0	66.00
67.00	06700	0	2,526	0	2,853,153	0	67.00
68.00	06800	0	3,413	0	2,310,696	0	68.00
69.00	06900	288	4,746	7,422	42,076,358	0	69.00
70.00	07000	0	0	0	744,015	0	70.00
71.00	07100	0	9,164,563	0	72,289,202	0	71.00
72.00	07200	0	10,376,242	0	137,881,446	0	72.00
73.00	07300	0	0	45,358,500	263,234,876	0	73.00
73.01	07301	0	84	46,112	8,589,403	0	73.01
74.00	07400	0	4,444	1,103	4,001,831	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	3,405	830,628	93,587	156,660,044	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03951	417	15,740	79	14,198,227	0	76.01
76.97	07697	0	0	0	0	0	76.97
77.00	07700	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	19,506	0	5,518,801	0	90.01
90.02	09001	0	0	0	571,779	0	90.02
90.03	09002	970	111,365	170,859	34,786,529	0	90.03
90.04	09003	39	475	5,953	1,697,970	0	90.04
91.00	09100	4,384	359,226	361,570	231,345,751	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description		NURSING ADMINISTRATION  (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE  (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	42,822	30,529,572	46,949,942	1,794,034,951	54,334	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
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	2,790	162	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302 WHITE HOSPITAL	0	0	0	0	0	193.02
193.03	19303 HOSPICE	0	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	0	0	0	0	0	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	13,872,152	16,104,764	8,582,949	0	934,302	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	323.949185	0.527465	0.182810	0.000000	17.195531	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	377,951	1,704,987	491,234	0	7,473	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	8.826094	0.055842	0.010463	0.000000	0.137538	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: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (ASSIGNED TIME)	
	PATIENT TRANSPORT SERVICES (PATIENT CHARGES)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
	18.00	21.00	22.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP				1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE				1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00570	ADMINISTRATIVE				5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL				5.06
7.00 00700	OPERATION OF PLANT				7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL				7.01
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
18.00 01850	PATIENT TRANSPORT SERVICES	1,794,034,951			18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	11,194		21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		11,194	22.00
23.00 02300	PARAMED PRGM - PHARMACY	0			23.00
				100	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	203,000,406	8,941	8,941	30.00
31.00 03100	INTENSIVE CARE UNIT	29,735,099	134	134	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	17,687,974	531	531	35.00
43.00 04300	NURSERY	4,192,368	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	174,771,498	287	287	50.00
51.00 05100	RECOVERY ROOM	14,190,942	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	29,175,326	868	868	52.00
53.00 05300	ANESTHESIOLOGY	9,768,773	0	0	53.00
53.01 05301	ASC ANESTHESIOLOGY	5,140,615	0	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	121,682,285	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	17,332,006	0	0	56.00
59.00 05900	CARDIAC CATHETERIZATION	64,112,168	0	0	59.00
60.00 06000	LABORATORY	95,531,356	0	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	5,354,697	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	19,008,325	0	0	65.00
66.00 06600	PHYSICAL THERAPY	4,591,032	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,853,153	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	2,310,696	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	42,076,358	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	744,015	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	72,289,202	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	137,881,446	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	263,234,876	0	0	73.00
73.01 07301	RETAIL PHARMACY	8,589,403	0	0	73.01
74.00 07400	RENAL DIALYSIS	4,001,831	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	156,660,044	0	0	75.01
76.00 03950	CARDIAC CATHETERIZATION CENTER	0	0	0	76.00
76.01 03951	OUTPATIENT WOUND CARE CENTER	14,198,227	0	0	76.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	0	0	90.00
90.01 04950	SLEEP CLINIC	5,518,801	0	0	90.01
90.02 09001	ANTI COAGULATION CLINIC	571,779	0	0	90.02
90.03 09002	ARNETT CANCER CARE CENTER	34,786,529	0	0	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	1,697,970	0	0	90.04
91.00 09100	EMERGENCY	231,345,751	433	433	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (ASSIGNED TIME)		
	PATIENT TRANSPORT SERVICES (PATIENT CHARGES)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
	18.00	21.00	22.00			23.00
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS						
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,794,034,951	11,194	11,194	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	193.00	
193.01 19301 RETAIL PHARMACY	0	0	0	0	193.01	
193.02 19302 WHITE HOSPITAL	0	0	0	0	193.02	
193.03 19303 HOSPICE	0	0	0	0	193.03	
193.04 19304 FRANKFORT HOSPITAL	0	0	0	0	193.04	
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	194.00	
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)	1,291,202	1,310,838	1,677,669	368,213	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000720	117.101840	149.872164	3,682.130000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	127,010	3,024	46,235	14,789	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000071	0.270145	4.130338	147.890000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2023 10:13 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	86,779,926		86,779,926	0	86,779,926	30.00
31.00	03100	INTENSIVE CARE UNIT	11,909,866		11,909,866	0	11,909,866	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,988,919		6,988,919	0	6,988,919	35.00
43.00	04300	NURSERY	2,186,807		2,186,807	0	2,186,807	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	20,455,972		20,455,972	0	20,455,972	50.00
51.00	05100	RECOVERY ROOM	2,783,117		2,783,117	0	2,783,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,893,335		7,893,335	0	7,893,335	52.00
53.00	05300	ANESTHESIOLOGY	8,681,395		8,681,395	0	8,681,395	53.00
53.01	05301	ASC ANESTHESIOLOGY	79,694		79,694	0	79,694	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,688,009		12,688,009	0	12,688,009	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,204,964		1,204,964	0	1,204,964	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,439,994		4,439,994	0	4,439,994	59.00
60.00	06000	LABORATORY	15,967,660		15,967,660	0	15,967,660	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,106,953		1,106,953	0	1,106,953	63.00
65.00	06500	RESPIRATORY THERAPY	5,024,175	0	5,024,175	0	5,024,175	65.00
66.00	06600	PHYSICAL THERAPY	1,438,639	0	1,438,639	0	1,438,639	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,113,541	0	1,113,541	0	1,113,541	67.00
68.00	06800	SPEECH PATHOLOGY	602,699	0	602,699	0	602,699	68.00
69.00	06900	ELECTROCARDIOLOGY	4,127,057		4,127,057	0	4,127,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	129,185		129,185	0	129,185	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,845,338		15,845,338	0	15,845,338	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,008,580		18,008,580	0	18,008,580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,060,954		63,060,954	0	63,060,954	73.00
73.01	07301	RETAIL PHARMACY	9,367,216		9,367,216	0	9,367,216	73.01
74.00	07400	RENAL DIALYSIS	1,449,335		1,449,335	0	1,449,335	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	10,459,982		10,459,982	0	10,459,982	75.01
76.00	03950	CARDIAC CATHETERIZATION	0		0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	1,557,160		1,557,160	0	1,557,160	76.01
76.97	07697	CARDIAC REHABILITATION	36,674		36,674	0	36,674	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	04950	SLEEP CLINIC	1,015,708		1,015,708	0	1,015,708	90.01
90.02	09001	ANTI COAGULATION CLINIC	948,477		948,477	0	948,477	90.02
90.03	09002	ARNETT CANCER CARE CENTER	3,184,942		3,184,942	0	3,184,942	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	114,070		114,070	0	114,070	90.04
91.00	09100	EMERGENCY	23,528,075		23,528,075	0	23,528,075	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,500,804		9,500,804	0	9,500,804	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0		0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
200.00		Subtotal (see instructions)	353,679,222	0	353,679,222	0	353,679,222	200.00
201.00		Less Observation Beds	9,500,804		9,500,804		9,500,804	201.00
202.00		Total (see instructions)	344,178,418	0	344,178,418	0	344,178,418	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C  
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5/26/2023 10:13 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	175,568,059		175,568,059		30.00
31.00	03100	INTENSIVE CARE UNIT	29,735,099		29,735,099		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,687,974		17,687,974		35.00
43.00	04300	NURSERY	4,192,368		4,192,368		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	63,715,333	111,056,165	174,771,498	0.117044	50.00
51.00	05100	RECOVERY ROOM	5,072,763	9,118,179	14,190,942	0.196119	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,166,514	2,008,812	29,175,326	0.270548	52.00
53.00	05300	ANESTHESIOLOGY	3,918,460	5,850,313	9,768,773	0.888688	53.00
53.01	05301	ASC ANESTHESIOLOGY	2,639	5,137,976	5,140,615	0.015503	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,200,873	72,481,412	121,682,285	0.104272	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,176,285	15,155,721	17,332,006	0.069522	56.00
59.00	05900	CARDIAC CATHETERIZATION	29,128,522	34,983,646	64,112,168	0.069254	59.00
60.00	06000	LABORATORY	37,221,068	58,310,288	95,531,356	0.167146	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,225,713	1,128,984	5,354,697	0.206726	63.00
65.00	06500	RESPIRATORY THERAPY	18,001,712	1,006,613	19,008,325	0.264314	65.00
66.00	06600	PHYSICAL THERAPY	3,924,273	666,759	4,591,032	0.313359	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,451,767	401,386	2,853,153	0.390284	67.00
68.00	06800	SPEECH PATHOLOGY	2,095,746	214,950	2,310,696	0.260830	68.00
69.00	06900	ELECTROCARDIOLOGY	22,431,198	19,645,160	42,076,358	0.098085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	569,337	174,678	744,015	0.173632	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,475,209	41,813,993	72,289,202	0.219194	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	57,064,187	80,817,259	137,881,446	0.130609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	69,479,688	193,755,188	263,234,876	0.239562	73.00
73.01	07301	RETAIL PHARMACY	0	8,589,403	8,589,403	1.090555	73.01
74.00	07400	RENAL DIALYSIS	3,835,444	166,387	4,001,831	0.362168	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	122,112	156,537,932	156,660,044	0.066769	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	128,627	14,069,600	14,198,227	0.109673	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	5,518,801	5,518,801	0.184045	90.01
90.02	09001	ANTICOAGULATION CLINIC	1,449	570,330	571,779	1.658817	90.02
90.03	09002	ARNETT CANCER CARE CENTER	164,960	34,621,569	34,786,529	0.091557	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	2,775	1,695,195	1,697,970	0.067180	90.04
91.00	09100	EMERGENCY	54,782,292	176,563,459	231,345,751	0.101701	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	581,074	26,851,272	27,432,346	0.346336	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
200.00		Subtotal (see instructions)	715,123,520	1,078,911,430	1,794,034,950		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	715,123,520	1,078,911,430	1,794,034,950		202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/26/2023 10:13 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
33.01	03301	BURN INTENSIVE CARE UNIT		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00
43.00	04300	NURSERY		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.117044	50.00
51.00	05100	RECOVERY ROOM	0.196119	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.270548	52.00
53.00	05300	ANESTHESIOLOGY	0.888688	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.015503	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104272	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.069522	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.069254	59.00
60.00	06000	LABORATORY	0.167146	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.206726	63.00
65.00	06500	RESPIRATORY THERAPY	0.264314	65.00
66.00	06600	PHYSICAL THERAPY	0.313359	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.390284	67.00
68.00	06800	SPEECH PATHOLOGY	0.260830	68.00
69.00	06900	ELECTROCARDIOLOGY	0.098085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173632	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.219194	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.130609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.239562	73.00
73.01	07301	RETAIL PHARMACY	1.090555	73.01
74.00	07400	RENAL DIALYSIS	0.362168	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.066769	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0.109673	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0.000000	90.00
90.01	04950	SLEEP CLINIC	0.184045	90.01
90.02	09001	ANTICOAGULATION CLINIC	1.658817	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0.091557	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.067180	90.04
91.00	09100	EMERGENCY	0.101701	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.346336	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2023 10:13 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	86,779,926		86,779,926	0	86,779,926	30.00
31.00	03100	INTENSIVE CARE UNIT	11,909,866		11,909,866	0	11,909,866	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,988,919		6,988,919	0	6,988,919	35.00
43.00	04300	NURSERY	2,186,807		2,186,807	0	2,186,807	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	20,455,972		20,455,972	0	20,455,972	50.00
51.00	05100	RECOVERY ROOM	2,783,117		2,783,117	0	2,783,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,893,335		7,893,335	0	7,893,335	52.00
53.00	05300	ANESTHESIOLOGY	8,681,395		8,681,395	0	8,681,395	53.00
53.01	05301	ASC ANESTHESIOLOGY	79,694		79,694	0	79,694	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,688,009		12,688,009	0	12,688,009	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,204,964		1,204,964	0	1,204,964	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,439,994		4,439,994	0	4,439,994	59.00
60.00	06000	LABORATORY	15,967,660		15,967,660	0	15,967,660	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,106,953		1,106,953	0	1,106,953	63.00
65.00	06500	RESPIRATORY THERAPY	5,024,175	0	5,024,175	0	5,024,175	65.00
66.00	06600	PHYSICAL THERAPY	1,438,639	0	1,438,639	0	1,438,639	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,113,541	0	1,113,541	0	1,113,541	67.00
68.00	06800	SPEECH PATHOLOGY	602,699	0	602,699	0	602,699	68.00
69.00	06900	ELECTROCARDIOLOGY	4,127,057		4,127,057	0	4,127,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	129,185		129,185	0	129,185	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,845,338		15,845,338	0	15,845,338	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,008,580		18,008,580	0	18,008,580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,060,954		63,060,954	0	63,060,954	73.00
73.01	07301	RETAIL PHARMACY	9,367,216		9,367,216	0	9,367,216	73.01
74.00	07400	RENAL DIALYSIS	1,449,335		1,449,335	0	1,449,335	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	10,459,982		10,459,982	0	10,459,982	75.01
76.00	03950	CARDIAC CATHETERIZATION	0		0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	1,557,160		1,557,160	0	1,557,160	76.01
76.97	07697	CARDIAC REHABILITATION	36,674		36,674	0	36,674	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	04950	SLEEP CLINIC	1,015,708		1,015,708	0	1,015,708	90.01
90.02	09001	ANTI COAGULATION CLINIC	948,477		948,477	0	948,477	90.02
90.03	09002	ARNETT CANCER CARE CENTER	3,184,942		3,184,942	0	3,184,942	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	114,070		114,070	0	114,070	90.04
91.00	09100	EMERGENCY	23,528,075		23,528,075	0	23,528,075	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,500,804		9,500,804	0	9,500,804	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0		0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
200.00		Subtotal (see instructions)	353,679,222	0	353,679,222	0	353,679,222	200.00
201.00		Less Observation Beds	9,500,804		9,500,804		9,500,804	201.00
202.00		Total (see instructions)	344,178,418	0	344,178,418	0	344,178,418	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2023 10:13 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	175,568,059		175,568,059		30.00
31.00	03100	INTENSIVE CARE UNIT	29,735,099		29,735,099		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,687,974		17,687,974		35.00
43.00	04300	NURSERY	4,192,368		4,192,368		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	63,715,333	111,056,165	174,771,498	0.117044	50.00
51.00	05100	RECOVERY ROOM	5,072,763	9,118,179	14,190,942	0.196119	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,166,514	2,008,812	29,175,326	0.270548	52.00
53.00	05300	ANESTHESIOLOGY	3,918,460	5,850,313	9,768,773	0.888688	53.00
53.01	05301	ASC ANESTHESIOLOGY	2,639	5,137,976	5,140,615	0.015503	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,200,873	72,481,412	121,682,285	0.104272	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,176,285	15,155,721	17,332,006	0.069522	56.00
59.00	05900	CARDIAC CATHETERIZATION	29,128,522	34,983,646	64,112,168	0.069254	59.00
60.00	06000	LABORATORY	37,221,068	58,310,288	95,531,356	0.167146	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,225,713	1,128,984	5,354,697	0.206726	63.00
65.00	06500	RESPIRATORY THERAPY	18,001,712	1,006,613	19,008,325	0.264314	65.00
66.00	06600	PHYSICAL THERAPY	3,924,273	666,759	4,591,032	0.313359	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,451,767	401,386	2,853,153	0.390284	67.00
68.00	06800	SPEECH PATHOLOGY	2,095,746	214,950	2,310,696	0.260830	68.00
69.00	06900	ELECTROCARDIOLOGY	22,431,198	19,645,160	42,076,358	0.098085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	569,337	174,678	744,015	0.173632	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,475,209	41,813,993	72,289,202	0.219194	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	57,064,187	80,817,259	137,881,446	0.130609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	69,479,688	193,755,188	263,234,876	0.239562	73.00
73.01	07301	RETAIL PHARMACY	0	8,589,403	8,589,403	1.090555	73.01
74.00	07400	RENAL DIALYSIS	3,835,444	166,387	4,001,831	0.362168	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	122,112	156,537,932	156,660,044	0.066769	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	128,627	14,069,600	14,198,227	0.109673	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	5,518,801	5,518,801	0.184045	90.01
90.02	09001	ANTICOAGULATION CLINIC	1,449	570,330	571,779	1.658817	90.02
90.03	09002	ARNETT CANCER CARE CENTER	164,960	34,621,569	34,786,529	0.091557	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	2,775	1,695,195	1,697,970	0.067180	90.04
91.00	09100	EMERGENCY	54,782,292	176,563,459	231,345,751	0.101701	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	581,074	26,851,272	27,432,346	0.346336	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
200.00		Subtotal (see instructions)	715,123,520	1,078,911,430	1,794,034,950		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	715,123,520	1,078,911,430	1,794,034,950		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/26/2023 10:13 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
33.01	03301 BURN INTENSIVE CARE UNIT			33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.117044		50.00
51.00	05100 RECOVERY ROOM	0.196119		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.270548		52.00
53.00	05300 ANESTHESIOLOGY	0.888688		53.00
53.01	05301 ASC ANESTHESIOLOGY	0.015503		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.104272		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.069522		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.069254		59.00
60.00	06000 LABORATORY	0.167146		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.206726		63.00
65.00	06500 RESPIRATORY THERAPY	0.264314		65.00
66.00	06600 PHYSICAL THERAPY	0.313359		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.390284		67.00
68.00	06800 SPEECH PATHOLOGY	0.260830		68.00
69.00	06900 ELECTROCARDIOLOGY	0.098085		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173632		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.219194		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.130609		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.239562		73.00
73.01	07301 RETAIL PHARMACY	1.090555		73.01
74.00	07400 RENAL DIALYSIS	0.362168		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.066769		75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000		76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	0.109673		76.01
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 SLEEP CLINIC	0.184045		90.01
90.02	09001 ANTICOAGULATION CLINIC	1.658817		90.02
90.03	09002 ARNETT CANCER CARE CENTER	0.091557		90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.067180		90.04
91.00	09100 EMERGENCY	0.101701		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.346336		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0173

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

Worksheet C Part II Date/Time Prepared: 5/26/2023 10:13 am

Cost Center Description			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	20,455,972	2,878,652	17,577,320	0	0	50.00
51.00	05100	RECOVERY ROOM	2,783,117	404,713	2,378,404	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,893,335	1,273,763	6,619,572	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,681,395	137,924	8,543,471	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	79,694	7,526	72,168	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,688,009	1,495,382	11,192,627	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,204,964	180,108	1,024,856	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,439,994	601,591	3,838,403	0	0	59.00
60.00	06000	LABORATORY	15,967,660	773,389	15,194,271	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,106,953	55,622	1,051,331	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,024,175	159,115	4,865,060	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,438,639	61,278	1,377,361	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,113,541	38,162	1,075,379	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	602,699	31,074	571,625	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,127,057	221,979	3,905,078	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	129,185	1,006	128,179	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,845,338	545,295	15,300,043	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,008,580	623,840	17,384,740	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,060,954	629,598	62,431,356	0	0	73.00
73.01	07301	RETAIL PHARMACY	9,367,216	123,755	9,243,461	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,449,335	131,269	1,318,066	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	10,459,982	649,340	9,810,642	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	1,557,160	9,417	1,547,743	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	36,674	3,196	33,478	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	1,015,708	7,747	1,007,961	0	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	948,477	20,604	927,873	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	3,184,942	154,323	3,030,619	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	114,070	6,748	107,322	0	0	90.04
91.00	09100	EMERGENCY	23,528,075	1,886,856	21,641,219	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,500,804	1,162,338	8,338,466	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
200.00		Subtotal (sum of lines 50 thru 199)	245,813,704	14,275,610	231,538,094	0	0	200.00
201.00		Less Observation Beds	9,500,804	1,162,338	8,338,466	0	0	201.00
202.00		Total (line 200 minus line 201)	236,312,900	13,113,272	223,199,628	0	0	202.00

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

Provider CCN: 15-0173

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

Worksheet C Part II Date/Time Prepared: 5/26/2023 10:13 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part 1, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	PPS
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	20,455,972	174,771,498	0.117044	50.00
51.00	05100 RECOVERY ROOM	2,783,117	14,190,942	0.196119	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,893,335	29,175,326	0.270548	52.00
53.00	05300 ANESTHESIOLOGY	8,681,395	9,768,773	0.888688	53.00
53.01	05301 ASC ANESTHESIOLOGY	79,694	5,140,615	0.015503	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,688,009	121,682,285	0.104272	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	55.00
56.00	05600 RADIOISOTOPE	1,204,964	17,332,006	0.069522	56.00
59.00	05900 CARDIAC CATHETERIZATION	4,439,994	64,112,168	0.069254	59.00
60.00	06000 LABORATORY	15,967,660	95,531,356	0.167146	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,106,953	5,354,697	0.206726	63.00
65.00	06500 RESPIRATORY THERAPY	5,024,175	19,008,325	0.264314	65.00
66.00	06600 PHYSICAL THERAPY	1,438,639	4,591,032	0.313359	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,113,541	2,853,153	0.390284	67.00
68.00	06800 SPEECH PATHOLOGY	602,699	2,310,696	0.260830	68.00
69.00	06900 ELECTROCARDIOLOGY	4,127,057	42,076,358	0.098085	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	129,185	744,015	0.173632	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,845,338	72,289,202	0.219194	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18,008,580	137,881,446	0.130609	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	63,060,954	263,234,876	0.239562	73.00
73.01	07301 RETAIL PHARMACY	9,367,216	8,589,403	1.090555	73.01
74.00	07400 RENAL DIALYSIS	1,449,335	4,001,831	0.362168	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
75.01	07501 ASC (NON-DISTINCT PART)	10,459,982	156,660,044	0.066769	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0.000000	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	1,557,160	14,198,227	0.109673	76.01
76.97	07697 CARDIAC REHABILITATION	36,674	0	0.000000	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0.000000	90.00
90.01	04950 SLEEP CLINIC	1,015,708	5,518,801	0.184045	90.01
90.02	09001 ANTICOAGULATION CLINIC	948,477	571,779	1.658817	90.02
90.03	09002 ARNETT CANCER CARE CENTER	3,184,942	34,786,529	0.091557	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	114,070	1,697,970	0.067180	90.04
91.00	09100 EMERGENCY	23,528,075	231,345,751	0.101701	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,500,804	27,432,346	0.346336	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000	102.00
200.00	Subtotal (sum of lines 50 thru 199)	245,813,704	1,566,851,450		200.00
201.00	Less Observation Beds	9,500,804	0		201.00
202.00	Total (line 200 minus line 201)	236,312,900	1,566,851,450		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	10,616,737	0	10,616,737	48,830	217.42	30.00
31.00	INTENSIVE CARE UNIT	1,096,942		1,096,942	3,830	286.41	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
35.00	NEONATAL INTENSIVE CARE UNIT	802,013		802,013	3,417	234.71	35.00
43.00	NURSERY	371,778		371,778	2,671	139.19	43.00
200.00	Total (lines 30 through 199)	12,887,470		12,887,470	58,748		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	16,050	3,489,591				
31.00	INTENSIVE CARE UNIT	1,094	313,333				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	BURN INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	17,144	3,802,924				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,878,652	174,771,498	0.016471	22,535,384	371,180	50.00
51.00	05100 RECOVERY ROOM	404,713	14,190,942	0.028519	1,854,180	52,879	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,273,763	29,175,326	0.043659	80,410	3,511	52.00
53.00	05300 ANESTHESIOLOGY	137,924	9,768,773	0.014119	1,277,485	18,037	53.00
53.01	05301 ASC ANESTHESIOLOGY	7,526	5,140,615	0.001464	2,481	4	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,495,382	121,682,285	0.012289	18,165,097	223,231	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	180,108	17,332,006	0.010392	861,318	8,951	56.00
59.00	05900 CARDIAC CATHETERIZATION	601,591	64,112,168	0.009383	8,761,065	82,205	59.00
60.00	06000 LABORATORY	773,389	95,531,356	0.008096	12,253,658	99,206	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	55,622	5,354,697	0.010388	1,267,084	13,162	63.00
65.00	06500 RESPIRATORY THERAPY	159,115	19,008,325	0.008371	5,296,535	44,337	65.00
66.00	06600 PHYSICAL THERAPY	61,278	4,591,032	0.013347	1,677,855	22,394	66.00
67.00	06700 OCCUPATIONAL THERAPY	38,162	2,853,153	0.013375	1,034,494	13,836	67.00
68.00	06800 SPEECH PATHOLOGY	31,074	2,310,696	0.013448	975,550	13,119	68.00
69.00	06900 ELECTROCARDIOLOGY	221,979	42,076,358	0.005276	9,066,595	47,835	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,006	744,015	0.001352	225,674	305	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	545,295	72,289,202	0.007543	9,518,257	71,796	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	623,840	137,881,446	0.004524	23,425,142	105,975	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	629,598	263,234,876	0.002392	22,453,190	53,708	73.00
73.01	07301 RETAIL PHARMACY	123,755	8,589,403	0.014408	0	0	73.01
74.00	07400 RENAL DIALYSIS	131,269	4,001,831	0.032802	1,589,710	52,146	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	649,340	156,660,044	0.004145	67,876	281	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	9,417	14,198,227	0.000663	71,882	48	76.01
76.97	07697 CARDIAC REHABILITATION	3,196	0	0.000000	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 SLEEP CLINIC	7,747	5,518,801	0.001404	0	0	90.01
90.02	09001 ANTI COAGULATION CLINIC	20,604	571,779	0.036035	1,107	40	90.02
90.03	09002 ARNETT CANCER CARE CENTER	154,323	34,786,529	0.004436	74,618	331	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	6,748	1,697,970	0.003974	181	1	90.04
91.00	09100 EMERGENCY	1,886,856	231,345,751	0.008156	20,879,978	170,297	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,162,338	27,432,346	0.042371	47,514	2,013	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00	Total (lines 50 through 199)	14,275,610	1,566,851,450		163,464,320	1,470,828	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	48,830	0.00	16,050	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	3,830	0.00	1,094	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,417	0.00	0	35.00	
43.00	04300	NURSERY		0	2,671	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	58,748		17,144	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0						33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description	Title XVIII						Hospital	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS		
	1.00	2A	2.00	3A	3.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	0	0	0	53.01	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	368,213	73.00	
73.01 07301 RETAIL PHARMACY	0	0	0	0	0	0	73.01	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00	
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.01	
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0	0	76.00	
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	0	0	0	0	0	76.01	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	77.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00 09000 CLINIC	0	0	0	0	0	0	90.00	
90.01 04950 SLEEP CLINIC	0	0	0	0	0	0	90.01	
90.02 09001 ANTICOAGULATION CLINIC	0	0	0	0	0	0	90.02	
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	0	0	0	90.03	
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	0	0	0	90.04	
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01	
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	93.00	
200.00 Total (lines 50 through 199)	0	0	0	0	0	368,213	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	174,771,498	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	14,190,942	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	29,175,326	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	9,768,773	0.000000	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	5,140,615	0.000000	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	121,682,285	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	17,332,006	0.000000	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	64,112,168	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	95,531,356	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,354,697	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	19,008,325	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	4,591,032	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,853,153	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,310,696	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	42,076,358	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	744,015	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	72,289,202	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	137,881,446	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	368,213	368,213	263,234,876	0.001399	73.00
73.01 07301 RETAIL PHARMACY	0	0	0	8,589,403	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	4,001,831	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	156,660,044	0.000000	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	0	0	14,198,227	0.000000	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 04950 SLEEP CLINIC	0	0	0	5,518,801	0.000000	90.01
90.02 09001 ANTI COAGULATION CLINIC	0	0	0	571,779	0.000000	90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	34,786,529	0.000000	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	1,697,970	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	231,345,751	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	27,432,346	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00 Total (lines 50 through 199)	0	368,213	368,213	1,566,851,450		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description		Title XVIII					Hospital	
		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)	PPS	
		9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0.000000	22,535,384	0	20,603,714	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	1,854,180	0	1,705,853	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	80,410	0	6,852	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	1,277,485	0	985,366	0	53.00	
53.01	05301 ASC ANESTHESIOLOGY	0.000000	2,481	0	788,714	0	53.01	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	18,165,097	0	16,920,719	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	861,318	0	3,918,046	0	56.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	8,761,065	0	10,021,492	0	59.00	
60.00	06000 LABORATORY	0.000000	12,253,658	0	6,229,405	0	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,267,084	0	506,877	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	5,296,535	0	107,243	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	1,677,855	0	34,379	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,034,494	0	10,551	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	975,550	0	15,038	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	9,066,595	0	5,861,686	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	225,674	0	17,696	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	9,518,257	0	10,026,776	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	23,425,142	0	17,897,677	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001399	22,453,190	31,412	61,604,886	86,185	73.00	
73.01	07301 RETAIL PHARMACY	0.000000	0	0	0	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	1,589,710	0	59,296	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	07501 ASC (NON-DISTINCT PART)	0.000000	67,876	0	26,434,366	0	75.01	
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00	
76.01	03951 OUTPATIENT WOUND CARE CENTER	0.000000	71,882	0	2,218,466	0	76.01	
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	04950 SLEEP CLINIC	0.000000	0	0	1,030,716	0	90.01	
90.02	09001 ANTI COAGULATION CLINIC	0.000000	1,107	0	208,697	0	90.02	
90.03	09002 ARNETT CANCER CARE CENTER	0.000000	74,618	0	10,136,503	0	90.03	
90.04	09003 OUTPATIENT INFUSION CENTER	0.000000	181	0	136,507	0	90.04	
91.00	09100 EMERGENCY	0.000000	20,879,978	0	22,266,418	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	47,514	0	5,156,520	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00	
200.00	Total (lines 50 through 199)		163,464,320	31,412	224,910,459	86,185	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/26/2023 10:13 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.117044	20,603,714	0	0	2,411,541	50.00
51.00 05100 RECOVERY ROOM	0.196119	1,705,853	0	0	334,550	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.270548	6,852	0	0	1,854	52.00
53.00 05300 ANESTHESIOLOGY	0.888688	985,366	0	0	875,683	53.00
53.01 05301 ASC ANESTHESIOLOGY	0.015503	788,714	0	0	12,227	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.104272	16,920,719	0	0	1,764,357	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIO SOTOPE	0.069522	3,918,046	0	0	272,390	56.00
59.00 05900 CARDIAC CATHETERIZATION	0.069254	10,021,492	0	0	694,028	59.00
60.00 06000 LABORATORY	0.167146	6,229,405	100	0	1,041,220	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.206726	506,877	0	0	104,785	63.00
65.00 06500 RESPIRATORY THERAPY	0.264314	107,243	0	0	28,346	65.00
66.00 06600 PHYSICAL THERAPY	0.313359	34,379	0	0	10,773	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.390284	10,551	0	0	4,118	67.00
68.00 06800 SPEECH PATHOLOGY	0.260830	15,038	0	0	3,922	68.00
69.00 06900 ELECTROCARDIOLOGY	0.098085	5,861,686	0	0	574,943	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.173632	17,696	0	0	3,073	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.219194	10,026,776	0	0	2,197,809	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.130609	17,897,677	0	0	2,337,598	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.239562	61,604,886	0	95,622	14,758,190	73.00
73.01 07301 RETAIL PHARMACY	1.090555	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.362168	59,296	0	0	21,475	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0.066769	26,434,366	0	0	1,764,996	75.01
76.00 03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0.109673	2,218,466	0	0	243,306	76.01
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	0.184045	1,030,716	0	0	189,698	90.01
90.02 09001 ANTI COAGULATION CLINIC	1.658817	208,697	0	0	346,190	90.02
90.03 09002 ARNETT CANCER CARE CENTER	0.091557	10,136,503	0	0	928,068	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0.067180	136,507	0	0	9,171	90.04
91.00 09100 EMERGENCY	0.101701	22,266,418	0	0	2,264,517	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.346336	5,156,520	0	0	1,785,889	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00 Subtotal (see instructions)		224,910,459	100	95,622	34,984,717	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00 Net Charges (line 200 - line 201)		224,910,459	100	95,622	34,984,717	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/26/2023 10:13 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	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	17	0	60.00
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 PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	22,907	73.00
73.01	07301 RETAIL PHARMACY	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 SLEEP CLINIC	0	0	90.01
90.02	09001 ANTICOAGULATION CLINIC	0	0	90.02
90.03	09002 ARNETT CANCER CARE CENTER	0	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	93.00
200.00	Subtotal (see instructions)	17	22,907	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	17	22,907	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XIX Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,616,737	0	10,616,737	48,830	217.42	30.00
31.00	INTENSIVE CARE UNIT	1,096,942		1,096,942	3,830	286.41	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
35.00	NEONATAL INTENSIVE CARE UNIT	802,013		802,013	3,417	234.71	35.00
43.00	NURSERY	371,778		371,778	2,671	139.19	43.00
200.00	Total (lines 30 through 199)	12,887,470		12,887,470	58,748		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	476	103,492				
31.00	INTENSIVE CARE UNIT	610	174,710				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	BURN INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	167	39,197				
43.00	NURSERY	1,499	208,646				
200.00	Total (lines 30 through 199)	2,752	526,045				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,878,652	174,771,498	0.016471	374,770	6,173	50.00
51.00	05100	RECOVERY ROOM	404,713	14,190,942	0.028519	26,400	753	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,273,763	29,175,326	0.043659	273,733	11,951	52.00
53.00	05300	ANESTHESIOLOGY	137,924	9,768,773	0.014119	22,091	312	53.00
53.01	05301	ASC ANESTHESIOLOGY	7,526	5,140,615	0.001464	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,495,382	121,682,285	0.012289	696,176	8,555	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	180,108	17,332,006	0.010392	16,770	174	56.00
59.00	05900	CARDIAC CATHETERIZATION	601,591	64,112,168	0.009383	124,028	1,164	59.00
60.00	06000	LABORATORY	773,389	95,531,356	0.008096	595,653	4,822	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	55,622	5,354,697	0.010388	231,814	2,408	63.00
65.00	06500	RESPIRATORY THERAPY	159,115	19,008,325	0.008371	597,095	4,998	65.00
66.00	06600	PHYSICAL THERAPY	61,278	4,591,032	0.013347	38,825	518	66.00
67.00	06700	OCCUPATIONAL THERAPY	38,162	2,853,153	0.013375	24,147	323	67.00
68.00	06800	SPEECH PATHOLOGY	31,074	2,310,696	0.013448	31,094	418	68.00
69.00	06900	ELECTROCARDIOLOGY	221,979	42,076,358	0.005276	306,147	1,615	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,006	744,015	0.001352	10,112	14	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	545,295	72,289,202	0.007543	294,854	2,224	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	623,840	137,881,446	0.004524	50,634	229	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	629,598	263,234,876	0.002392	1,056,801	2,528	73.00
73.01	07301	RETAIL PHARMACY	123,755	8,589,403	0.014408	0	0	73.01
74.00	07400	RENAL DIALYSIS	131,269	4,001,831	0.032802	274,524	9,005	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	649,340	156,660,044	0.004145	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	9,417	14,198,227	0.000663	21,732	14	76.01
76.97	07697	CARDIAC REHABILITATION	3,196	0	0.000000	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	SLEEP CLINIC	7,747	5,518,801	0.001404	0	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	20,604	571,779	0.036035	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	154,323	34,786,529	0.004436	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	6,748	1,697,970	0.003974	0	0	90.04
91.00	09100	EMERGENCY	1,886,856	231,345,751	0.008156	723,919	5,904	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,162,338	27,432,346	0.042371	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	14,275,610	1,566,851,450		5,791,319	64,102	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	48,830	0.00	476 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,830	0.00	610 31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0 33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0 33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,417	0.00	167 35.00	
43.00	04300	NURSERY	0	0	2,671	0.00	1,499 43.00	
200.00		Total (lines 30 through 199)	0	0	58,748	0.00	2,752 200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0					33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/26/2023 10:13 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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	368,213	73.00
73.01 07301 RETAIL PHARMACY	0	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0	0	76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	0	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	0	0	0	0	0	0	90.01
90.02 09001 ANTICOAGULATION CLINIC	0	0	0	0	0	0	90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	0	0	0	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	93.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	368,213	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	174,771,498	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	14,190,942	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	29,175,326	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	9,768,773	0.000000	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	5,140,615	0.000000	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	121,682,285	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	17,332,006	0.000000	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	64,112,168	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	95,531,356	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,354,697	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	19,008,325	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	4,591,032	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,853,153	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,310,696	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	42,076,358	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	744,015	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	72,289,202	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	137,881,446	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	368,213	368,213	263,234,876	0.001399	73.00
73.01 07301 RETAIL PHARMACY	0	0	0	8,589,403	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	4,001,831	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	156,660,044	0.000000	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	0	0	14,198,227	0.000000	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 04950 SLEEP CLINIC	0	0	0	5,518,801	0.000000	90.01
90.02 09001 ANTI COAGULATION CLINIC	0	0	0	571,779	0.000000	90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	34,786,529	0.000000	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	1,697,970	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	231,345,751	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	27,432,346	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00 Total (lines 50 through 199)	0	368,213	368,213	1,566,851,450		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/26/2023 10:13 am
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	374,770	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	26,400	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	273,733	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	22,091	0	0	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.000000	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	696,176	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	16,770	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	124,028	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	595,653	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	231,814	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	597,095	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	38,825	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	24,147	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	31,094	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	306,147	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	10,112	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	294,854	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	50,634	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001399	1,056,801	1,478	0	0	73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	274,524	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	0.000000	21,732	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.000000	0	0	0	0	90.01
90.02	09001 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	90.02
90.03	09002 ARNETT CANCER CARE CENTER	0.000000	0	0	0	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	723,919	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		5,791,319	1,478	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/26/2023 10:13 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,830	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,830	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)		43,484	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)		16,050	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		86,779,926	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)		86,779,926	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		86,779,926	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,777.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		28,523,739	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)		28,523,739	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,909,866	3,830	3,109.63	1,094	3,401,935	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	6,988,919	3,417	2,045.34	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,803,188	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)					57,728,862	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,802,924	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,502,240	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,305,164	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					52,423,698	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,346	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,777.18	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/26/2023 10:13 am	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description		Cost		column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,500,804	89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,616,737	86,779,926	0.122341	9,500,804	1,162,338	90.00
91.00	Nursing Program cost	0	86,779,926	0.000000	9,500,804	0	91.00
92.00	Allied health cost	0	86,779,926	0.000000	9,500,804	0	92.00
93.00	All other Medical Education	0	86,779,926	0.000000	9,500,804	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/26/2023 10:13 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,830	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,830	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)		43,484	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)		476	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)		2,671	15.00
16.00	Nursery days (title V or XIX only)		1,499	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		86,779,926	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)		86,779,926	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		86,779,926	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,777.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		845,938	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)		845,938	41.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1			
		Title XIX		Hospital		PPS			
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
		1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)	2,186,807	2,671	818.72	1,499	1,227,261	42.00		
Intensive Care Type Inpatient Hospital Units									
43.00	INTENSIVE CARE UNIT	11,909,866	3,830	3,109.63	610	1,896,874	43.00		
44.00	CORONARY CARE UNIT						44.00		
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00		
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01		
46.00	SURGICAL INTENSIVE CARE UNIT						46.00		
47.00	NEONATAL INTENSIVE CARE UNIT	6,988,919	3,417	2,045.34	167	341,572	47.00		
Cost Center Description									
		1.00							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							1,091,710	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)							0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)							5,403,355	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)							526,045	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							65,580	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							591,625	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							4,811,730	53.00
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges							0	54.00
55.00	Target amount per discharge							0.00	55.00
55.01	Permanent adjustment amount per discharge							0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)							0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)							0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							0	57.00
58.00	Bonus payment (see instructions)							0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)							0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)							0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)							0	61.00
62.00	Relief payment (see instructions)							0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST									
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions							0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY									
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00	Program routine service cost (line 9 x line 71)								72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00	Program capital-related costs (line 9 x line 76)								77.00
78.00	Inpatient routine service cost (line 74 minus line 77)								78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00	Inpatient routine service cost per diem limitation								81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00	Reasonable inpatient routine service costs (see instructions)								83.00
84.00	Program inpatient ancillary services (see instructions)								84.00
85.00	Utilization review - physician compensation (see instructions)								85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)							5,346	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							1,777.18	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/26/2023 10:13 am	
Cost Center Description		Title XIX		Hospital		PPS	
Cost Center Description		Cost		column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,500,804	89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,616,737	86,779,926	0.122341	9,500,804	1,162,338	90.00
91.00	Nursing Program cost	0	86,779,926	0.000000	9,500,804	0	91.00
92.00	Allied health cost	0	86,779,926	0.000000	9,500,804	0	92.00
93.00	All other Medical Education	0	86,779,926	0.000000	9,500,804	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3	
		Title XVIII		Hospital	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		63,300,337	30.00
31.00	03100	INTENSIVE CARE UNIT		8,774,740	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.117044	22,535,384	2,637,631 50.00
51.00	05100	RECOVERY ROOM	0.196119	1,854,180	363,640 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.270548	80,410	21,755 52.00
53.00	05300	ANESTHESIOLOGY	0.888688	1,277,485	1,135,286 53.00
53.01	05301	ASC ANESTHESIOLOGY	0.015503	2,481	38 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104272	18,165,097	1,894,111 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.069522	861,318	59,881 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.069254	8,761,065	606,739 59.00
60.00	06000	LABORATORY	0.167146	12,253,658	2,048,150 60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.206726	1,267,084	261,939 63.00
65.00	06500	RESPIRATORY THERAPY	0.264314	5,296,535	1,399,948 65.00
66.00	06600	PHYSICAL THERAPY	0.313359	1,677,855	525,771 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.390284	1,034,494	403,746 67.00
68.00	06800	SPEECH PATHOLOGY	0.260830	975,550	254,453 68.00
69.00	06900	ELECTROCARDIOLOGY	0.098085	9,066,595	889,297 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173632	225,674	39,184 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.219194	9,518,257	2,086,345 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.130609	23,425,142	3,059,534 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.239562	22,453,190	5,378,931 73.00
73.01	07301	RETAIL PHARMACY	1.090555	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.362168	1,589,710	575,742 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.066769	67,876	4,532 75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	0 76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0.109673	71,882	7,884 76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	04950	SLEEP CLINIC	0.184045	0	0 90.01
90.02	09001	ANTICOAGULATION CLINIC	1.658817	1,107	1,836 90.02
90.03	09002	ARNETT CANCER CARE CENTER	0.091557	74,618	6,832 90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.067180	181	12 90.04
91.00	09100	EMERGENCY	0.101701	20,879,978	2,123,515 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.346336	47,514	16,456 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0 92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	0 93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		163,464,320	25,803,188 200.00
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)		163,464,320	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/26/2023 10:13 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,414,930	30.00
31.00	03100	INTENSIVE CARE UNIT		629,450	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		2,004,476	35.00
43.00	04300	NURSERY		202,401	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.117044	374,770	43,865 50.00
51.00	05100	RECOVERY ROOM	0.196119	26,400	5,178 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.270548	273,733	74,058 52.00
53.00	05300	ANESTHESIOLOGY	0.888688	22,091	19,632 53.00
53.01	05301	ASC ANESTHESIOLOGY	0.015503	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104272	696,176	72,592 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.069522	16,770	1,166 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.069254	124,028	8,589 59.00
60.00	06000	LABORATORY	0.167146	595,653	99,561 60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.206726	231,814	47,922 63.00
65.00	06500	RESPIRATORY THERAPY	0.264314	597,095	157,821 65.00
66.00	06600	PHYSICAL THERAPY	0.313359	38,825	12,166 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.390284	24,147	9,424 67.00
68.00	06800	SPEECH PATHOLOGY	0.260830	31,094	8,110 68.00
69.00	06900	ELECTROCARDIOLOGY	0.098085	306,147	30,028 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173632	10,112	1,756 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.219194	294,854	64,630 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.130609	50,634	6,613 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.239562	1,056,801	253,169 73.00
73.01	07301	RETAIL PHARMACY	1.090555	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.362168	274,524	99,424 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.066769	0	0 75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	0 76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0.109673	21,732	2,383 76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	04950	SLEEP CLINIC	0.184045	0	0 90.01
90.02	09001	ANTICOAGULATION CLINIC	1.658817	0	0 90.02
90.03	09002	ARNETT CANCER CARE CENTER	0.091557	0	0 90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.067180	0	0 90.04
91.00	09100	EMERGENCY	0.101701	723,919	73,623 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.346336	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0 92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	0 93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,791,319	1,091,710 200.00
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)		5,791,319	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/26/2023 10:13 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		25,752,685	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,651,588	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)		1,546,620	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		285,804	2.04
3.00	Managed Care Simulated Payments		23,461,887	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		185.14	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		14.46	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		14.46	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.078103	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.080335	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.078103	21.00
22.00	IME payment adjustment (see instructions)		1,436,378	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		979,534	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		1,436,378	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		979,534	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.16	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.33	31.00
32.00	Sum of lines 30 and 31		26.49	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.07	33.00
34.00	Disproportionate share adjustment (see instructions)		952,139	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/26/2023 10:13 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Payment Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.000291381	0.000298256	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	2,095,615	2,050,333	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	1,567,405	516,797	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	2,084,202		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	40,709,416		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		<b>Amount</b>		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		41,688,950	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,174,184	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).		615,715	52.00
53.00	Nursing and Allied Health Managed Care payment		53,767	53.00
54.00	Special add-on payments for new technologies		248,299	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		31,412	58.00
59.00	Total (sum of amounts on lines 49 through 58)		45,812,327	59.00
60.00	Primary payer payments		9,539	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		45,802,788	61.00
62.00	Deductibles billed to program beneficiaries		3,543,892	62.00
63.00	Coinurance billed to program beneficiaries		244,058	63.00
64.00	Allowable bad debts (see instructions)		294,617	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		191,501	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		38,929	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		42,206,339	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)		-74,513	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/26/2023 10:13 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			42,131,826	71.00
71.01	Sequestration adjustment (see instructions)			530,861	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			40,905,481	72.00
72.01	Interim payments-PARHM or CHART				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			695,484	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			751,566	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
<b>Cost Reimbursement</b>					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0173

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/26/2023 10:13 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	25,752,685	0	25,752,685		25,752,685	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,651,588	0		8,651,588	8,651,588	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	1,546,620	0	1,546,620		1,546,620	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	285,804	0		285,804	285,804	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	23,461,887	0	17,133,042	6,328,845	23,461,887	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.078103	0.078103	0.078103	0.078103		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,436,378	0	1,075,174	361,204	1,436,378	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	979,534	0	715,305	264,229	979,534	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,436,378	0	1,075,174	361,204	1,436,378	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	979,534	0	715,305	264,229	979,534	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1107	0.1107	0.1107	0.1107		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	952,139	0	712,706	239,433	952,139	11.00
11.01	Uncompensated care payments	36.00	2,084,202	0	1,567,405	516,797	2,084,202	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	40,709,416	0	30,654,590	10,054,826	40,709,416	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	41,688,950	0	31,369,895	10,319,055	41,688,950	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. 1, if applicable)	50.00	3,174,184	0	2,432,059	742,125	3,174,184	16.00



LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0173

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/26/2023 10:13 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	248,299	0	227,184	21,115	248,299	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	34,029,138	11,082,295	45,111,433	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	2,600,718	0	1,954,777	645,941	2,600,718	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	354,225	0	312,493	41,732	354,225	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	0.0292	0.0292	0.0292	0.0292		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	75,941	0	57,080	18,861	75,941	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0551	0.0551	0.0551	0.0551		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	143,300	0	107,709	35,591	143,300	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,174,184	0	2,432,059	742,125	3,174,184	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: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2023 10:13 am
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,752,685	25,752,685		25,752,685	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,651,588		8,651,588	8,651,588	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	1,546,620	1,546,620		1,546,620	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	285,804		285,804	285,804	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	23,461,887	17,133,043	6,328,845	23,461,888	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.078103	0.078103	0.078103		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,436,378	1,075,174	361,204	1,436,378	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	979,534	715,305	264,229	979,534	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,436,378	1,075,174	361,204	1,436,378	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	979,534	715,305	264,229	979,534	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1107	0.1107	0.1107		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	952,139	712,706	239,433	952,139	11.00
11.01	Uncompensated care payments	36.00	2,084,202	1,567,405	516,797	2,084,202	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	40,709,416	30,654,590	10,054,826	40,709,416	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	41,688,950	31,369,895	10,319,055	41,688,950	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,174,184	2,432,059	742,125	3,174,184	16.00
17.00	Special add-on payments for new technologies	54.00	248,299	227,184	21,115	248,299	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			34,029,138	11,082,295	45,111,433	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0173

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/26/2023 10:13 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	2,600,718	1,954,777	645,941	2,600,718	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	354,225	312,493	41,732	354,225	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	0.0292	0.0292	0.0292		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	75,941	57,080	18,861	75,941	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0551	0.0551	0.0551		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	143,300	107,709	35,591	143,300	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,174,184	2,432,059	742,125	3,174,184	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	-74,513	-49,362	-25,151	-74,513	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/26/2023 10:13 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		22,924	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,898,532	2.00
3.00	OPPS payments		30,671,993	3.00
4.00	Outlier payment (see instructions)		400,846	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		86,185	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		22,924	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		95,722	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)		95,722	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		95,722	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		72,798	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)		22,924	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)		31,159,024	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,294,505	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)		25,887,443	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		373,252	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)		26,260,695	30.00
31.00	Primary payer payments		17,615	31.00
32.00	Subtotal (line 30 minus line 31)		26,243,080	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		398,297	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		258,893	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		120,017	36.00
37.00	Subtotal (see instructions)		26,501,973	37.00
38.00	MSP-LCC reconciliation amount from PS&R		96	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		26,501,877	40.00
40.01	Sequestration adjustment (see instructions)		333,924	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		26,247,678	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)		-79,725	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		15,021	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/26/2023 10:13 am
		Title XVIII	Hospital PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0173

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/26/2023 10:13 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		40,192,844		25,758,839	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	12/21/2022	712,637	12/21/2022	488,839	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)		712,637		488,839	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)		40,905,481		26,247,678	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		695,484		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		79,725	6.02	
7.00	Total Medicare program liability (see instructions)		41,600,965		26,167,953	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: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/26/2023 10:13 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
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: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2023 10:13 am	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		5,791,319	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		5,791,319	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		5,791,319	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		5,791,319	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		-1,478	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		1,478	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00



DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/26/2023 10:13 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	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)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	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.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00	0.00	11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	0.00	12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	0.00	13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00	0.00	14.00
15.00	Adjustment for residents in initial years of new programs	14.46	0.00	0.00	15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	0.00	15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00	16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00	16.01
17.00	Adjusted rolling average FTE count	14.46	0.00	0.00	17.00
18.00	Per resident amount	122,501.52	0.00	0.00	18.00
18.01	Per resident amount under §131 of the CAA 2021				18.01
19.00	Approved amount for resident costs	1,771,372	0	1,771,372	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,771,372	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/26/2023 10:13 am	
		Title XVIII	Hospital	PPS	
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	17,144	12,094		26.00
27.00	Total Inpatient Days (see instructions)	51,663	51,663		27.00
28.00	Ratio of inpatient days to total inpatient days	0.331843	0.234094		28.00
29.00	Program direct GME amount	587,817	414,668	1,002,485	29.00
29.01	Percent reduction for MA DGME		3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		13,518	13,518	30.00
31.00	Net Program direct GME amount			988,967	31.00
				1.00	
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)</b>					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			4,001,831	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>					
<b>Part A Reasonable Cost</b>					
37.00	Reasonable cost (see instructions)			57,728,862	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			9,539	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			57,719,323	41.00
<b>Part B Reasonable Cost</b>					
42.00	Reasonable cost (see instructions)			35,007,641	42.00
43.00	Primary payer payments (see instructions)			17,615	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			34,990,026	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			92,709,349	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.622584	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.377416	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48.00	Total program GME payment (line 31)			988,967	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			615,715	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			373,252	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/26/2023 10:13 am
Title XVIII			PPS	
			1.00	
<b>TO BE COMPLETED BY CONTRACTOR</b>				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0173

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

Worksheet G  
Date/Time Prepared:  
5/26/2023 10:13 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	208,719,995	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	48,372,605	0	0	0	4.00
5.00	Other receivable	5,389,243	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	12,318,275	0	0	0	7.00
8.00	Prepaid expenses	1,233,847	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	276,033,965	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	3,297,223	0	0	0	12.00
13.00	Land improvements	590,336	0	0	0	13.00
14.00	Accumulated depreciation	-76,307	0	0	0	14.00
15.00	Buildings	186,408,478	0	0	0	15.00
16.00	Accumulated depreciation	-67,275,080	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	134,144	0	0	0	21.00
22.00	Accumulated depreciation	-125,532	0	0	0	22.00
23.00	Major movable equipment	79,869,143	0	0	0	23.00
24.00	Accumulated depreciation	-61,510,894	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)	141,311,511	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	4,788,872	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	4,275,402	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,064,274	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	426,409,750	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	27,038,230	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,991,961	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	3,639,362	0	0	0	43.00
44.00	Other current liabilities	39,881	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	35,709,434	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	876,772	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	876,772	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	36,586,206	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	389,823,544				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	389,823,544	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	426,409,750	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0173

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

Worksheet G-1

Date/Time Prepared:  
5/26/2023 10:13 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		314,112,490		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		75,711,064			2.00
3.00	Total (sum of line 1 and line 2)		389,823,554		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		389,823,554		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		389,823,554		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0173

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/26/2023 10:13 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	179,760,427		179,760,427	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	179,760,427		179,760,427	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	29,735,099		29,735,099	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	17,687,974		17,687,974	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	47,423,073		47,423,073	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	227,183,500		227,183,500	17.00
18.00	Ancillary services	432,407,470	833,090,804	1,265,498,274	18.00
19.00	Outpatient services	55,532,550	245,820,626	301,353,176	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	715,123,520	1,078,911,430	1,794,034,950	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		357,541,609		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		357,541,609		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0173

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

Worksheet G-3

Date/Time Prepared:  
5/26/2023 10:13 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,794,034,950	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,367,808,201	2.00
3.00	Net patient revenues (line 1 minus line 2)	426,226,749	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	357,541,609	4.00
5.00	Net income from service to patients (line 3 minus line 4)	68,685,140	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	7,025,924	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	7,025,924	25.00
26.00	Total (line 5 plus line 25)	75,711,064	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)	75,711,064	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/26/2023 10:13 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,600,718	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		354,225	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)		141.54	3.00
4.00	Number of interns & residents (see instructions)		14.46	4.00
5.00	Indirect medical education percentage (see instructions)		2.92	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)		75,941	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.16	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.33	8.00
9.00	Sum of lines 7 and 8		26.49	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.51	10.00
11.00	Disproportionate share adjustment (see instructions)		143,300	11.00
12.00	Total prospective capital payments (see instructions)		3,174,184	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00