

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: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/30/2023 10:22 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 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.	Date: 5/30/2023 Time: 10:22 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH BLOOMINGTON HOSPITAL (15-0051) 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	Michael Craig	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	Michael Craig		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	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	587,532	35,365	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
4.00	SUBPROVIDER (OTHER)	0	0	0	0	0 4.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
200.00	TOTAL	0	587,532	35,365	0	0 200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 10:22 am
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1.00	2.00	3.00	4.00	1.00	2.00
Hospital and Hospital Health Care Complex Address:					
Street: 601 WEST SECOND STREET		PO Box: 1149	Zip Code: 47402	County: MONROE	
2.00	City: BLOOMINGTON	State: IN	Zip Code: 47402	County: MONROE	

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH BLOOMINGTON HOSPITAL	150051	14020	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2022	12/31/2022	20.00	
21.00	Type of Control (see instructions)					2		21.00	
						1.00	2.00	3.00	

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00	
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01	
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N	N	22.03		
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)									22.04
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 10:22 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,889	1,226	16	39	15,220	28	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	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	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.								57.00
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.								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			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	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	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
							1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings					0.00	62.01
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

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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		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	

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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)?		N		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0		71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N N 0		76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		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		0 89.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00 0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00 0.00		97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 10:22 am	
		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
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
					1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
					1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.						113.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, §2208.1.	N					0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 10:22 am
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	406,760	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
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: INDIANA UNIVERSITY HEALTH INC	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 340 W. 10TH STREET	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202-3082	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: 15-0051		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 10:22 am			
1.00									
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						Y	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	
		Beginning	Ending						
		1.00	2.00						
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00	
		1.00	2.00						
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						Y	1,151	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0051		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 10:22 am	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date			V/I	
		1.00	2.00			3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type			Date	
		1.00	2.00			3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/23/2023			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N			Legal Oper.		
		1.00			2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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: 15-0051		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 10:22 am	
		Description		Y/N	Y/N		
		0		1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N		20.00
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N		21.00
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions						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.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						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						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
Provider-Based Physicians							
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						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.						35.00
				Y/N	Date		
				1.00	2.00		
Home Office Costs							
36.00	Were home office costs claimed on the cost report?						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.						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.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
						1.00	2.00
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER			41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY 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

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	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: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2023 10:22 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		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	176	64,240	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)		176	64,240	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	18	6,570	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		210	76,650	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	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	149			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)		210				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)		12	4,380			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	24	8,760		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2023 10:22 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	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,708	763	49,945		1.00
2.00	HMO and other (see instructions)	12,287	15,372			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)	15,708	763	49,945		7.00
8.00	INTENSIVE CARE UNIT	1,968	873	5,224		8.00
9.00	CORONARY CARE UNIT	0	0	0		9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	115	3,327		12.00
13.00	NURSERY		1,267	2,694		13.00
14.00	Total (see instructions)	17,676	3,018	61,190	0.00	1,626.36
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER		0	0	0.00	0.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00
24.00	HOSPICE	0	0	149	0.00	0.00
24.10	HOSPICE (non-distinct part)			0		
25.00	CMHC - CMHC					
26.00	RURAL HEALTH CLINIC					
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	1,626.36
28.00	Observation Bed Days		0	4,953		
29.00	Ambulance Trips	0				
30.00	Employee discount days (see instruction)			0		
31.00	Employee discount days - IRF			0		
32.00	Labor & delivery days (see instructions)	0	28	1,344		
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		
33.00	LTCH non-covered days	0				
33.01	LTCH site neutral days and discharges	0				
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	4,316		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2023 10:22 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
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,079	239	10,570	1.00
2.00	HMO and other (see instructions)			1,973	2,265		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,079	239	10,570	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0051

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2023 10:22 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	145,465,760	-628,189	144,837,571	3,382,829.60	42.82
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		97,828	0	97,828	785.00	124.62
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		8,033,196	1,995,145	10,028,341	337,369.69	29.73
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
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		2,886,280	0	2,886,280	12,498.39	230.93
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		36,597,009	0	36,597,009	986,429.00	37.10
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		30,759,637	0	30,759,637		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,866,277	0	2,866,277		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		12,208	0	12,208		
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)		10,782,759	0	10,782,759		
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: 15-0051

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2023 10:22 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
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	357,313	-26,491	330,822	8,317.64	39.77	26.00
27.00	Administrative & General	12,039,107	-7,438,983	4,600,124	107,863.45	42.65	27.00
28.00	Administrative & General under contract (see inst.)	3,031,464	0	3,031,464	14,989.35	202.24	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,644,437	-31,950	2,612,487	81,046.57	32.23	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,946,658	-17,370	1,929,288	98,018.40	19.68	32.00
33.00	Housekeeping under contract (see instructions)	164,719	0	164,719	6,572.97	25.06	33.00
34.00	Dietary	2,954,704	-958,269	1,996,435	97,525.52	20.47	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	943,295	943,295	50,239.00	18.78	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	15,271,820	31,089	15,302,909	232,154.81	65.92	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	6,428,900	-745,823	5,683,077	119,075.99	47.73	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	916,504	-1,276	915,228	34,154.45	26.80	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0051

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2023 10:22 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	148,564,115	-628,189	147,935,926	3,403,606.92	43.46	1.00
2.00	Excluded area salaries (see instructions)	8,033,196	1,995,145	10,028,341	337,369.69	29.73	2.00
3.00	Subtotal salaries (line 1 minus line 2)	140,530,919	-2,623,334	137,907,585	3,066,237.23	44.98	3.00
4.00	Subtotal other wages & related costs (see inst.)	39,483,289	0	39,483,289	998,927.39	39.53	4.00
5.00	Subtotal wage-related costs (see inst.)	41,542,396	0	41,542,396	0.00	30.12	5.00
6.00	Total (sum of lines 3 thru 5)	221,556,604	-2,623,334	218,933,270	4,065,164.62	53.86	6.00
7.00	Total overhead cost (see instructions)	45,755,626	-8,245,778	37,509,848	849,958.15	44.13	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2023 10:22 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,487,163	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	15,995,600	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	352,548	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)	628,190	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	630,753	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	10,538,337	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	5,531	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	33,638,122	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/30/2023 10:22 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/30/2023 10:22 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.204970	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		61,858,862	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		384,503,576	6.00	
7.00	Medicaid cost (line 1 times line 6)		78,811,698	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		16,952,836	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		10,124	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		287,729	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		58,976	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)		48,852	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		17,001,688	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	25,340,849	888,620	26,229,469	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,194,114	888,620	6,082,734	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)	5,194,114	888,620	6,082,734	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)		14,334,980	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		544,522	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		837,727	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		13,497,253	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,059,737	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,142,471	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		26,144,159	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
5/30/2023 10:22 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	11,452,494	11,452,494	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	21,927,003	21,927,003	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	357,313	1,142,456	1,499,769	23,304,417	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,039,107	96,161,423	108,200,530	94,711,848	5.00
7.00	00700	OPERATION OF PLANT	2,644,437	29,934,827	32,579,264	15,216,050	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	257,483	257,483	253,673	8.00
9.00	00900	HOUSEKEEPING	1,946,658	4,282,411	6,229,069	5,650,934	9.00
10.00	01000	DIETARY	2,954,704	2,596,393	5,551,097	3,302,787	10.00
11.00	01100	CAFETERIA	0	0	1,687,071	1,687,071	11.00
13.00	01300	NURSING ADMINISTRATION	15,271,820	4,840,894	20,112,714	16,954,510	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,488,703	4,488,703	13,303,449	14.00
15.00	01500	PHARMACY	6,428,900	38,932,365	45,361,265	8,211,756	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	916,504	1,223,928	2,140,432	1,706,955	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	155,683	59,827	215,510	419,226	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,897,051	28,405,433	55,302,484	52,715,628	30.00
31.00	03100	INTENSIVE CARE UNIT	4,965,450	3,417,223	8,382,673	7,466,771	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,363,628	1,738,825	4,102,453	3,773,420	35.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	997,648	997,648	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,455,779	34,807,781	42,263,560	21,476,154	50.00
50.01	05001	CV SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	5,987,175	2,738,549	8,725,724	7,747,188	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,886,284	2,841,556	5,727,840	4,923,425	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,491,778	3,133,424	6,625,202	6,136,769	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,264,823	3,642,587	5,907,410	3,541,993	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	605,734	2,269,264	2,874,998	2,056,099	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	600,939	1,302,776	1,903,715	977,613	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,119,041	16,653,390	18,772,431	4,180,888	59.00
60.00	06000	LABORATORY	230	18,131,355	18,131,585	18,317,518	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,813,942	1,701,980	5,515,922	4,615,496	65.00
66.00	06600	PHYSICAL THERAPY	6,275,585	2,597,712	8,873,297	6,921,363	66.00
69.00	06900	ELECTROCARDIOLOGY	1,062,307	964,520	2,026,827	1,404,721	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	105,908	2,210,591	2,316,499	2,214,900	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,865,731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,245,225	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	38,197,460	73.00
73.01	07302	OP PHARMACY	466,742	3,014,599	3,481,341	3,365,298	73.01
74.00	07400	RENAL DIALYSIS	0	1,676,181	1,676,181	1,651,512	74.00
76.97	07697	CARDIAC REHABILITATION	485,260	262,245	747,505	696,257	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,520,664	445,107	1,965,771	1,707,900	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	4,701,611	2,606,636	7,308,247	6,327,533	90.01
90.02	09002	WOUND CARE CENTER	577,351	450,903	1,028,254	727,433	90.02
90.03	09003	PAIN CLINIC	507,371	553,996	1,061,367	741,750	90.03
90.04	09004	OB CLINIC	2,422,299	882,865	3,305,164	2,882,193	90.04
90.05	09005	OP PSYCH CLINIC	885,470	459,765	1,345,235	1,143,685	90.05
90.06	09006	MULTI SPECIALTY CLINIC	1,860,177	951,006	2,811,183	2,361,233	90.06
91.00	09100	EMERGENCY	7,394,586	17,859,664	25,254,250	23,359,038	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	3,155,936	5,195,476	8,351,412	4,679,497	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
5/30/2023 10:22 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	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	137,588,247	344,836,119	482,424,366	-902,854	481,521,512	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,436	15,055	49,491	-11,733	37,758	190.00
190.01	19001 PROMPTCARE	2,410,055	1,427,843	3,837,898	-695,198	3,142,700	190.01
190.02	19002 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003 OLCOTT	0	0	0	0	0	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005 FOUNDATION	0	0	0	0	0	190.05
190.06	19006 MARKETING	0	0	0	0	0	190.06
190.07	19007 HME STORE	0	0	0	0	0	190.07
190.08	19008 UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009 CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	5,231,437	4,609,286	9,840,723	-7,925,908	1,914,815	190.11
191.00	19100 RESEARCH	0	0	0	7,046	7,046	191.00
191.01	19101 RESEARCH	0	0	0	0	0	191.01
191.02	19102 OTHER SPONSORED ACTIVITIES	0	0	0	6,713,469	6,713,469	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	198,576	19,629	218,205	-117,995	100,210	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	0	0	0	865,423	865,423	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	1,935,955	1,935,955	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953 IU HEALTH SIP	2,204	1,179	3,383	131,903	135,286	194.03
194.04	07954 HOME CARE	0	0	0	0	0	194.04
194.05	07955 HOSPICE	805	8,101	8,906	-108	8,798	194.05
200.00	TOTAL (SUM OF LINES 118 through 199)	145,465,760	350,917,212	496,382,972	0	496,382,972	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
5/30/2023 10:22 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	879,607	12,332,101	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,135,250	25,062,253	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	35,047	23,339,464	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-17,008,233	77,703,615	5.00
7.00	00700	OPERATION OF PLANT	-779,286	14,436,764	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	253,673	8.00
9.00	00900	HOUSEKEEPING	-38,000	5,612,934	9.00
10.00	01000	DIETARY	-35,585	3,267,202	10.00
11.00	01100	CAFETERIA	0	1,687,071	11.00
13.00	01300	NURSING ADMINISTRATION	-74,878	16,879,632	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,303,449	14.00
15.00	01500	PHARMACY	-2,025	8,209,731	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	1,706,955	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	56,762	475,988	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,496,316	47,219,312	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,466,771	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-336,512	3,436,908	35.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	997,648	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,715,844	17,760,310	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	7,747,188	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,923,425	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-479,391	5,657,378	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-262,182	3,279,811	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	2,056,099	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	977,613	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,180,888	59.00
60.00	06000	LABORATORY	-97,213	18,220,305	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-6,750	4,608,746	65.00
66.00	06600	PHYSICAL THERAPY	-98,092	6,823,271	66.00
69.00	06900	ELECTROCARDIOLOGY	-9,392	1,395,329	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,063,798	151,102	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,865,731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,245,225	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	38,197,460	73.00
73.01	07302	OP PHARMACY	-26,503	3,338,795	73.01
74.00	07400	RENAL DIALYSIS	0	1,651,512	74.00
76.97	07697	CARDIAC REHABILITATION	0	696,257	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-38,666	1,669,234	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	-347,687	5,979,846	90.01
90.02	09002	WOUND CARE CENTER	-132	727,301	90.02
90.03	09003	PAIN CLINIC	0	741,750	90.03
90.04	09004	OB CLINIC	-949	2,881,244	90.04
90.05	09005	OP PSYCH CLINIC	0	1,143,685	90.05
90.06	09006	MULTI SPECIALTY CLINIC	0	2,361,233	90.06
91.00	09100	EMERGENCY	-4,234,940	19,124,098	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	-231	4,679,266	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-31,045,939	450,475,573	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
5/30/2023 10:22 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37,758	190.00
190.01	19001	PROMPTCARE	-25,920	3,116,780	190.01
190.02	19002	RENTAL PROPERTIES	0	0	190.02
190.03	19003	OLCOTT	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	190.04
190.05	19005	FOUNDATION	0	0	190.05
190.06	19006	MARKETING	0	0	190.06
190.07	19007	HME STORE	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	1,914,815	190.11
191.00	19100	RESEARCH	0	7,046	191.00
191.01	19101	RESEARCH	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	6,713,469	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-56,918	43,292	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	865,423	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	1,935,955	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	194.02
194.03	07953	IU HEALTH SIP	0	135,286	194.03
194.04	07954	HOME CARE	0	0	194.04
194.05	07955	HOSPICE	0	8,798	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-31,128,777	465,254,195	200.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
5/30/2023 10:22 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21,949,898	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
41.00		0.00	0	0	41.00
0			0	21,949,898	
B - CAPITAL RELATED					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,171,188	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	21,631,156	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	23,026	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

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
5/30/2023 10:22 am

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
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		0	31,825,370			
C - BILLABLE MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,865,731		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,669		2.00
3.00		0.00	0	0		3.00
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
12.00		0.00	0	0		12.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
0			0	9,887,400		
D - NONBILLABLE MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,307,414		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	321,097		2.00
3.00	OPERATION OF PLANT	7.00	0	65,513		3.00
4.00	HOUSEKEEPING	9.00	0	2,091		4.00
5.00	DIETARY	10.00	0	254		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	48,733		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	157,351		7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,628		8.00
9.00	PHYSICAL THERAPY	66.00	0	2,711		9.00
10.00	RENAL DIALYSIS	74.00	0	80		10.00
11.00	COMMUNITY HEALTH SERVICES	190.11	0	1,259		11.00
12.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	768		12.00
13.00	IU HEALTH SIP	194.03	0	1,198		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

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
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	
0		0	11,910,097			
E - IMPLANTS SUPPLIES						
1.00	72.00	0	16,245,225		1.00	
IMPL. DEV. CHARGED TO PATIENTS						
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	
0		0	16,245,225			
F - LEASE EXPENSE						
1.00	1.00	0	1,408,701		1.00	
CAP REL COSTS-BLDG & FIXT						
2.00	2.00	0	64,235		2.00	
CAP REL COSTS-MVBLE EQUIP						
3.00	0.00	0	0		3.00	
4.00	0.00	0	0		4.00	
5.00	0.00	0	0		5.00	
6.00	0.00	0	0		6.00	
7.00	0.00	0	0		7.00	
8.00	0.00	0	0		8.00	
9.00	0.00	0	0		9.00	
10.00	0.00	0	0		10.00	
11.00	0.00	0	0		11.00	
12.00	0.00	0	0		12.00	
13.00	0.00	0	0		13.00	
14.00	0.00	0	0		14.00	
15.00	0.00	0	0		15.00	
16.00	0.00	0	0		16.00	
17.00	0.00	0	0		17.00	
18.00	0.00	0	0		18.00	
19.00	0.00	0	0		19.00	
20.00	0.00	0	0		20.00	
0		0	1,472,936			
G - BILLABLE DRUGS						
1.00	73.00	0	38,197,460		1.00	
DRUGS CHARGED TO PATIENTS						
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	

RECLASSIFICATIONS

Provider CCN: 15-0051

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

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0				38,197,460	
H - NON-BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	1,597,447	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
0				1,597,447	
J - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	334	1.00
0				334	
K - PHARMACY RESIDENCY					
1.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	212,675	16,270	1.00
2.00		0.00	0	0	2.00
0			212,675	16,270	
L - PSYCH ADMIN					
1.00	OP PSYCH CLINIC	90.05	122,944	19,201	1.00
0			122,944	19,201	
M - SOFTWARE LICENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	235,252	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

RECLASSIFICATIONS

Provider CCN: 15-0051

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

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
			0	235,252	
N - CAFETERIA					
1.00	CAFETERIA	11.00	943,295	743,776	1.00
			943,295	743,776	
O - SHORT TERM DISABILITY/FLMA					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,668	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,123	2.00
3.00	OPERATION OF PLANT	7.00	0	4,920	3.00
4.00	HOUSEKEEPING	9.00	0	17,370	4.00
5.00	DIETARY	10.00	0	14,974	5.00
6.00	NURSING ADMINISTRATION	13.00	0	27,263	6.00
7.00	PHARMACY	15.00	0	92,543	7.00
8.00	CENTRAL STERILIZATION	18.01	0	1,276	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	88,433	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	12,885	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,756	11.00
12.00	OPERATING ROOM	50.00	0	27,354	12.00
13.00	RECOVERY ROOM	51.00	0	53,950	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	55,887	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	31,344	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,220	16.00
17.00	CT SCAN	57.00	0	3,547	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	2,631	18.00
19.00	RESPIRATORY THERAPY	65.00	0	18,517	19.00
20.00	PHYSICAL THERAPY	66.00	0	52,215	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	1,075	21.00
22.00	OP PHARMACY	73.01	0	661	22.00
23.00	CARDIAC REHABILITATION	76.97	0	2,634	23.00
24.00	CLINIC	90.00	0	4,909	24.00
25.00	OP ONCOLOGY INFUSION CENTER	90.01	0	15,268	25.00
26.00	WOUND CARE CENTER	90.02	0	1,952	26.00
27.00	PAIN CLINIC	90.03	1,719	0	27.00
28.00	OB CLINIC	90.04	0	7,588	28.00
29.00	OP PSYCH CLINIC	90.05	0	3,768	29.00
30.00	MULTI SPECIALTY CLINIC	90.06	0	13,103	30.00
31.00	EMERGENCY	91.00	0	6,574	31.00
32.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	5,038	32.00
33.00	PROMPTCARE	190.01	0	28,854	33.00
34.00	COMMUNITY HEALTH SERVICES	190.11	0	8,608	34.00
			1,719	629,908	
P - UTILITIES EXPENSE					
1.00	OPERATION OF PLANT	7.00	0	303,433	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	203	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

RECLASSIFICATIONS

Provider CCN: 15-0051

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
	0		0	303,636	
R - OCCUPATIONAL HEALTH ADMIN					
1.00	ADMINISTRATIVE & GENERAL	5.00	248,922	0	1.00
	0		248,922	0	
S - NURSERY					
1.00	NURSERY	43.00	706,272	208,026	1.00
2.00		0.00	0	0	2.00
	0		706,272	208,026	
T - BEDFORD ALLOCATION					
1.00	IU HEALTH BEDFORD HOSPITAL	194.01	1,314,067	621,888	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	0		1,314,067	621,888	
U - PAOLI ALLOCATION					
1.00	IU HEALTH PAOLI HOSPITAL	194.00	579,944	285,479	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	0		579,944	285,479	
V - LIBERTY BUILDING DEPRECIATION					
1.00	IU HEALTH SIP	194.03	0	131,369	1.00
2.00		0.00	0	0	2.00
	0		0	131,369	
X - ACCRUED PTO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	109,917	1.00
	0		0	109,917	
AA - BLOOD STORAGE					
1.00	LABORATORY	60.00	0	32,934	1.00
2.00	COMMUNITY HEALTH SERVICES	190.11	0	3,346	2.00
	0		0	36,280	
AB - PACU RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	1,472,888	1,867,555	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		1,472,888	1,867,555	
AC - GRANT					
1.00	RESEARCH	191.00	0	7,046	1.00
2.00	OTHER SPONSORED ACTIVITIES	191.02	4,072,674	2,541,707	2.00
	0		4,072,674	2,548,753	
AD - PHYSICIAN					
1.00	ADULTS & PEDIATRICS	30.00	0	67,200	1.00
2.00	OPERATING ROOM	50.00	0	2,151,185	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	440,859	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,000	4.00
5.00	LABORATORY	60.00	0	308,568	5.00
6.00	RESPIRATORY THERAPY	65.00	0	15,600	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	16,500	7.00
	0		0	3,010,912	
AE - SPOT AND RETENTION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	48,010	0	1.00
2.00	NURSING ADMINISTRATION	13.00	211,019	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	1,718,564	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	457,722	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	224,017	0	5.00
6.00	OPERATING ROOM	50.00	680,908	0	6.00
7.00	RECOVERY ROOM	51.00	585,619	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	330,770	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	67,837	0	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	45,537	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	179,873	0	11.00
12.00	RESPIRATORY THERAPY	65.00	325,818	0	12.00
13.00	ELECTROCARDIOLOGY	69.00	26,596	0	13.00
14.00	CARDIAC REHABILITATION	76.97	44,420	0	14.00
15.00	CLINIC	90.00	59,811	0	15.00
16.00	OPONCOLOGY INFUSION CENTER	90.01	469,445	0	16.00
17.00	WOUND CARE CENTER	90.02	40,194	0	17.00
18.00	PAIN CLINIC	90.03	14,315	0	18.00

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
19.00	OB CLINIC	90.04	240,444	0		19.00
20.00	OP PSYCH CLINIC	90.05	30,940	0		20.00
21.00	MULTI SPECIALTY CLINIC	90.06	117,949	0		21.00
22.00	EMERGENCY	91.00	412,882	0		22.00
23.00	OBSERVATION BEDS (DISTINCT PART)	92.01	94,009	0		23.00
24.00	PROMPTCARE	190.01	47,562	0		24.00
25.00	COMMUNITY HEALTH SERVICES	190.11	28,193	0		25.00
26.00	ADMINISTRATIVE & GENERAL	5.00	5,830	0		26.00
27.00	NURSERY	43.00	83,350	0		27.00
28.00	OTHER SPONSORED ACTIVITIES	191.02	99,088	0		28.00
TOTALS			6,690,722	0		
500.00	Grand Total: Increases		16,366,122	143,854,389		500.00

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			
A - BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	903,562	0		1.00
2.00	OPERATION OF PLANT	7.00	0	498,353	0		2.00
3.00	HOUSEKEEPING	9.00	0	472,368	0		3.00
4.00	DIETARY	10.00	0	529,689	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	2,043,188	0		5.00
6.00	PHARMACY	15.00	0	860,455	0		6.00
7.00	CENTRAL STERILIZATION	18.01	0	145,407	0		7.00
8.00	PARAMED PRGM-PHARMACY RESIDENCY	23.00	0	25,216	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	3,874,395	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	623,281	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	399,136	0		11.00
12.00	OPERATING ROOM	50.00	0	1,252,408	0		12.00
13.00	RECOVERY ROOM	51.00	0	926,828	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	510,729	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	541,959	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	380,326	0		16.00
17.00	CT SCAN	57.00	0	84,542	0		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	84,247	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	312,213	0		19.00
20.00	LABORATORY	60.00	0	3	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	520,622	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	1,088,315	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	177,538	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,726	0		24.00
25.00	OP PHARMACY	73.01	0	97,174	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	77,093	0		26.00
27.00	CLINIC	90.00	0	286,125	0		27.00
28.00	OP ONCOLOGY INFUSION CENTER	90.01	0	786,002	0		28.00
29.00	WOUND CARE CENTER	90.02	0	113,296	0		29.00
30.00	PAIN CLINIC	90.03	0	98,999	0		30.00
31.00	OB CLINIC	90.04	0	624,651	0		31.00
32.00	OP PSYCH CLINIC	90.05	0	265,385	0		32.00
33.00	MULTI SPECIALTY CLINIC	90.06	0	429,820	0		33.00
34.00	EMERGENCY	91.00	0	927,879	0		34.00
35.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	420,369	0		35.00
36.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	11,733	0		36.00
37.00	PROMPTCARE	190.01	0	360,598	0		37.00
38.00	COMMUNITY HEALTH SERVICES	190.11	0	1,161,391	0		38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	26,106	0		39.00
40.00	IU HEALTH SIP	194.03	0	663	0		40.00
41.00	HOSPICE	194.05	0	108	0		41.00
	0		0	21,949,898			
B - CAPITAL RELATED							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	95,456	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,927,935	9		2.00
3.00	OPERATION OF PLANT	7.00	0	16,939,668	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	3,810	0		4.00
5.00	HOUSEKEEPING	9.00	0	107,398	0		5.00
6.00	DIETARY	10.00	0	31,552	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,047,487	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,920	0		8.00
9.00	PHARMACY	15.00	0	324,054	0		9.00
10.00	CENTRAL STERILIZATION	18.01	0	257,941	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,405,503	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	270,770	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	77,377	0		13.00
14.00	OPERATING ROOM	50.00	0	3,170,123	0		14.00
15.00	RECOVERY ROOM	51.00	0	14,199	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	152,583	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	333,443	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,919,822	0		18.00
19.00	CT SCAN	57.00	0	438,944	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	742,837	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	1,534,199	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	141,914	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	21,170	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	146,062	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	71,229	0		25.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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			
26.00	OP PHARMACY	73.01	0	14,652	0	26.00	
27.00	CARDIAC REHABILITATION	76.97	0	17,279	0	27.00	
28.00	CLINIC	90.00	0	473	0	28.00	
29.00	OP ONCOLOGY INFUSION CENTER	90.01	0	34,588	0	29.00	
30.00	WOUND CARE CENTER	90.02	0	57,179	0	30.00	
31.00	PAIN CLINIC	90.03	0	69,230	0	31.00	
32.00	OP PSYCH CLINIC	90.05	0	3,690	0	32.00	
33.00	EMERGENCY	91.00	0	243,320	0	33.00	
34.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	13,201	0	34.00	
35.00	OB CLINIC	90.04	0	4,163	0	35.00	
36.00	PROMPTCARE	190.01	0	19,257	0	36.00	
37.00	MULTI SPECIALTY CLINIC	90.06	0	34,167	0	37.00	
38.00	COMMUNITY HEALTH SERVICES	190.11	0	753	0	38.00	
39.00	LABORATORY	60.00	0	122,624	0	39.00	
40.00	RENAL DIALYSIS	74.00	0	12,398	0	40.00	
	O		0	31,825,370			
C - BILLABLE MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	270	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	25	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	217	0	3.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,247,430	0	6.00	
7.00	PHARMACY	15.00	0	77	0	7.00	
8.00	CENTRAL STERILIZATION	18.01	0	2,369	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	185,678	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	58,478	0	10.00	
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	8,412	0	12.00	
14.00	OPERATING ROOM	50.00	0	2,018,611	0	14.00	
15.00	RECOVERY ROOM	51.00	0	14,977	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	197,038	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,977	0	17.00	
18.00	CT SCAN	57.00	0	2,561	0	18.00	
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	578	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	4,874,432	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	1,008	0	21.00	
22.00	PHYSICAL THERAPY	66.00	0	3,771	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	2,820	0	23.00	
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	84	0	24.00	
25.00	RENAL DIALYSIS	74.00	0	891	0	25.00	
26.00	CARDIAC REHABILITATION	76.97	0	66	0	26.00	
27.00	CLINIC	90.00	0	1,300	0	27.00	
28.00	OP ONCOLOGY INFUSION CENTER	90.01	0	68,697	0	28.00	
29.00	WOUND CARE CENTER	90.02	0	74,145	0	29.00	
30.00	PAIN CLINIC	90.03	0	5,832	0	30.00	
31.00	OB CLINIC	90.04	0	438	0	31.00	
32.00	OP PSYCH CLINIC	90.05	0	16	0	32.00	
33.00	MULTI SPECIALTY CLINIC	90.06	0	6,332	0	33.00	
34.00	EMERGENCY	91.00	0	82,595	0	34.00	
35.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	21,809	0	35.00	
36.00	PROMPTCARE	190.01	0	2,749	0	36.00	
37.00	COMMUNITY HEALTH SERVICES	190.11	0	286	0	37.00	
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	430	0	38.00	
39.00	IU HEALTH SIP	194.03	0	1	0	39.00	
	O		0	9,887,400			
D - NONBILLABLE MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,250	0	1.00	
2.00	CENTRAL STERILIZATION	18.01	0	19,819	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	37,661	0	3.00	
4.00	PHARMACY	15.00	0	186,670	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	883,830	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	282,980	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	46,721	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00	OPERATING ROOM	50.00	0	7,921,387	0	10.00	
11.00	RECOVERY ROOM	51.00	0	197,009	0	11.00	
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	163,422	0	12.00	
13.00	LABORATORY	60.00	0	1,713	0	13.00	
14.00	CT SCAN	57.00	0	23,244	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	579,357	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	546,417	0	16.00	
17.00	ELECTROCARDIOLOGY	69.00	0	26,623	0	17.00	

RECLASSIFICATIONS

Provider CCN: 15-0051

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			
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	22,560	0	18.00	
19.00	OP PHARMACY	73.01	0	1,495	0	19.00	
20.00	CARDIAC REHABILITATION	76.97	0	255	0	20.00	
21.00	CLINIC	90.00	0	3,532	0	21.00	
22.00	OP ONCOLOGY INFUSION CENTER	90.01	0	166,937	0	22.00	
23.00	WOUND CARE CENTER	90.02	0	15,612	0	23.00	
24.00	PAIN CLINIC	90.03	0	41,082	0	24.00	
25.00	OB CLINIC	90.04	0	29,181	0	25.00	
26.00	OP PSYCH CLINIC	90.05	0	4,378	0	26.00	
27.00	MULTI SPECIALTY CLINIC	90.06	0	41,140	0	27.00	
28.00	EMERGENCY	91.00	0	495,311	0	28.00	
29.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	157,462	0	29.00	
30.00	PROMPTCARE	190.01	0	11,036	0	30.00	
31.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	0	13	0	31.00	
0			0	11,910,097			
E - IMPLANTS SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	161,861	0	1.00	
2.00	PHARMACY	15.00	0	219	0	2.00	
3.00	CENTRAL STERILIZATION	18.01	0	4,248	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	1,511	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	47	0	5.00	
6.00	OPERATING ROOM	50.00	0	8,818,445	0	6.00	
7.00	RECOVERY ROOM	51.00	0	642	0	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,304	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,130	0	9.00	
10.00	CT SCAN	57.00	0	3,141	0	10.00	
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	311	0	11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	7,237,809	0	12.00	
13.00	OP ONCOLOGY INFUSION CENTER	90.01	0	3,255	0	13.00	
14.00	WOUND CARE CENTER	90.02	0	2	0	14.00	
15.00	EMERGENCY	91.00	0	1,269	0	15.00	
16.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	31	0	16.00	
0			0	16,245,225			
F - LEASE EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	19,280	10	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,583	10	2.00	
3.00	OPERATION OF PLANT	7.00	0	247,196	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	2,585	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	41,484	0	5.00	
6.00	OPERATING ROOM	50.00	0	3,857	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,108	0	7.00	
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,663	0	8.00	
9.00	LABORATORY	60.00	0	27,738	0	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	9,950	0	10.00	
11.00	PHYSICAL THERAPY	66.00	0	638,213	0	11.00	
12.00	CLINIC	90.00	0	1,637	0	12.00	
13.00	OP ONCOLOGY INFUSION CENTER	90.01	0	63,218	0	13.00	
14.00	WOUND CARE CENTER	90.02	0	71,900	0	14.00	
15.00	PAIN CLINIC	90.03	0	48,030	0	15.00	
16.00	OP PSYCH CLINIC	90.05	0	101,101	0	16.00	
17.00	EMERGENCY	91.00	0	23,651	0	17.00	
18.00	PROMPTCARE	190.01	0	41,654	0	18.00	
19.00	COMMUNITY HEALTH SERVICES	190.11	0	112,707	0	19.00	
20.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,381	0	20.00	
0			0	1,472,936			
G - BILLABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	30,379	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	29,706	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	420	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	3,766	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	21,375	0	5.00	
6.00	PHARMACY	15.00	0	36,526,226	0	6.00	
7.00	CENTRAL STERILIZATION	18.01	0	3,693	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	89,652	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	23,358	0	9.00	
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,559	0	10.00	
11.00	OPERATING ROOM	50.00	0	247,972	0	11.00	
12.00	RECOVERY ROOM	51.00	0	27,516	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	18,367	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	51,825	0	14.00	

RECLASSIFICATIONS

Provider CCN: 15-0051

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			
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	49,368	0		15.00	
16.00	CT SCAN	57.00	0	245,215	0		16.00	
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	85,522	0		17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	152,102	0		18.00	
19.00	RESPIRATORY THERAPY	65.00	0	17,365	0		19.00	
20.00	PHYSICAL THERAPY	66.00	0	79	0		20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	264,211	0		21.00	
22.00	RENAL DIALYSIS	74.00	0	5,801	0		22.00	
23.00	CARDIAC REHABILITATION	76.97	0	970	0		23.00	
24.00	CLINIC	90.00	0	14	0		24.00	
25.00	OP ONCOLOGY INFUSION CENTER	90.01	0	38,434	0		25.00	
26.00	WOUND CARE CENTER	90.02	0	8,881	0		26.00	
27.00	PAIN CLINIC	90.03	0	62,012	0		27.00	
28.00	MULTI SPECIALTY CLINIC	90.06	0	55,393	0		28.00	
29.00	EMERGENCY	91.00	0	70,262	0		29.00	
30.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	21,316	0		30.00	
31.00	PROMPTCARE	190.01	0	33,279	0		31.00	
32.00	COMMUNITY HEALTH SERVICES	190.11	0	11,422	0		32.00	
			0	38,197,460				
H - NON-BILLABLE DRUGS								
1.00	OPERATION OF PLANT	7.00	0	1,313	0		1.00	
2.00	NURSING ADMINISTRATION	13.00	0	1,059	0		2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,378	0		3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	241,031	0		4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	113,488	0		5.00	
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	19,633	0		6.00	
7.00	OPERATING ROOM	50.00	0	150,820	0		7.00	
8.00	RECOVERY ROOM	51.00	0	132,414	0		8.00	
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	41,086	0		9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,630	0		10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	10,118	0		11.00	
12.00	CT SCAN	57.00	0	21,103	0		12.00	
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14,147	0		13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	66,463	0		14.00	
15.00	RESPIRATORY THERAPY	65.00	0	496	0		15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	10,998	0		16.00	
17.00	RENAL DIALYSIS	74.00	0	5,094	0		17.00	
18.00	CLINIC	90.00	0	1,687	0		18.00	
19.00	OP ONCOLOGY INFUSION CENTER	90.01	0	252,868	0		19.00	
20.00	PAIN CLINIC	90.03	0	516	0		20.00	
21.00	EMERGENCY	91.00	0	446,809	0		21.00	
22.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	41,138	0		22.00	
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	158	0		23.00	
			0	1,597,447				
J - INTEREST EXPENSE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	334	11		1.00	
			0	334				
K - PHARMACY RESIDENCY								
1.00	PHARMACY	15.00	192,297	14,711	0		1.00	
2.00	CLINIC	90.00	20,378	1,559	0		2.00	
			212,675	16,270				
L - PSYCH ADMIN								
1.00	ADULTS & PEDIATRICS	30.00	122,944	19,201	0		1.00	
			122,944	19,201				
M - SOFTWARE LICENSE								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,013	14		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,770	0		2.00	
3.00	OPERATION OF PLANT	7.00	0	1,747	0		3.00	
4.00	DIETARY	10.00	0	252	0		4.00	
5.00	NURSING ADMINISTRATION	13.00	0	9,140	0		5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,220	0		6.00	
7.00	PHARMACY	15.00	0	4,926	0		7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	14,064	0		8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	1,192	0		9.00	
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	200	0		10.00	
11.00	OPERATING ROOM	50.00	0	35,225	0		11.00	
12.00	RECOVERY ROOM	51.00	0	1,169	0		12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,165	0		13.00	
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	30,767	0		14.00	
15.00	CT SCAN	57.00	0	117	0		15.00	

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6
Date/Time Prepared:
5/30/2023 10:22 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
16.00	CARDIAC CATHETERIZATION	59.00	0	13,657	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	3,924	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	4,461	0	18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	628	0	19.00	
20.00	OP PHARMACY	73.01	0	2,722	0	20.00	
21.00	RENAL DIALYSIS	74.00	0	565	0	21.00	
22.00	CLINIC	90.00	0	977	0	22.00	
23.00	OP ONCOLOGY INFUSION CENTER	90.01	0	35,345	0	23.00	
24.00	PAIN CLINIC	90.03	0	673	0	24.00	
25.00	OB CLINIC	90.04	0	4,982	0	25.00	
26.00	OP PSYCH CLINIC	90.05	0	23	0	26.00	
27.00	MULTI SPECIALTY CLINIC	90.06	0	1,047	0	27.00	
28.00	EMERGENCY	91.00	0	15,205	0	28.00	
29.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	242	0	29.00	
30.00	PROMPTCARE	190.01	0	25,179	0	30.00	
31.00	COMMUNITY HEALTH SERVICES	190.11	0	9,655	0	31.00	
	O		0	235,252			
N - CAFETERIA							
1.00	DIETARY	10.00	943,295	743,776	0	1.00	
	O		943,295	743,776			
O - SHORT TERM DISABILITY/FLMA							
1.00	ADMINISTRATIVE & GENERAL	5.00	11,668	0	0	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,123	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	4,920	0	0	3.00	
4.00	HOUSEKEEPING	9.00	17,370	0	0	4.00	
5.00	DIETARY	10.00	14,974	0	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	27,263	0	0	6.00	
7.00	PHARMACY	15.00	92,543	0	0	7.00	
8.00	CENTRAL STERILIZATION	18.01	1,276	0	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	88,433	0	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	12,885	0	0	10.00	
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	2,756	0	0	11.00	
12.00	OPERATING ROOM	50.00	27,354	0	0	12.00	
13.00	RECOVERY ROOM	51.00	53,950	0	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	55,887	0	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	31,344	0	0	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	6,220	0	0	16.00	
17.00	CT SCAN	57.00	3,547	0	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	2,631	0	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	18,517	0	0	19.00	
20.00	PHYSICAL THERAPY	66.00	52,215	0	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	1,075	0	0	21.00	
22.00	OP PHARMACY	73.01	661	0	0	22.00	
23.00	CARDIAC REHABILITATION	76.97	2,634	0	0	23.00	
24.00	CLINIC	90.00	4,909	0	0	24.00	
25.00	OP ONCOLOGY INFUSION CENTER	90.01	15,268	0	0	25.00	
26.00	WOUND CARE CENTER	90.02	1,952	0	0	26.00	
27.00	PAIN CLINIC	90.03	0	1,719	0	27.00	
28.00	OB CLINIC	90.04	7,588	0	0	28.00	
29.00	OP PSYCH CLINIC	90.05	3,768	0	0	29.00	
30.00	MULTI SPECIALTY CLINIC	90.06	13,103	0	0	30.00	
31.00	EMERGENCY	91.00	6,574	0	0	31.00	
32.00	OBSERVATION BEDS (DISTINCT PART)	92.01	5,038	0	0	32.00	
33.00	PROMPTCARE	190.01	28,854	0	0	33.00	
34.00	COMMUNITY HEALTH SERVICES	190.11	8,608	0	0	34.00	
	O		629,908	1,719			
P - UTILITIES EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,036	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	126	0	2.00	
3.00	HOUSEKEEPING	9.00	0	460	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	288	0	4.00	
5.00	PHARMACY	15.00	0	14	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	2,546	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	30	0	7.00	
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	12	0	8.00	
9.00	OPERATING ROOM	50.00	0	651	0	9.00	
10.00	RECOVERY ROOM	51.00	0	153	0	10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	66	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,559	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	184,264	0	13.00	
14.00	CT SCAN	57.00	0	32	0	14.00	

RECLASSIFICATIONS

Provider CCN: 15-0051

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		
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	88	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	308	0	16.00	
17.00	LABORATORY	60.00	0	3,491	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	148	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	30,921	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	42	0	20.00	
21.00	CARDIAC REHABILITATION	76.97	0	5	0	21.00	
22.00	OP ONCOLOGY INFUSION CENTER	90.01	0	271	0	22.00	
23.00	PAIN CLINIC	90.03	0	7,558	0	23.00	
24.00	OP PSYCH CLINIC	90.05	0	42	0	24.00	
25.00	EMERGENCY	91.00	0	1,793	0	25.00	
26.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	37	0	26.00	
27.00	PROMPTCARE	190.01	0	86	0	27.00	
28.00	COMMUNITY HEALTH SERVICES	190.11	0	41,609	0	28.00	
	O		0	303,636			
R - OCCUPATIONAL HEALTH ADMIN							
1.00	PROMPTCARE	190.01	248,922	0	0	1.00	
	O		248,922	0			
S - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	680,369	192,339	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	25,903	15,687	0	2.00	
	O		706,272	208,026			
T - BEDFORD ALLOCATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	47,242	48,408	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	671,351	338,158	0	2.00	
3.00	OPERATION OF PLANT	7.00	13,515	9,762	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	108,039	49,365	0	4.00	
5.00	PHARMACY	15.00	345,889	130,853	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	42,648	18,915	0	6.00	
7.00	PHYSICAL THERAPY	66.00	85,383	26,427	0	7.00	
	O		1,314,067	621,888			
U - PAOLI ALLOCATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	23,136	23,707	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	319,994	165,378	0	2.00	
3.00	OPERATION OF PLANT	7.00	13,515	6,646	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	44,628	21,800	0	4.00	
5.00	PHARMACY	15.00	115,094	45,471	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	20,886	9,263	0	6.00	
7.00	PHYSICAL THERAPY	66.00	42,691	13,214	0	7.00	
	O		579,944	285,479			
V - LIBERTY BUILDING DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	127,729	9	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,640	9	2.00	
	O		0	131,369			
X - ACCRUED PTO							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	109,917	0	1.00	
	O		0	109,917			
AA - BLOOD STORAGE							
1.00	ELECTROCARDIOLOGY	69.00	0	36,280	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		0	36,280			
AB - PACU RECLASS							
1.00	RECOVERY ROOM	51.00	201,828	47,420	0	1.00	
2.00	CARDIAC CATHETERIZATION	59.00	464	412	0	2.00	
3.00	OBSERVATION BEDS (DISTINCT PART)	92.01	1,270,596	1,819,723	0	3.00	
	O		1,472,888	1,867,555			
AC - GRANT							
1.00	COMMUNITY HEALTH SERVICES	190.11	4,072,674	2,548,209	0	1.00	
2.00	OP ONCOLOGY INFUSION CENTER	90.01	0	544	0	2.00	
	O		4,072,674	2,548,753			
AD - PHYSICIAN							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,010,912	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
	O		0	3,010,912			

Provider CCN: 15-0051

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			
AE - SPOT AND RETENTION							
1.00	ADMINISTRATIVE & GENERAL	5.00	6,690,722	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
TOTALS			6,690,722	0			
500.00	Grand Total: Decreases		16,994,311	143,226,200		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2023 10:22 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,741,447	0	0	0	1,566,552	1.00
2.00	Land Improvements	2,058,207	0	0	0	40,325	2.00
3.00	Buildings and Fixtures	497,173,921	27,204,663	0	27,204,663	1,366,229	3.00
4.00	Building Improvements	15,000,999	0	0	0	1,249	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	236,490,576	27,520,659	0	27,520,659	120,491,255	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	770,465,150	54,725,322	0	54,725,322	123,465,610	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	770,465,150	54,725,322	0	54,725,322	123,465,610	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	18,174,895	0				1.00
2.00	Land Improvements	2,017,882	2,047,204				2.00
3.00	Buildings and Fixtures	523,012,355	143,654,369				3.00
4.00	Building Improvements	14,999,750	9,290,909				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	143,519,980	91,973,558				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	701,724,862	246,966,040				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	701,724,862	246,966,040				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

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

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

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	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	12,710,911	1,408,701	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	24,762,766	64,235	2.00
3.00	Total (sum of lines 1-2)	0	0	0	37,473,677	1,472,936	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-1,787,511	0	0	0	12,332,101	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	235,252	25,062,253	2.00
3.00	Total (sum of lines 1-2)	-1,787,511	0	0	235,252	37,394,354	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0051

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

Worksheet A-8

Date/Time Prepared:
5/30/2023 10:22 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-1,591,583	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-17,589,257			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	35,201,851			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** 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	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 MISCELLANEOUS INCOME	B	-13,740	OPERATING ROOM	50.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0051

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01	MI SCCELLANEOUS INCOME	B	-1,758,423	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02	MI SCCELLANEOUS INCOME	B	-779,286	OPERATION OF PLANT	7.00	0 33.02
33.03	MI SCCELLANEOUS INCOME	B	-38,000	HOUSEKEEPING	9.00	0 33.03
33.04	MI SCCELLANEOUS INCOME	B	-35,585	DIETARY	10.00	0 33.04
33.05	MI SCCELLANEOUS INCOME	B	-66,628	NURSING ADMINISTRATION	13.00	0 33.05
33.06	MI SCCELLANEOUS INCOME	B	-2,025	PHARMACY	15.00	0 33.06
33.07	MI SCCELLANEOUS INCOME	B	-23,332	ADULTS & PEDIATRICS	30.00	0 33.07
33.10	MI SCCELLANEOUS INCOME	B	-1,180	RADIOLOGY-DIAGNOSTIC	54.00	0 33.10
33.11	MI SCCELLANEOUS INCOME	B	-97,213	LABORATORY	60.00	0 33.11
33.12	MI SCCELLANEOUS INCOME	B	-98,092	PHYSICAL THERAPY	66.00	0 33.12
33.13	MI SCCELLANEOUS INCOME	B	-2,450	RADIOLOGY-THERAPEUTIC	55.00	0 33.13
33.14	MI SCCELLANEOUS INCOME	B	-12,500	ELECTROENCEPHALOGRAPHY	70.00	0 33.14
33.15	MI SCCELLANEOUS INCOME	B	-26,503	OP PHARMACY	73.01	0 33.15
33.16	MI SCCELLANEOUS INCOME	B	-38,666	CLINIC	90.00	0 33.16
33.17	MI SCCELLANEOUS INCOME	B	-949	OB CLINIC	90.04	0 33.17
33.19	MI SCCELLANEOUS INCOME	B	-25,920	PROMPTCARE	190.01	0 33.19
33.20	MI SCCELLANEOUS INCOME	B	-56,918	PHYSICIANS' PRIVATE OFFICES	192.00	0 33.20
33.21	UNNECESSARY BORROWING	A	-191,951	CAP REL COSTS-BLDG & FIXT	1.00	11 33.21
33.22	TELEPHONE EXPENSE	A		ADMINISTRATIVE & GENERAL	5.00	0 33.22
33.23	TELEPHONE EXPENSE	A		OPERATION OF PLANT	7.00	0 33.23
33.24	TELEPHONE EXPENSE	A		HOUSEKEEPING	9.00	0 33.24
33.25	TELEPHONE EXPENSE	A	-76	NURSING ADMINISTRATION	13.00	0 33.25
33.26	TELEPHONE EXPENSE	A		ADULTS & PEDIATRICS	30.00	0 33.26
33.27	TELEPHONE EXPENSE	A		INTENSIVE CARE UNIT	31.00	0 33.27
33.28	TELEPHONE EXPENSE	A		CORONARY CARE UNIT	32.00	0 33.28
33.29	TELEPHONE EXPENSE	A		NEONATAL INTENSIVE CARE UNIT	35.00	0 33.29
33.31	TELEPHONE EXPENSE	A		OPERATING ROOM	50.00	0 33.31
33.32	TELEPHONE EXPENSE	A		RECOVERY ROOM	51.00	0 33.32
33.33	TELEPHONE EXPENSE	A		DELIVERY ROOM & LABOR ROOM	52.00	0 33.33
33.34	TELEPHONE EXPENSE	A		RADIOLOGY-DIAGNOSTIC	54.00	0 33.34
33.35	TELEPHONE EXPENSE	A		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 33.35
33.36	TELEPHONE EXPENSE	A		CARDIAC CATHETERIZATION	59.00	0 33.36
33.37	TELEPHONE EXPENSE	A		RESPIRATORY THERAPY	65.00	0 33.37
33.38	TELEPHONE EXPENSE	A		PHYSICAL THERAPY	66.00	0 33.38
33.39	TELEPHONE EXPENSE	A		ELECTROCARDIOLOGY	69.00	0 33.39
33.40	TELEPHONE EXPENSE	A		OP PSYCH CLINIC	90.05	0 33.40
33.41	PHYSICIAN RECRUITMENT	A		ADMINISTRATIVE & GENERAL	5.00	0 33.41
33.42	PHYSICIAN RECRUITMENT	A		ADULTS & PEDIATRICS	30.00	0 33.42
33.43	HAF FEES	A	-21,621,971	ADMINISTRATIVE & GENERAL	5.00	0 33.43
33.44	WEGMILLER CAPITALIZED INTEREST	A	-343	CAP REL COSTS-BLDG & FIXT	1.00	11 33.44
33.45	1983 CAPITALIZED INTEREST	A	-3,968	CAP REL COSTS-BLDG & FIXT	1.00	11 33.45
33.46	OTHER CARRYFORWARD ADJUSTMENTS	A	98,927	CAP REL COSTS-BLDG & FIXT	1.00	9 33.46
33.47	START UP COSTS	A	-9,217,424	ADMINISTRATIVE & GENERAL	5.00	0 33.47
33.48	NEW HOSPITAL START UP - AMORTIZATION	A	8,962,919	ADMINISTRATIVE & GENERAL	5.00	0 33.48
33.49	NONALLOWABLE MARKETING	A	-141,013	ADMINISTRATIVE & GENERAL	5.00	0 33.49
33.50	NONALLOWABLE MARKETING	A	-2,500	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.50
33.51	SIP PHARMACY RESIDENCY	A	56,762	PARAMED PRGM-PHARMACY RESIDENCY	23.00	0 33.51
33.52	BENEFIT EXPENSE	A	-21,949,898	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.52
33.53	CONTRIBUTION EXPENSE	A	-48,198	ADMINISTRATIVE & GENERAL	5.00	0 33.53
33.54	CONTRIBUTION EXPENSE	A	-3,544	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.54
33.55	CONTRIBUTION EXPENSE	A	-1,400	EMERGENCY	91.00	0 33.55
33.56	UNWONTED SITUATIONS	A		ADMINISTRATIVE & GENERAL	5.00	0 33.56
33.57	UNWONTED SITUATIONS	A	-7,676	NURSING ADMINISTRATION	13.00	0 33.57
33.58	NONALLOWABLE MARKETING	A	-498	NURSING ADMINISTRATION	13.00	0 33.58
33.59	NONALLOWABLE MARKETING	A	-11	ADULTS & PEDIATRICS	30.00	0 33.59
33.60	NONALLOWABLE MARKETING	A	-284	EMERGENCY	91.00	0 33.60
33.61	CONTRIBUTION EXPENSE	A	-231	OBSERVATION BEDS (DISTINCT PART)	92.01	0 33.61
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-31,128,777			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.

ADJUSTMENTS TO EXPENSES			Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet A-8 Date/Time Prepared: 5/30/2023 10:22 am	
Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	

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: 15-0051

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2023 10:22 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HO ALLOCATION	2,568,525	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HO ALLOCATION	3,135,250	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATION	21,990,989	0
3.01	5.00	ADMINISTRATIVE & GENERAL	HO ALLOCATION	64,677,556	57,861,679
3.02	30.00	ADULTS & PEDIATRICS	HO ALLOCATION	0	47,545
3.03	54.00	RADIOLOGY-DIAGNOSTIC	HO ALLOCATION	0	137,352
3.04	50.00	OPERATING ROOM	HO ALLOCATION	0	24,856
3.05	69.00	ELECTROCARDIOLOGY	HO ALLOCATION	0	9,392
4.00	91.00	EMERGENCY	SIP ER	6,181,066	5,270,711
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED EMPLOYEES	116,623	116,623
4.02	5.00	ADMINISTRATIVE & GENERAL	SHARED EMPLOYEES	199,300	199,300
4.03	30.00	ADULTS & PEDIATRICS	SHARED EMPLOYEES	5,716,826	5,716,826
4.04	35.00	NEONATAL INTENSIVE CARE UNIT	SHARED EMPLOYEES	546,705	546,705
4.05	50.00	OPERATING ROOM	SHARED EMPLOYEES	2,199,444	2,199,444
4.06	55.00	RADIOLOGY-THERAPEUTIC	SHARED EMPLOYEES	359,975	359,975
4.07	57.00	CT SCAN	SHARED EMPLOYEES	17,500	17,500
4.08	60.00	LABORATORY	SHARED EMPLOYEES	16,676,628	16,676,628
4.09	70.00	ELECTROENCEPHALOGRAPHY	SHARED EMPLOYEES	2,052,198	2,052,198
4.10	90.01	OP ONCOLOGY INFUSION CENTER	SHARED EMPLOYEES	240,912	240,912
4.11	90.02	WOUND CARE CENTER	SHARED EMPLOYEES	2,314	2,314
4.12	90.03	PAIN CLINIC	SHARED EMPLOYEES	2,314	2,314
4.14	190.01	PROMPTCARE	SHARED EMPLOYEES	407,222	407,222
4.16	190.11	COMMUNITY HEALTH SERVICES	SHARED EMPLOYEES	60,308	60,308
4.17	0.00		0	0	0
4.18	0.00		0	0	0
5.00	0		0	127,151,655	91,949,804

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

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

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

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

6.00	C		0.00	IU HEALTH SIP	0.00	6.00
7.00	C		0.00	IU HEALTH PAOLI	0.00	7.00
8.00	B	IU HEALTH	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: 15-0051

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2023 10:22 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,568,525	9		1.00
2.00	3,135,250	9		2.00
3.00	21,990,989	0		3.00
3.01	6,815,877	0		3.01
3.02	-47,545	0		3.02
3.03	-137,352	0		3.03
3.04	-24,856	0		3.04
3.05	-9,392	0		3.05
4.00	910,355	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	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
4.14	0	0		4.14
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
5.00	35,201,851			5.00

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

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

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

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

6.00	PHYSICIAN GROUP		6.00
7.00	HOSPITAL		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: 15-0051

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2023 10:22 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	30.00	ADULTS & PEDIATRICS	5,425,428	5,425,428	0	0	0	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	528,322	218,563	309,759	169,700	2,351	2.00
3.00	50.00	OPERATING ROOM	3,677,248	3,677,248	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	340,859	340,859	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	259,732	259,732	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	6,750	6,750	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	2,051,298	2,051,298	0	0	0	7.00
8.00	90.01	OP ONCOLOGY INFUSION CENTER	347,687	347,687	0	0	0	8.00
9.00	90.02	WOUND CARE CENTER	132	132	0	0	0	9.00
10.00	91.00	EMERGENCY	5,582,982	4,038,564	1,544,418	211,500	4,321	10.00
200.00			18,220,438	16,366,261	1,854,177		6,672	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	191,810	9,591	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	7.00
8.00	90.01	OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	8.00
9.00	90.02	WOUND CARE CENTER	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	439,371	21,969	0	0	0	10.00
200.00			631,181	31,560	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	30.00	ADULTS & PEDIATRICS	0	0	0	5,425,428	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	191,810	117,949	336,512	2.00
3.00	50.00	OPERATING ROOM	0	0	0	3,677,248	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	340,859	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	259,732	5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	6,750	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	2,051,298	7.00
8.00	90.01	OP ONCOLOGY INFUSION CENTER	0	0	0	347,687	8.00
9.00	90.02	WOUND CARE CENTER	0	0	0	132	9.00
10.00	91.00	EMERGENCY	0	439,371	1,105,047	5,143,611	10.00
200.00			0	631,181	1,222,996	17,589,257	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 10:22 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	12,332,101	12,332,101			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	25,062,253		25,062,253		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	23,339,464	0	0	23,339,464	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	77,703,615	740,970	1,505,857	742,971	5.00
7.00 00700	OPERATION OF PLANT	14,436,764	998,038	2,028,291	421,945	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	253,673	0	0	0	8.00
9.00 00900	HOUSEKEEPING	5,612,934	52,694	107,088	311,601	9.00
10.00 01000	DIETARY	3,267,202	246,136	500,216	322,446	10.00
11.00 01100	CAFETERIA	1,687,071	145,693	296,089	152,353	11.00
13.00 01300	NURSING ADMINISTRATION	16,879,632	73,086	148,532	2,471,588	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	13,303,449	124,937	253,906	0	14.00
15.00 01500	PHARMACY	8,209,731	94,604	192,261	917,879	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	32,251	65,544	0	16.00
18.00 01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01 01851	CENTRAL SERVICE LI ZATION	1,706,955	194,021	394,304	147,819	18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	475,988	16,886	34,318	59,494	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	47,219,312	2,646,215	5,377,843	4,715,634	30.00
31.00 03100	INTENSIVE CARE UNIT	7,466,771	231,631	470,738	873,821	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	3,436,908	212,363	431,580	417,488	35.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	997,648	97,465	198,076	127,533	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	17,760,310	847,052	1,721,446	1,309,746	50.00
50.01 05001	CV SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	7,747,188	561,554	1,141,233	1,020,268	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,923,425	346,694	704,578	506,380	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,657,378	548,885	1,115,486	559,593	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	3,279,811	12,950	26,318	372,144	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	2,056,099	61,129	124,230	97,260	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	977,613	85,755	174,279	97,058	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,180,888	489,526	994,852	370,800	59.00
60.00 06000	LABORATORY	18,220,305	240,000	487,746	37	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	4,608,746	8,418	17,109	665,626	65.00
66.00 06600	PHYSICAL THERAPY	6,823,271	400,644	814,220	984,457	66.00
69.00 06900	ELECTROCARDIOLOGY	1,395,329	71,763	145,843	175,696	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	151,102	0	0	17,105	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,865,731	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	16,245,225	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	38,197,460	0	0	0	73.00
73.01 07302	OP PHARMACY	3,338,795	46,475	94,450	75,277	73.01
74.00 07400	RENAL DIALYSIS	1,651,512	48,972	99,526	0	74.00
76.97 07697	CARDIAC REHABILITATION	696,257	0	0	85,124	76.97
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,669,234	313,169	636,446	251,180	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	5,979,846	503,799	1,023,859	832,716	90.01
90.02 09002	WOUND CARE CENTER	727,301	77,238	156,969	99,425	90.02
90.03 09003	PAIN CLINIC	741,750	49,617	100,836	84,536	90.03
90.04 09004	OB CLINIC	2,881,244	516,005	1,048,665	428,837	90.04
90.05 09005	OP PSYCH CLINIC	1,143,685	200,554	407,581	167,259	90.05
90.06 09006	MULTI SPECIALTY CLINIC	2,361,233	0	0	317,373	90.06
91.00 09100	EMERGENCY	19,124,098	582,029	1,182,845	1,259,930	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	4,679,266	153,764	312,492	318,873	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

Period:
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	450,475,573	12,072,982	24,535,652	21,779,272	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,758	0	0	5,562	190.00
190.01	19001	PROMPTCARE	3,116,780	106,446	216,328	352,068	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	1,914,815	0	0	190,316	190.11
191.00	19100	RESEARCH	7,046	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	6,713,469	0	0	673,785	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	43,292	0	0	32,072	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	865,423	49,287	100,164	93,667	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	1,935,955	103,386	210,109	212,236	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	135,286	0	0	356	194.03
194.04	07954	HOME CARE	0	0	0	0	194.04
194.05	07955	HOSPICE	8,798	0	0	130	194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	465,254,195	12,332,101	25,062,253	23,339,464	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/30/2023 10:22 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	80,693,413					5.00
7.00	00700	OPERATION OF PLANT	3,752,871	21,637,909				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	53,229	0	306,902			8.00
9.00	00900	HOUSEKEEPING	1,276,690	107,634	51	7,468,692		9.00
10.00	01000	DIETARY	909,836	502,767	1,775	21,462	5,771,840	10.00
11.00	01100	CAFETERIA	478,672	297,600	0	12,877	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,107,027	149,290	54	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,870,996	255,201	0	206,033	0	14.00
15.00	01500	PHARMACY	1,975,468	193,242	0	77,262	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,521	65,878	0	34,339	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	512,643	396,315	1,869	0	0	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	123,106	34,493	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,581,249	5,405,270	109,518	3,708,591	5,225,300	30.00
31.00	03100	INTENSIVE CARE UNIT	1,897,512	473,139	12,313	326,219	546,540	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	943,900	433,781	1,926	0	0	35.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	298,114	199,087	3,813	114,177	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,540,483	1,730,226	52,513	686,776	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,197,002	1,147,054	8,030	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,359,944	708,171	14,156	289,305	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,653,766	1,121,176	24,129	206,033	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	774,540	26,453	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	490,740	124,864	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	280,065	175,168	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,266,566	999,926	9,528	0	0	59.00
60.00	06000	LABORATORY	3,975,934	490,234	0	34,339	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,112,094	17,196	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,893,238	818,373	0	77,262	0	66.00
69.00	06900	ELECTROCARDIOLOGY	375,314	146,587	3,844	206,033	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35,295	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,070,156	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,408,784	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,015,088	0	0	0	0	73.00
73.01	07302	OP PHARMACY	745,956	94,932	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	377,701	100,033	700	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	163,960	0	29	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	602,227	639,692	89	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	1,750,053	1,029,082	6,413	0	0	90.01
90.02	09002	WOUND CARE CENTER	222,619	157,769	0	0	0	90.02
90.03	09003	PAIN CLINIC	204,952	101,351	0	51,508	0	90.03
90.04	09004	OB CLINIC	1,022,884	1,054,014	49	0	0	90.04
90.05	09005	OP PSYCH CLINIC	402,686	409,660	0	0	0	90.05
90.06	09006	MULTI SPECIALTY CLINIC	562,060	0	58	0	0	90.06
91.00	09100	EMERGENCY	4,647,571	1,188,878	48,378	1,339,214	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	1,146,610	314,086	7,667	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	77,100,122	21,108,622	306,902	7,391,430	5,771,840	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,090	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.01	19001	PROMPTCARE	795,607	217,431	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	77,262	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	441,726	0	0	0	0	190.11
191.00	19100	RESEARCH	1,478	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	1,550,090	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,814	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	232,608	100,675	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	516,543	211,181	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	28,462	0	0	0	0	194.03
194.04	07954	HOME CARE	0	0	0	0	0	194.04
194.05	07955	HOSPICE	1,873	0	0	0	0	194.05
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)	80,693,413	21,637,909	306,902	7,468,692	5,771,840	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,070,355					11.00
13.00	01300	233,570	24,062,779				13.00
14.00	01400	0	0	17,014,522			14.00
15.00	01500	119,802	304	85,736	11,866,289		15.00
16.00	01600	0	0	0	0	218,533	16.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	34,362	2,577	19,778	0	0	18.01
23.00	02301	9,425	0	6	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	614,150	8,409,594	422,255	77,436	23,862	30.00
31.00	03100	108,861	1,638,801	132,929	33,849	3,584	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	44,738	703,676	24,078	5,856	1,521	35.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	12,456	188,424	7,023	721	427	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	181,970	1,903,446	3,612,408	44,983	28,808	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	131,445	1,872,426	87,718	38,279	5,473	51.00
52.00	05200	48,317	716,465	78,976	12,144	3,633	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	84,046	150,009	15,025	3,767	4,570	54.00
55.00	05500	59,432	136,260	2,313	3,018	10,872	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	14,152	0	22,119	6,294	4,022	57.00
58.00	05800	13,784	0	654	4,219	1,166	58.00
59.00	05900	50,060	554,772	505,051	19,819	10,124	59.00
60.00	06000	112,625	128	739	0	14,310	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	83,107	0	242,188	148	2,340	65.00
66.00	06600	161,830	1,280	2,806	0	2,732	66.00
69.00	06900	31,549	57,974	15,147	3,280	3,868	69.00
70.00	07000	2,574	0	9,934	0	185	70.00
71.00	07100	0	0	4,258,069	0	9,445	71.00
72.00	07200	0	0	7,011,454	0	18,331	72.00
73.00	07300	0	0	0	11,392,659	33,063	73.00
73.01	07302	11,380	1,601	1,342	0	349	73.01
74.00	07400	0	0	2,256	1,519	659	74.00
76.97	07697	15,208	94,116	594	0	332	76.97
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	38,886	231,352	3,205	2,083	195	90.00
90.01	09001	121,617	1,618,746	77,343	75,420	5,025	90.01
90.02	09002	17,049	177,380	12,758	0	641	90.02
90.03	09003	18,441	84,656	21,649	154	368	90.03
90.04	09004	76,836	806,676	12,860	0	280	90.04
90.05	09005	38,046	171,473	2,542	0	515	90.05
90.06	09006	62,450	492,348	19,707	0	416	90.06
91.00	09100	188,186	2,724,559	252,019	133,264	25,752	91.00
92.00	09200						92.00
92.01	09202	43,630	575,099	41,183	7,330	1,665	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		2,783,984	23,314,142	17,003,864	11,866,242	218,533	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,860	0	0	0	0
190.01	19001	PROMPTCARE	61,441	286,189	7,823	0	0
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0
190.03	19003	OLCOTT	0	0	0	0	0
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0
190.05	19005	FOUNDATION	0	0	0	0	0
190.06	19006	MARKETING	0	0	0	0	0
190.07	19007	HME STORE	0	0	0	0	0
190.08	19008	UNUSED SPACE	0	0	0	0	0
190.09	19009	CLINICAL TRIALS	0	0	0	0	0
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0
190.11	19011	COMMUNITY HEALTH SERVICES	183,319	461,520	2,788	0	0
191.00	19100	RESEARCH	0	0	0	0	0
191.01	19101	RESEARCH	0	0	0	0	0
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,600	0	15	47	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	IU HEALTH PAOLI HOSPITAL	10,481	0	0	0	0
194.01	07951	IU HEALTH BEDFORD HOSPITAL	23,550	0	0	0	0
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0
194.03	07953	IU HEALTH SIP	102	640	32	0	0
194.04	07954	HOME CARE	0	0	0	0	0
194.05	07955	HOSPICE	18	288	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,070,355	24,062,779	17,014,522	11,866,289	218,533

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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Cost Center Description	OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SOCI AL SERVI CES	CENTRAL STERILI ZATI ON	PARAMED ED PRGM-PHARMACY RESIDENCY		
	18.00	18.01	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
18.00 01850	SOCI AL SERVI CES	0			18.00
18.01 01851	CENTRAL STERILI ZATI ON	0	3,410,643		18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	753,716	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	0	96,536,229
31.00 03100	INTENSIVE CARE UNIT	0	0	0	14,216,708
32.00 03200	CORONARY CARE UNIT	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	6,657,815
42.00 04200	SUBPROVIDER	0	0	0	0
43.00 04300	NURSERY	0	0	0	2,244,964
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	3,410,643	0	37,830,810
50.01 05001	CV SURGERY	0	0	0	0
51.00 05100	RECOVERY ROOM	0	0	0	15,957,670
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,712,188
53.00 05300	ANESTHESIOLOGY	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	11,143,863
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	4,704,111
56.00 05600	RADIOISOTOPE	0	0	0	0
57.00 05700	CT SCAN	0	0	0	3,000,909
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,809,761
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	9,451,912
60.00 06000	LABORATORY	0	0	0	23,576,397
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	6,756,972
66.00 06600	PHYSICAL THERAPY	0	0	0	11,980,113
69.00 06900	ELECTROCARDIOLOGY	0	0	0	2,632,227
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	216,195
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	16,203,401
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	26,683,794
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	753,716	58,391,986
73.01 07302	OP PHARMACY	0	0	0	4,410,557
74.00 07400	RENAL DIALYSIS	0	0	0	2,282,878
76.97 07697	CARDIAC REHABILITATION	0	0	0	1,055,620
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	4,387,758
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	0	0	13,023,919
90.02 09002	WOUND CARE CENTER	0	0	0	1,649,149
90.03 09003	PAIN CLINIC	0	0	0	1,459,818
90.04 09004	OB CLINIC	0	0	0	7,848,350
90.05 09005	OP PSYCH CLINIC	0	0	0	2,944,001
90.06 09006	MULTI SPECIALTY CLINIC	0	0	0	3,815,645
91.00 09100	EMERGENCY	0	0	0	32,696,723
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	7,601,665
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0
95.00 09500	AMBULANCE SERVICES	0	0	0	0
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
114.00 11400	UTILIZATION REVIEW-SNF				114.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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Cost Center Description		OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SOCI AL SERVI CES	CENTRAL STERIL I ZATI ON	PARAMED ED PRGM-PHARMACY RESI DENCY				
		18.00	18.01	23.00				
115.00	11500	AMBULATORY SURGI CAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPI CE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,410,643	753,716	442,884,108	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	54,270	0	190.00
190.01	19001	PROMPTCARE	0	0	0	5,160,113	0	190.01
190.02	19002	RENTAL PROPERT IES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	190.03
190.04	19004	PHYSI CI AN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATI ON	0	0	0	0	0	190.05
190.06	19006	MARKETI NG	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	77,262	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINI CAL TRI ALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINI C	0	0	0	0	0	190.10
190.11	19011	COMMUNI TY HEALTH SERVI CES	0	0	0	3,194,484	0	190.11
191.00	19100	RESEAR CH	0	0	0	8,524	0	191.00
191.01	19101	RESEAR CH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTI VI TI ES	0	0	0	8,937,344	0	191.02
192.00	19200	PHYSI CI ANS' PRI VATE OFFI CES	0	0	0	96,840	0	192.00
193.00	19300	NONPAI D WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPI TAL	0	0	0	1,452,305	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPI TAL	0	0	0	3,212,960	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPI TAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SI P	0	0	0	164,878	0	194.03
194.04	07954	HOME CARE	0	0	0	0	0	194.04
194.05	07955	HOSPI CE	0	0	0	11,107	0	194.05
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,410,643	753,716	465,254,195	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/30/2023 10:22 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
18.00	01850	SOCIAL SERVICES	18.00
18.01	01851	CENTRAL STERILIZATION	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	CV SURGERY	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07302	OP PHARMACY	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	90.01
90.02	09002	WOUND CARE CENTER	90.02
90.03	09003	PAIN CLINIC	90.03
90.04	09004	OB CLINIC	90.04
90.05	09005	OP PSYCH CLINIC	90.05
90.06	09006	MULTI SPECIALTY CLINIC	90.06
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	92.01
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
95.00	09500	AMBULANCE SERVICES	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	100.00
101.00	10100	HOME HEALTH AGENCY	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	102.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
114.00	11400	UTILIZATION REVIEW-SNF	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	115.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	PROMPTCARE	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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Cost Center Description		Total	
		26.00	
190.02	19002 RENTAL PROPERTIES	0	190.02
190.03	19003 OLCOTT	0	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	190.04
190.05	19005 FOUNDATION	0	190.05
190.06	19006 MARKETING	0	190.06
190.07	19007 HME STORE	77,262	190.07
190.08	19008 UNUSED SPACE	0	190.08
190.09	19009 CLINICAL TRIALS	0	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	3,194,484	190.11
191.00	19100 RESEARCH	8,524	191.00
191.01	19101 RESEARCH	0	191.01
191.02	19102 OTHER SPONSORED ACTIVITIES	8,937,344	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	96,840	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	1,452,305	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	3,212,960	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	194.02
194.03	07953 IU HEALTH SIP	164,878	194.03
194.04	07954 HOME CARE	0	194.04
194.05	07955 HOSPICE	11,107	194.05
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	465,254,195	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	740,970	1,505,857	5.00
7.00 00700	OPERATION OF PLANT	0	998,038	2,028,291	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	52,694	107,088	9.00
10.00 01000	DIETARY	0	246,136	500,216	10.00
11.00 01100	CAFETERIA	0	145,693	296,089	11.00
13.00 01300	NURSING ADMINISTRATION	0	73,086	148,532	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	124,937	253,906	14.00
15.00 01500	PHARMACY	0	94,604	192,261	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	32,251	65,544	16.00
18.00 01850	SOCIAL SERVICES	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	0	194,021	394,304	18.01
23.00 02301	PARAMED PRGM-PHARMACY RESIDENCY	0	16,886	34,318	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	2,646,215	5,377,843	30.00
31.00 03100	INTENSIVE CARE UNIT	0	231,631	470,738	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	212,363	431,580	35.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	97,465	198,076	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	847,052	1,721,446	50.00
50.01 05001	CV SURGERY	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	561,554	1,141,233	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	346,694	704,578	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	548,885	1,115,486	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	12,950	26,318	55.00
56.00 05600	RADIOISOTOPE	0	0	0	56.00
57.00 05700	CT SCAN	0	61,129	124,230	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	85,755	174,279	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	489,526	994,852	59.00
60.00 06000	LABORATORY	0	240,000	487,746	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	8,418	17,109	65.00
66.00 06600	PHYSICAL THERAPY	0	400,644	814,220	66.00
69.00 06900	ELECTROCARDIOLOGY	0	71,763	145,843	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.01 07302	OP PHARMACY	0	46,475	94,450	73.01
74.00 07400	RENAL DIALYSIS	0	48,972	99,526	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	313,169	636,446	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	503,799	1,023,859	90.01
90.02 09002	WOUND CARE CENTER	0	77,238	156,969	90.02
90.03 09003	PAIN CLINIC	0	49,617	100,836	90.03
90.04 09004	OB CLINIC	0	516,005	1,048,665	90.04
90.05 09005	OP PSYCH CLINIC	0	200,554	407,581	90.05
90.06 09006	MULTI SPECIALTY CLINIC	0	0	0	90.06
91.00 09100	EMERGENCY	0	582,029	1,182,845	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	153,764	312,492	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE	0	0	0	113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	2.00		
116.00 11600 HOSPICE	0	0	0	0	0
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	12,072,982	24,535,652	36,608,634	0
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01 19001 PROMPTCARE	0	106,446	216,328	322,774	0
190.02 19002 RENTAL PROPERTIES	0	0	0	0	0
190.03 19003 OLCOTT	0	0	0	0	0
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0
190.05 19005 FOUNDATION	0	0	0	0	0
190.06 19006 MARKETING	0	0	0	0	0
190.07 19007 HME STORE	0	0	0	0	0
190.08 19008 UNUSED SPACE	0	0	0	0	0
190.09 19009 CLINICAL TRIALS	0	0	0	0	0
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0
190.11 19011 COMMUNITY HEALTH SERVICES	0	0	0	0	0
191.00 19100 RESEARCH	0	0	0	0	0
191.01 19101 RESEARCH	0	0	0	0	0
191.02 19102 OTHER SPONSORED ACTIVITIES	0	0	0	0	0
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00 19300 NONPAID WORKERS	0	0	0	0	0
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	49,287	100,164	149,451	0
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	103,386	210,109	313,495	0
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0
194.03 07953 IU HEALTH SIP	0	0	0	0	0
194.04 07954 HOME CARE	0	0	0	0	0
194.05 07955 HOSPICE	0	0	0	0	0
200.00 Cross Foot Adjustments				0	200.00
201.00 Negative Cost Centers		0	0	0	0
202.00 TOTAL (sum lines 118 through 201)	0	12,332,101	25,062,253	37,394,354	0

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/30/2023 10:22 am		
Cost Center Description				ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
				5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,246,827					5.00
7.00	00700	OPERATION OF PLANT	104,502	3,130,831				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,482	0	1,482			8.00
9.00	00900	HOUSEKEEPING	35,551	15,574	0		210,907	9.00
10.00	01000	DIETARY	25,335	72,746	9		606	845,048
11.00	01100	CAFETERIA	13,329	43,060	0		364	0
13.00	01300	NURSING ADMINISTRATION	114,364	21,601	0		0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	79,946	36,926	0		5,818	0
15.00	01500	PHARMACY	55,009	27,961	0		2,182	0
16.00	01600	MEDICAL RECORDS & LIBRARY	571	9,532	0		970	0
18.00	01850	SOCIAL SERVICES	0	0	0		0	0
18.01	01851	CENTRAL STERILIZATION	14,275	57,344	9		0	0
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	3,428	4,991	0		0	0
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	350,179	782,099	530		104,724	765,030
31.00	03100	INTENSIVE CARE UNIT	52,838	68,459	59		9,212	80,018
32.00	03200	CORONARY CARE UNIT	0	0	0		0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	26,284	62,765	9		0	0
42.00	04200	SUBPROVIDER	0	0	0		0	0
43.00	04300	NURSERY	8,301	28,806	18		3,224	0
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	126,434	250,350	254		19,394	0
50.01	05001	CV SURGERY	0	0	0		0	0
51.00	05100	RECOVERY ROOM	61,178	165,969	39		0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,869	102,467	68		8,170	0
53.00	05300	ANESTHESIOLOGY	0	0	0		0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,051	162,225	117		5,818	0
55.00	05500	RADIOLOGY-THERAPEUTIC	21,568	3,827	0		0	0
56.00	05600	RADIOISOTOPE	0	0	0		0	0
57.00	05700	CT SCAN	13,665	18,067	0		0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,799	25,345	0		0	0
59.00	05900	CARDIAC CATHETERIZATION	35,269	144,681	46		0	0
60.00	06000	LABORATORY	110,714	70,933	0		970	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0		0	0
65.00	06500	RESPIRATORY THERAPY	30,967	2,488	0		0	0
66.00	06600	PHYSICAL THERAPY	52,719	118,412	0		2,182	0
69.00	06900	ELECTROCARDIOLOGY	10,451	21,210	19		5,818	0
70.00	07000	ELECTROENCEPHALOGRAPHY	983	0	0		0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	57,645	0	0		0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	94,921	0	0		0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	223,188	0	0		0	0
73.01	07302	OP PHARMACY	20,772	13,736	0		0	0
74.00	07400	RENAL DIALYSIS	10,517	14,474	3		0	0
76.97	07697	CARDIAC REHABILITATION	4,566	0	0		0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0		0	0
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	16,770	92,558	0		0	0
90.01	09001	OP ONCOLOGY INFUSION CENTER	48,732	148,900	31		0	0
90.02	09002	WOUND CARE CENTER	6,199	22,828	0		0	0
90.03	09003	PAIN CLINIC	5,707	14,665	0		1,455	0
90.04	09004	OB CLINIC	28,483	152,507	0		0	0
90.05	09005	OP PSYCH CLINIC	11,213	59,274	0		0	0
90.06	09006	MULTI SPECIALTY CLINIC	15,651	0	0		0	0
91.00	09100	EMERGENCY	129,416	172,021	234		37,818	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	31,928	45,446	37		0	0
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		0	0
95.00	09500	AMBULANCE SERVICES	0	0	0		0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0		0	0
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		0	0
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		0	0
116.00	11600	HOSPICE	0	0	0		0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,146,769	3,054,247	1,482		208,725	845,048
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	253	0	0		0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.01	19001	PROMPTCARE	22,154	31,461	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	2,182	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	12,300	0	0	0	0	190.11
191.00	19100	RESEARCH	41	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	43,164	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	440	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	6,477	14,567	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	14,384	30,556	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	793	0	0	0	0	194.03
194.04	07954	HOME CARE	0	0	0	0	0	194.04
194.05	07955	HOSPICE	52	0	0	0	0	194.05
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)	2,246,827	3,130,831	1,482	210,907	845,048	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0051		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 10:22 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	498,535					11.00
13.00	01300	NURSING ADMINISTRATION	37,925	395,508				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	501,533			14.00
15.00	01500	PHARMACY	19,452	5	2,527	394,001		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	108,868	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	5,579	42	583	0	0	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	1,530	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	99,723	138,226	12,446	2,571	11,813	30.00
31.00	03100	INTENSIVE CARE UNIT	17,676	26,936	3,918	1,124	1,774	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,264	11,566	710	194	753	35.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,023	3,097	207	24	211	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,546	31,286	106,480	1,494	14,261	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	21,343	30,776	2,586	1,271	2,709	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,845	11,776	2,328	403	1,799	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,647	2,466	443	125	2,262	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,650	2,240	68	100	5,382	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,298	0	652	209	1,991	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,238	0	19	140	577	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,128	9,118	14,887	658	5,012	59.00
60.00	06000	LABORATORY	18,287	2	22	0	7,084	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,494	0	7,139	5	1,158	65.00
66.00	06600	PHYSICAL THERAPY	26,276	21	83	0	1,353	66.00
69.00	06900	ELECTROCARDIOLOGY	5,123	953	446	109	1,915	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	418	0	293	0	92	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	125,512	0	4,676	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	206,680	0	9,075	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	378,276	17,053	73.00
73.01	07302	OP PHARMACY	1,848	26	40	0	173	73.01
74.00	07400	RENAL DIALYSIS	0	0	66	50	326	74.00
76.97	07697	CARDIAC REHABILITATION	2,469	1,547	18	0	164	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,314	3,803	94	69	96	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	19,747	26,606	2,280	2,504	2,487	90.01
90.02	09002	WOUND CARE CENTER	2,768	2,915	376	0	317	90.02
90.03	09003	PAIN CLINIC	2,994	1,391	638	5	182	90.03
90.04	09004	OB CLINIC	12,476	13,259	379	0	139	90.04
90.05	09005	OP PSYCH CLINIC	6,177	2,818	75	0	255	90.05
90.06	09006	MULTI SPECIALTY CLINIC	10,140	8,092	581	0	206	90.06
91.00	09100	EMERGENCY	30,556	44,782	7,429	4,425	12,749	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	7,084	9,453	1,214	243	824	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	452,038	383,202	501,219	393,999	108,868	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	302	0	0	0	190.00
190.01	19001	PROMPTCARE	9,976	4,704	231	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	29,765	7,586	82	0	190.11
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	909	0	0	2	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	1,702	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	3,824	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	16	11	1	0	194.03
194.04	07954	HOME CARE	0	0	0	0	194.04
194.05	07955	HOSPICE	3	5	0	0	194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	498,535	395,508	501,533	394,001	108,868 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

Period:
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To 12/31/2022

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Cost Center Description	OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SOCI AL SERVI CES	CENTRAL STERIL I ZATI ON	PARAMED ED PRGM-PHARMACY RESIDENCY		
	18.00	18.01	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
18.00 01850	SOCI AL SERVI CES	0			18.00
18.01 01851	CENTRAL STERIL I ZATI ON	0	666,157		18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	61,153	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	10,291,399	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	964,383	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0 32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	753,488	0 35.00
42.00 04200	SUBPROVIDER	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	341,452	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	666,157	3,814,154	0 50.00
50.01 05001	CV SURGERY	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	0	0	1,988,658	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	1,223,997	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	1,897,525	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	82,103	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	222,241	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	296,152	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	1,702,177	0 59.00
60.00 06000	LABORATORY	0	0	935,758	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	80,778	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	1,415,910	0 66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	263,650	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	1,786	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	187,833	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	310,676	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	618,517	0 73.00
73.01 07302	OP PHARMACY	0	0	177,520	0 73.01
74.00 07400	RENAL DIALYSIS	0	0	173,934	0 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	8,764	0 76.97
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	1,069,319	0 90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	0	1,778,945	0 90.01
90.02 09002	WOUND CARE CENTER	0	0	269,610	0 90.02
90.03 09003	PAIN CLINIC	0	0	177,490	0 90.03
90.04 09004	OB CLINIC	0	0	1,771,913	0 90.04
90.05 09005	OP PSYCH CLINIC	0	0	687,947	0 90.05
90.06 09006	MULTI SPECIALTY CLINIC	0	0	34,670	0 90.06
91.00 09100	EMERGENCY	0	0	2,204,304	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0 92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	562,485	0 92.01
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0 94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0 95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0 100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0 101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
114.00 11400	UTILIZATION REVIEW-SNF				114.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

Period:
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To 12/31/2022

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Part II
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Cost Center Description		OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SOCI AL SERVI CES	CENTRAL STERI LI ZATI ON	PARAMED ED PRGM-PHARMACY RESI DENCY			
		18.00	18.01	23.00			
115.00	11500	AMBULATORY SURGI CAL CENTER (D. P.)	0	0	0	0	115.00
116.00	11600	HOSPI CE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	666,157	0	36,309,538	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	555	0	190.00
190.01	19001	PROMPTCARE	0	0	391,300	0	190.01
190.02	19002	RENTAL PROPERT IES	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	190.03
190.04	19004	PHYSI CI AN RECRUITMENT	0	0	0	0	190.04
190.05	19005	FOUNDATI ON	0	0	0	0	190.05
190.06	19006	MARKETI NG	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	2,182	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	190.08
190.09	19009	CLINI CAL TRI ALS	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINI C	0	0	0	0	190.10
190.11	19011	COMMUNI TY HEALTH SERVI CES	0	0	49,733	0	190.11
191.00	19100	RESEAR CH	0	0	41	0	191.00
191.01	19101	RESEAR CH	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTI VI TI ES	0	0	43,164	0	191.02
192.00	19200	PHYSI CI ANS' PRI VATE OFFI CES	0	0	1,351	0	192.00
193.00	19300	NONPAI D WORKERS	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPI TAL	0	0	172,197	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPI TAL	0	0	362,259	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPI TAL	0	0	0	0	194.02
194.03	07953	IU HEALTH SI P	0	0	821	0	194.03
194.04	07954	HOME CARE	0	0	0	0	194.04
194.05	07955	HOSPI CE	0	0	60	0	194.05
200.00		Cross Foot Adjustments			61,153	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	666,157	61,153	37,394,354	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/30/2023 10:22 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
18.00	01850	SOCIAL SERVICES	18.00
18.01	01851	CENTRAL STERILIZATION	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	CV SURGERY	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07302	OP PHARMACY	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	90.01
90.02	09002	WOUND CARE CENTER	90.02
90.03	09003	PAIN CLINIC	90.03
90.04	09004	OB CLINIC	90.04
90.05	09005	OP PSYCH CLINIC	90.05
90.06	09006	MULTI SPECIALTY CLINIC	90.06
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	92.01
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
95.00	09500	AMBULANCE SERVICES	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	100.00
101.00	10100	HOME HEALTH AGENCY	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	102.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
114.00	11400	UTILIZATION REVIEW-SNF	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	115.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	PROMPTCARE	190.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 10:22 am

Cost Center Description		Total	
		26.00	
190.02	19002 RENTAL PROPERTIES	0	190.02
190.03	19003 OLCOTT	0	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	190.04
190.05	19005 FOUNDATION	0	190.05
190.06	19006 MARKETING	0	190.06
190.07	19007 HME STORE	2,182	190.07
190.08	19008 UNUSED SPACE	0	190.08
190.09	19009 CLINICAL TRIALS	0	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	49,733	190.11
191.00	19100 RESEARCH	41	191.00
191.01	19101 RESEARCH	0	191.01
191.02	19102 OTHER SPONSORED ACTIVITIES	43,164	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,351	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	172,197	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	362,259	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	194.02
194.03	07953 IU HEALTH SIP	821	194.03
194.04	07954 HOME CARE	0	194.04
194.05	07955 HOSPICE	60	194.05
200.00	Cross Foot Adjustments	61,153	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	37,394,354	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1
Date/Time Prepared:
5/30/2023 10:22 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	745,631				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		745,631			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	144,506,749		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	44,801	44,801	4,600,124	-80,693,413	5.00
7.00 00700	OPERATION OF PLANT	60,344	60,344	2,612,487	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	3,186	3,186	1,929,288	0	9.00
10.00 01000	DIETARY	14,882	14,882	1,996,435	0	10.00
11.00 01100	CAFETERIA	8,809	8,809	943,295	0	11.00
13.00 01300	NURSING ADMINISTRATION	4,419	4,419	15,302,909	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,554	7,554	0	0	14.00
15.00 01500	PHARMACY	5,720	5,720	5,683,077	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,950	1,950	0	0	16.00
18.00 01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	11,731	11,731	915,228	0	18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	1,021	1,021	368,358	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	159,997	159,997	29,196,757	0	30.00
31.00 03100	INTENSIVE CARE UNIT	14,005	14,005	5,410,287	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	12,840	12,840	2,584,889	0	35.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	5,893	5,893	789,622	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	51,215	51,215	8,109,333	0	50.00
50.01 05001	CV SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	33,953	33,953	6,317,016	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	20,962	20,962	3,135,264	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	33,187	33,187	3,464,737	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	783	783	2,304,140	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	3,696	3,696	602,187	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	5,185	5,185	600,939	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	29,598	29,598	2,295,819	0	59.00
60.00 06000	LABORATORY	14,511	14,511	230	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	509	509	4,121,243	0	65.00
66.00 06600	PHYSICAL THERAPY	24,224	24,224	6,095,296	0	66.00
69.00 06900	ELECTROCARDIOLOGY	4,339	4,339	1,087,828	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	105,908	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 07302	OP PHARMACY	2,810	2,810	466,081	0	73.01
74.00 07400	RENAL DIALYSIS	2,961	2,961	0	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	527,046	0	76.97
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	18,935	18,935	1,555,188	0	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	30,461	30,461	5,155,788	0	90.01
90.02 09002	WOUND CARE CENTER	4,670	4,670	615,593	0	90.02
90.03 09003	PAIN CLINIC	3,000	3,000	523,405	0	90.03
90.04 09004	OB CLINIC	31,199	31,199	2,655,155	0	90.04
90.05 09005	OP PSYCH CLINIC	12,126	12,126	1,035,586	0	90.05
90.06 09006	MULTI SPECIALTY CLINIC	0	0	1,965,023	0	90.06
91.00 09100	EMERGENCY	35,191	35,191	7,800,894	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	9,297	9,297	1,974,311	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	729,964	729,964	134,846,766	-80,693,413	367,436,248	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	34,436	0	43,320	190.00
190.01 19001	PROMPTCARE	6,436	6,436	2,179,841	0	3,791,622	190.01
190.02 19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 19003	OLCOTT	0	0	0	0	0	190.03
190.04 19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005	FOUNDATION	0	0	0	0	0	190.05
190.06 19006	MARKETING	0	0	0	0	0	190.06
190.07 19007	HME STORE	0	0	0	0	0	190.07
190.08 19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09 19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10 19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11 19011	COMMUNITY HEALTH SERVICES	0	0	1,178,348	0	2,105,131	190.11
191.00 19100	RESEARCH	0	0	0	0	7,046	191.00
191.01 19101	RESEARCH	0	0	0	0	0	191.01
191.02 19102	OTHER SPONSORED ACTIVITIES	0	0	4,171,762	0	7,387,254	191.02
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	198,576	0	75,364	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950	IU HEALTH PAOLI HOSPITAL	2,980	2,980	579,944	0	1,108,541	194.00
194.01 07951	IU HEALTH BEDFORD HOSPITAL	6,251	6,251	1,314,067	0	2,461,686	194.01
194.02 07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953	IU HEALTH SIP	0	0	2,204	0	135,642	194.03
194.04 07954	HOME CARE	0	0	0	0	0	194.04
194.05 07955	HOSPICE	0	0	805	0	8,928	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	12,332,101	25,062,253	23,339,464		80,693,413	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	16.539147	33.612139	0.161511		0.209833	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0		2,246,827	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.005843	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: 15-0051

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

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Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	640,486				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,534,162			8.00	
9.00	00900	HOUSEKEEPING	3,186	253	8,700		9.00	
10.00	01000	DIETARY	14,882	8,875	25	55,169	10.00	
11.00	01100	CAFETERIA	8,809	0	15	0	3,051,748	11.00
13.00	01300	NURSING ADMINISTRATION	4,419	268	0	0	232,155	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,554	0	240	0	0	14.00
15.00	01500	PHARMACY	5,720	0	90	0	119,076	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,950	0	40	0	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	11,731	9,343	0	0	34,154	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	1,021	0	0	0	9,368	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	159,997	547,469	4,320	49,945	610,429	30.00
31.00	03100	INTENSIVE CARE UNIT	14,005	61,551	380	5,224	108,201	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,840	9,626	0	0	44,467	35.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,893	19,063	133	0	12,381	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,215	262,508	800	0	180,867	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	33,953	40,142	0	0	130,648	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,962	70,763	337	0	48,024	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,187	120,616	240	0	83,537	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	783	0	0	0	59,072	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,696	0	0	0	14,066	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,185	0	0	0	13,700	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,598	47,630	0	0	49,757	59.00
60.00	06000	LABORATORY	14,511	0	40	0	111,942	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	509	0	0	0	82,603	65.00
66.00	06600	PHYSICAL THERAPY	24,224	0	90	0	160,849	66.00
69.00	06900	ELECTROCARDIOLOGY	4,339	19,216	240	0	31,358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	2,558	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	07302	OP PHARMACY	2,810	0	0	0	11,311	73.01
74.00	07400	RENAL DIALYSIS	2,961	3,497	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	144	0	0	15,116	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	18,935	446	0	0	38,650	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	30,461	32,056	0	0	120,880	90.01
90.02	09002	WOUND CARE CENTER	4,670	0	0	0	16,946	90.02
90.03	09003	PAIN CLINIC	3,000	0	60	0	18,329	90.03
90.04	09004	OB CLINIC	31,199	243	0	0	76,370	90.04
90.05	09005	OP PSYCH CLINIC	12,126	0	0	0	37,815	90.05
90.06	09006	MULTI SPECIALTY CLINIC	0	291	0	0	62,072	90.06
91.00	09100	EMERGENCY	35,191	241,838	1,560	0	187,046	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	9,297	38,324	0	0	43,366	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	624,819	1,534,162	8,610	55,169	2,767,113	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 10:22 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,849	190.00	
190.01	19001	PROMPTCARE	6,436	0	0	61,069	190.01	
190.02	19002	RENTAL PROPERTIES	0	0	0	0	190.02	
190.03	19003	OLCOTT	0	0	0	0	190.03	
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	190.04	
190.05	19005	FOUNDATION	0	0	0	0	190.05	
190.06	19006	MARKETING	0	0	0	0	190.06	
190.07	19007	HME STORE	0	0	90	0	190.07	
190.08	19008	UNUSED SPACE	0	0	0	0	190.08	
190.09	19009	CLINICAL TRIALS	0	0	0	0	190.09	
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	190.10	
190.11	19011	COMMUNITY HEALTH SERVICES	0	0	0	182,208	190.11	
191.00	19100	RESEARCH	0	0	0	0	191.00	
191.01	19101	RESEARCH	0	0	0	0	191.01	
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	0	0	191.02	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	5,566	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00	
194.00	07950	IU HEALTH PAOLI HOSPITAL	2,980	0	0	10,417	194.00	
194.01	07951	IU HEALTH BEDFORD HOSPITAL	6,251	0	0	23,407	194.01	
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	194.02	
194.03	07953	IU HEALTH SIP	0	0	0	101	194.03	
194.04	07954	HOME CARE	0	0	0	0	194.04	
194.05	07955	HOSPICE	0	0	0	18	194.05	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers					201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	21,637,909	306,902	7,468,692	5,771,840	3,070,355	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	33.783578	0.200045	858.470345	104.621073	1.006097	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,130,831	1,482	210,907	845,048	498,535	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.888211	0.000966	24.242184	15.317443	0.163360	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: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 10:22 am

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE SOCIAL SERVICES (TIME SPENT)	
	(DIRECT NURS. HRS.)					
	13.00	14.00	15.00	16.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	1,503,350					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	39,421,820				14.00
15.00 01500 PHARMACY	19	198,647	39,785,455			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	2,160,725,690		16.00
18.00 01850 SOCIAL SERVICES	0	0	0	0	0	18.00
18.01 01851 CENTRAL STERILIZATION	161	45,825	0	0	0	18.01
23.00 02301 PARAMED ED PRGM-PHARMACY RESIDENCY	0	13	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	525,399	978,344	259,628	236,259,195	0	30.00
31.00 03100 INTENSIVE CARE UNIT	102,386	307,989	113,488	35,482,952	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	43,963	55,787	19,633	15,063,884	0	35.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	11,772	16,272	2,419	4,226,886	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	118,920	8,369,766	150,820	285,226,867	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	116,982	203,239	128,344	54,188,103	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	44,762	182,983	40,717	35,970,127	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,372	34,812	12,630	45,248,814	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	8,513	5,358	10,118	107,644,675	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	51,248	21,103	39,816,869	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,515	14,147	11,539,701	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	34,660	1,170,177	66,448	100,238,222	0	59.00
60.00 06000 LABORATORY	8	1,713	0	141,680,405	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	561,137	496	23,168,846	0	65.00
66.00 06600 PHYSICAL THERAPY	80	6,502	0	27,051,927	0	66.00
69.00 06900 ELECTROCARDIOLOGY	3,622	35,094	10,998	38,293,538	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	23,016	0	1,830,664	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,865,730	0	93,516,000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,245,224	0	181,495,082	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	38,197,462	324,402,005	0	73.00
73.01 07302 OP PHARMACY	100	3,109	0	3,459,621	0	73.01
74.00 07400 RENAL DIALYSIS	0	5,227	5,094	6,523,865	0	74.00
76.97 07697 CARDIAC REHABILITATION	5,880	1,377	0	3,284,921	0	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	14,454	7,425	6,983	1,927,285	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	101,133	179,199	252,868	49,748,192	0	90.01
90.02 09002 WOUND CARE CENTER	11,082	29,559	0	6,347,034	0	90.02
90.03 09003 PAIN CLINIC	5,289	50,159	516	3,642,494	0	90.03
90.04 09004 OB CLINIC	50,398	29,795	0	2,771,876	0	90.04
90.05 09005 OP PSYCH CLINIC	10,713	5,890	0	5,103,417	0	90.05
90.06 09006 MULTI SPECIALTY CLINIC	30,760	45,659	0	4,117,210	0	90.06
91.00 09100 EMERGENCY	170,220	583,916	446,809	254,972,646	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	35,930	95,420	24,576	16,482,367	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 10:22 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE SOCIAL SERVICES (TIME SPENT)	
		13.00	14.00	15.00	16.00	18.00	
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		1,456,578	39,397,126	39,785,297	2,160,725,690	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	17,880	18,126	0	0	0	190.01
190.02	19002	0	0	0	0	0	190.02
190.03	19003	0	0	0	0	0	190.03
190.04	19004	0	0	0	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	0	0	0	0	0	190.06
190.07	19007	0	0	0	0	0	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	0	0	0	0	0	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19011	28,834	6,459	0	0	0	190.11
191.00	19100	0	0	0	0	0	191.00
191.01	19101	0	0	0	0	0	191.01
191.02	19102	0	0	0	0	0	191.02
192.00	19200	0	35	158	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	40	74	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	18	0	0	0	0	194.05
200.00							200.00
201.00							201.00
202.00		24,062,779	17,014,522	11,866,289	218,533	0	202.00
203.00		16.006106	0.431602	0.298257	0.000101	0.000000	203.00
204.00		395,508	501,533	394,001	108,868	0	204.00
205.00		0.263084	0.012722	0.009903	0.000050	0.000000	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 10:22 am

Cost Center Description		OTHER GENERAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY (TIME SPENT)		
		CENTRAL STERILIZATION (TIME SPENT)			
		18.01			
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
18.00	01850	SOCIAL SERVICES			18.00
18.01	01851	CENTRAL STERILIZATION	100		18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	0	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	100	0	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
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	100	73.00
73.01	07302	OP PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	90.03
90.04	09004	OB CLINIC	0	0	90.04
90.05	09005	OP PSYCH CLINIC	0	0	90.05
90.06	09006	MULTI SPECIALTY CLINIC	0	0	90.06
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 10:22 am

Cost Center Description		OTHER GENERAL SERVICE CENTRAL STERILIZATION (TIME SPENT)	PARAMED PRGM-PHARMACY RESIDENCY (TIME SPENT)	
		18.01	23.00	
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 PROMPTCARE	0	0	190.01
190.02	19002 RENTAL PROPERTIES	0	0	190.02
190.03	19003 OLCOTT	0	0	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	0	190.04
190.05	19005 FOUNDATION	0	0	190.05
190.06	19006 MARKETING	0	0	190.06
190.07	19007 HME STORE	0	0	190.07
190.08	19008 UNUSED SPACE	0	0	190.08
190.09	19009 CLINICAL TRIALS	0	0	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	0	0	190.11
191.00	19100 RESEARCH	0	0	191.00
191.01	19101 RESEARCH	0	0	191.01
191.02	19102 OTHER SPONSORED ACTIVITIES	0	0	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	0	0	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	0	0	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	0	194.02
194.03	07953 IU HEALTH SIP	0	0	194.03
194.04	07954 HOME CARE	0	0	194.04
194.05	07955 HOSPICE	0	0	194.05
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,410,643	753,716	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	34,106.430000	7,537.160000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	666,157	61,153	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6,661.570000	611.530000	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: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 10:22 am
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		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	96,536,229		96,536,229	0	96,536,229	30.00
31.00	03100	INTENSIVE CARE UNIT	14,216,708		14,216,708	0	14,216,708	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,657,815		6,657,815	117,949	6,775,764	35.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,244,964		2,244,964	0	2,244,964	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,830,810		37,830,810	0	37,830,810	50.00
50.01	05001	CV SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	15,957,670		15,957,670	0	15,957,670	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,712,188		9,712,188	0	9,712,188	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,143,863		11,143,863	0	11,143,863	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,704,111		4,704,111	0	4,704,111	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	3,000,909		3,000,909	0	3,000,909	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,809,761		1,809,761	0	1,809,761	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,451,912		9,451,912	0	9,451,912	59.00
60.00	06000	LABORATORY	23,576,397		23,576,397	0	23,576,397	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,756,972	0	6,756,972	0	6,756,972	65.00
66.00	06600	PHYSICAL THERAPY	11,980,113	0	11,980,113	0	11,980,113	66.00
69.00	06900	ELECTROCARDIOLOGY	2,632,227		2,632,227	0	2,632,227	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	216,195		216,195	0	216,195	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,203,401		16,203,401	0	16,203,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,683,794		26,683,794	0	26,683,794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,391,986		58,391,986	0	58,391,986	73.00
73.01	07302	OP PHARMACY	4,410,557		4,410,557	0	4,410,557	73.01
74.00	07400	RENAL DIALYSIS	2,282,878		2,282,878	0	2,282,878	74.00
76.97	07697	CARDIAC REHABILITATION	1,055,620		1,055,620	0	1,055,620	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,387,758		4,387,758	0	4,387,758	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	13,023,919		13,023,919	0	13,023,919	90.01
90.02	09002	WOUND CARE CENTER	1,649,149		1,649,149	0	1,649,149	90.02
90.03	09003	PAIN CLINIC	1,459,818		1,459,818	0	1,459,818	90.03
90.04	09004	OB CLINIC	7,848,350		7,848,350	0	7,848,350	90.04
90.05	09005	OP PSYCH CLINIC	2,944,001		2,944,001	0	2,944,001	90.05
90.06	09006	MULTI SPECIALTY CLINIC	3,815,645		3,815,645	0	3,815,645	90.06
91.00	09100	EMERGENCY	32,696,723		32,696,723	1,105,047	33,801,770	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,709,702		8,709,702	0	8,709,702	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	7,601,665		7,601,665	0	7,601,665	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	451,593,810	0	451,593,810	1,222,996	452,816,806	200.00
201.00		Less Observation Beds	8,709,702		8,709,702		8,709,702	201.00
202.00		Total (see instructions)	442,884,108	0	442,884,108	1,222,996	444,107,104	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2023 10:22 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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	222,992,513		222,992,513		30.00
31.00	03100	INTENSIVE CARE UNIT	35,482,952		35,482,952		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,063,884		15,063,884		35.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,226,886		4,226,886		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	77,882,858	207,344,009	285,226,867	0.132634	50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	8,620,543	45,567,560	54,188,103	0.294487	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,756,579	213,548	35,970,127	0.270007	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,241,973	31,006,841	45,248,814	0.246280	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,760,735	103,883,940	107,644,675	0.043700	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	13,123,580	26,693,289	39,816,869	0.075368	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,674,309	8,865,392	11,539,701	0.156829	58.00
59.00	05900	CARDIAC CATHETERIZATION	40,511,991	59,726,231	100,238,222	0.094294	59.00
60.00	06000	LABORATORY	51,402,406	90,277,999	141,680,405	0.166405	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	18,141,188	5,027,658	23,168,846	0.291640	65.00
66.00	06600	PHYSICAL THERAPY	8,774,427	18,277,500	27,051,927	0.442856	66.00
69.00	06900	ELECTROCARDIOLOGY	16,111,429	22,182,109	38,293,538	0.068738	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,262,272	568,392	1,830,664	0.118096	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,047,050	61,468,950	93,516,000	0.173269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,699,160	100,795,922	181,495,082	0.147022	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,875,776	233,526,229	324,402,005	0.179999	73.00
73.01	07302	OP PHARMACY	0	3,459,621	3,459,621	1.274867	73.01
74.00	07400	RENAL DIALYSIS	4,832,406	1,691,459	6,523,865	0.349927	74.00
76.97	07697	CARDIAC REHABILITATION	222,804	3,062,117	3,284,921	0.321353	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,245	1,919,040	1,927,285	2.276652	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	3,661,978	46,086,214	49,748,192	0.261797	90.01
90.02	09002	WOUND CARE CENTER	4,203	6,342,831	6,347,034	0.259830	90.02
90.03	09003	PAIN CLINIC	3,458	3,639,036	3,642,494	0.400774	90.03
90.04	09004	OB CLINIC	12,568	2,759,308	2,771,876	2.831422	90.04
90.05	09005	OP PSYCH CLINIC	1,691	5,101,726	5,103,417	0.576869	90.05
90.06	09006	MULTI SPECIALTY CLINIC	191,387	3,925,823	4,117,210	0.926755	90.06
91.00	09100	EMERGENCY	63,071,777	191,900,869	254,972,646	0.128236	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	528,912	12,737,770	13,266,682	0.656509	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	16,482,367	16,482,367	0.461200	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	846,191,940	1,314,533,750	2,160,725,690		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	846,191,940	1,314,533,750	2,160,725,690		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 10:22 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.132634		50.00
50.01	05001	CV SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.294487		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.270007		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.246280		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.043700		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.075368		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.156829		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.094294		59.00
60.00	06000	LABORATORY	0.166405		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.291640		65.00
66.00	06600	PHYSICAL THERAPY	0.442856		66.00
69.00	06900	ELECTROCARDIOLOGY	0.068738		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118096		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.173269		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.147022		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.179999		73.00
73.01	07302	OP PHARMACY	1.274867		73.01
74.00	07400	RENAL DIALYSIS	0.349927		74.00
76.97	07697	CARDIAC REHABILITATION	0.321353		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.276652		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.261797		90.01
90.02	09002	WOUND CARE CENTER	0.259830		90.02
90.03	09003	PAIN CLINIC	0.400774		90.03
90.04	09004	OB CLINIC	2.831422		90.04
90.05	09005	OP PSYCH CLINIC	0.576869		90.05
90.06	09006	MULTI SPECIALTY CLINIC	0.926755		90.06
91.00	09100	EMERGENCY	0.132570		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.656509		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.461200		92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C Part I Date/Time Prepared: 5/30/2023 10:22 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		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	96,536,229		96,536,229	0	96,536,229	30.00
31.00	03100	INTENSIVE CARE UNIT	14,216,708		14,216,708	0	14,216,708	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,657,815		6,657,815	117,949	6,775,764	35.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,244,964		2,244,964	0	2,244,964	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,830,810		37,830,810	0	37,830,810	50.00
50.01	05001	CV SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	15,957,670		15,957,670	0	15,957,670	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,712,188		9,712,188	0	9,712,188	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,143,863		11,143,863	0	11,143,863	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,704,111		4,704,111	0	4,704,111	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	3,000,909		3,000,909	0	3,000,909	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,809,761		1,809,761	0	1,809,761	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,451,912		9,451,912	0	9,451,912	59.00
60.00	06000	LABORATORY	23,576,397		23,576,397	0	23,576,397	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,756,972	0	6,756,972	0	6,756,972	65.00
66.00	06600	PHYSICAL THERAPY	11,980,113	0	11,980,113	0	11,980,113	66.00
69.00	06900	ELECTROCARDIOLOGY	2,632,227		2,632,227	0	2,632,227	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	216,195		216,195	0	216,195	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,203,401		16,203,401	0	16,203,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,683,794		26,683,794	0	26,683,794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,391,986		58,391,986	0	58,391,986	73.00
73.01	07302	OP PHARMACY	4,410,557		4,410,557	0	4,410,557	73.01
74.00	07400	RENAL DIALYSIS	2,282,878		2,282,878	0	2,282,878	74.00
76.97	07697	CARDIAC REHABILITATION	1,055,620		1,055,620	0	1,055,620	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,387,758		4,387,758	0	4,387,758	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	13,023,919		13,023,919	0	13,023,919	90.01
90.02	09002	WOUND CARE CENTER	1,649,149		1,649,149	0	1,649,149	90.02
90.03	09003	PAIN CLINIC	1,459,818		1,459,818	0	1,459,818	90.03
90.04	09004	OB CLINIC	7,848,350		7,848,350	0	7,848,350	90.04
90.05	09005	OP PSYCH CLINIC	2,944,001		2,944,001	0	2,944,001	90.05
90.06	09006	MULTI SPECIALTY CLINIC	3,815,645		3,815,645	0	3,815,645	90.06
91.00	09100	EMERGENCY	32,696,723		32,696,723	1,105,047	33,801,770	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,709,702		8,709,702	0	8,709,702	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	7,601,665		7,601,665	0	7,601,665	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	451,593,810	0	451,593,810	1,222,996	452,816,806	200.00
201.00		Less Observation Beds	8,709,702		8,709,702		8,709,702	201.00
202.00		Total (see instructions)	442,884,108	0	442,884,108	1,222,996	444,107,104	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0051		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/30/2023 10:22 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	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	222,992,513		222,992,513			30.00
31.00	03100	INTENSIVE CARE UNIT	35,482,952		35,482,952			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,063,884		15,063,884			35.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	4,226,886		4,226,886			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	77,882,858	207,344,009	285,226,867	0.132634	0.000000	50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	8,620,543	45,567,560	54,188,103	0.294487	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,756,579	213,548	35,970,127	0.270007	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,241,973	31,006,841	45,248,814	0.246280	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,760,735	103,883,940	107,644,675	0.043700	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	13,123,580	26,693,289	39,816,869	0.075368	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,674,309	8,865,392	11,539,701	0.156829	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	40,511,991	59,726,231	100,238,222	0.094294	0.000000	59.00
60.00	06000	LABORATORY	51,402,406	90,277,999	141,680,405	0.166405	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	18,141,188	5,027,658	23,168,846	0.291640	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,774,427	18,277,500	27,051,927	0.442856	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	16,111,429	22,182,109	38,293,538	0.068738	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,262,272	568,392	1,830,664	0.118096	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,047,050	61,468,950	93,516,000	0.173269	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,699,160	100,795,922	181,495,082	0.147022	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,875,776	233,526,229	324,402,005	0.179999	0.000000	73.00
73.01	07302	OP PHARMACY	0	3,459,621	3,459,621	1.274867	0.000000	73.01
74.00	07400	RENAL DIALYSIS	4,832,406	1,691,459	6,523,865	0.349927	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	222,804	3,062,117	3,284,921	0.321353	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,245	1,919,040	1,927,285	2.276652	0.000000	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	3,661,978	46,086,214	49,748,192	0.261797	0.000000	90.01
90.02	09002	WOUND CARE CENTER	4,203	6,342,831	6,347,034	0.259830	0.000000	90.02
90.03	09003	PAIN CLINIC	3,458	3,639,036	3,642,494	0.400774	0.000000	90.03
90.04	09004	OB CLINIC	12,568	2,759,308	2,771,876	2.831422	0.000000	90.04
90.05	09005	OP PSYCH CLINIC	1,691	5,101,726	5,103,417	0.576869	0.000000	90.05
90.06	09006	MULTI SPECIALTY CLINIC	191,387	3,925,823	4,117,210	0.926755	0.000000	90.06
91.00	09100	EMERGENCY	63,071,777	191,900,869	254,972,646	0.128236	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	528,912	12,737,770	13,266,682	0.656509	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	16,482,367	16,482,367	0.461200	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	846,191,940	1,314,533,750	2,160,725,690			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	846,191,940	1,314,533,750	2,160,725,690			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 10:22 am
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.132634			50.00
50.01	05001 CV SURGERY	0.000000			50.01
51.00	05100 RECOVERY ROOM	0.294487			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.270007			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.246280			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.043700			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.075368			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.156829			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.094294			59.00
60.00	06000 LABORATORY	0.166405			60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.291640			65.00
66.00	06600 PHYSICAL THERAPY	0.442856			66.00
69.00	06900 ELECTROCARDIOLOGY	0.068738			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.118096			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.173269			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.147022			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.179999			73.00
73.01	07302 OP PHARMACY	1.274867			73.01
74.00	07400 RENAL DIALYSIS	0.349927			74.00
76.97	07697 CARDIAC REHABILITATION	0.321353			76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.276652			90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.261797			90.01
90.02	09002 WOUND CARE CENTER	0.259830			90.02
90.03	09003 PAIN CLINIC	0.400774			90.03
90.04	09004 OB CLINIC	2.831422			90.04
90.05	09005 OP PSYCH CLINIC	0.576869			90.05
90.06	09006 MULTI SPECIALTY CLINIC	0.926755			90.06
91.00	09100 EMERGENCY	0.132570			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.656509			92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.461200			92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100 HOME HEALTH AGENCY				101.00
102.00	10200 OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

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

Provider CCN: 15-0051

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

Worksheet C Part II Date/Time Prepared: 5/30/2023 10:22 am

Cost Center Description			Title XIX			Hospital		PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	37,830,810	3,814,154	34,016,656	0	0	50.00	
50.01	05001	CV SURGERY	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	15,957,670	1,988,658	13,969,012	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,712,188	1,223,997	8,488,191	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,143,863	1,897,525	9,246,338	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	4,704,111	82,103	4,622,008	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	3,000,909	222,241	2,778,668	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,809,761	296,152	1,513,609	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	9,451,912	1,702,177	7,749,735	0	0	59.00	
60.00	06000	LABORATORY	23,576,397	935,758	22,640,639	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	6,756,972	80,778	6,676,194	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	11,980,113	1,415,910	10,564,203	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	2,632,227	263,650	2,368,577	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	216,195	1,786	214,409	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,203,401	187,833	16,015,568	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,683,794	310,676	26,373,118	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	58,391,986	618,517	57,773,469	0	0	73.00	
73.01	07302	OP PHARMACY	4,410,557	177,520	4,233,037	0	0	73.01	
74.00	07400	RENAL DIALYSIS	2,282,878	173,934	2,108,944	0	0	74.00	
76.97	07697	CARDIAC REHABILITATION	1,055,620	8,764	1,046,856	0	0	76.97	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	4,387,758	1,069,319	3,318,439	0	0	90.00	
90.01	09001	OP ONCOLOGY INFUSION CENTER	13,023,919	1,778,945	11,244,974	0	0	90.01	
90.02	09002	WOUND CARE CENTER	1,649,149	269,610	1,379,539	0	0	90.02	
90.03	09003	PAIN CLINIC	1,459,818	177,490	1,282,328	0	0	90.03	
90.04	09004	OB CLINIC	7,848,350	1,771,913	6,076,437	0	0	90.04	
90.05	09005	OP PSYCH CLINIC	2,944,001	687,947	2,256,054	0	0	90.05	
90.06	09006	MULTI SPECIALTY CLINIC	3,815,645	34,670	3,780,975	0	0	90.06	
91.00	09100	EMERGENCY	32,696,723	2,204,304	30,492,419	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,709,702	928,515	7,781,187	0	0	92.00	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	7,601,665	562,485	7,039,180	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00	
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00	
200.00		Subtotal (sum of lines 50 thru 199)	331,938,094	24,887,331	307,050,763	0	0	200.00	
201.00		Less Observation Beds	8,709,702	928,515	7,781,187	0	0	201.00	
202.00		Total (line 200 minus line 201)	323,228,392	23,958,816	299,269,576	0	0	202.00	

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

Provider CCN: 15-0051

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

Worksheet C Part II Date/Time Prepared: 5/30/2023 10:22 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	37,830,810	285,226,867	0.132634		50.00
50.01	05001 CV SURGERY	0	0	0.000000		50.01
51.00	05100 RECOVERY ROOM	15,957,670	54,188,103	0.294487		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,712,188	35,970,127	0.270007		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,143,863	45,248,814	0.246280		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,704,111	107,644,675	0.043700		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	3,000,909	39,816,869	0.075368		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,809,761	11,539,701	0.156829		58.00
59.00	05900 CARDIAC CATHETERIZATION	9,451,912	100,238,222	0.094294		59.00
60.00	06000 LABORATORY	23,576,397	141,680,405	0.166405		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	6,756,972	23,168,846	0.291640		65.00
66.00	06600 PHYSICAL THERAPY	11,980,113	27,051,927	0.442856		66.00
69.00	06900 ELECTROCARDIOLOGY	2,632,227	38,293,538	0.068738		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	216,195	1,830,664	0.118096		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,203,401	93,516,000	0.173269		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	26,683,794	181,495,082	0.147022		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	58,391,986	324,402,005	0.179999		73.00
73.01	07302 OP PHARMACY	4,410,557	3,459,621	1.274867		73.01
74.00	07400 RENAL DIALYSIS	2,282,878	6,523,865	0.349927		74.00
76.97	07697 CARDIAC REHABILITATION	1,055,620	3,284,921	0.321353		76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	4,387,758	1,927,285	2.276652		90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	13,023,919	49,748,192	0.261797		90.01
90.02	09002 WOUND CARE CENTER	1,649,149	6,347,034	0.259830		90.02
90.03	09003 PAIN CLINIC	1,459,818	3,642,494	0.400774		90.03
90.04	09004 OB CLINIC	7,848,350	2,771,876	2.831422		90.04
90.05	09005 OP PSYCH CLINIC	2,944,001	5,103,417	0.576869		90.05
90.06	09006 MULTI SPECIALTY CLINIC	3,815,645	4,117,210	0.926755		90.06
91.00	09100 EMERGENCY	32,696,723	254,972,646	0.128236		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,709,702	13,266,682	0.656509		92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	7,601,665	16,482,367	0.461200		92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	0	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	331,938,094	1,882,959,455			200.00
201.00	Less Observation Beds	8,709,702	0			201.00
202.00	Total (line 200 minus line 201)	323,228,392	1,882,959,455			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/30/2023 10:22 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	10,291,399	0	10,291,399	54,898	187.46	30.00
31.00	INTENSIVE CARE UNIT	964,383		964,383	5,224	184.61	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	753,488		753,488	3,327	226.48	35.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	341,452		341,452	2,694	126.75	43.00
200.00	Total (lines 30 through 199)	12,350,722		12,350,722	66,143		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	15,708	2,944,622				
31.00	INTENSIVE CARE UNIT	1,968	363,312				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	17,676	3,307,934				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0051

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

Worksheet D
Part II
Date/Time Prepared:
5/30/2023 10:22 am

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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,814,154	285,226,867	0.013372	30,001,864	401,185	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	1,988,658	54,188,103	0.036699	3,442,750	126,345	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,223,997	35,970,127	0.034028	88,824	3,023	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,897,525	45,248,814	0.041935	4,904,223	205,659	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	82,103	107,644,675	0.000763	1,313,083	1,002	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	222,241	39,816,869	0.005582	4,918,445	27,455	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	296,152	11,539,701	0.025664	858,141	22,023	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,702,177	100,238,222	0.016981	14,162,475	240,493	59.00
60.00	06000	LABORATORY	935,758	141,680,405	0.006605	15,426,831	101,894	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	80,778	23,168,846	0.003486	5,761,001	20,083	65.00
66.00	06600	PHYSICAL THERAPY	1,415,910	27,051,927	0.052340	3,346,373	175,149	66.00
69.00	06900	ELECTROCARDIOLOGY	263,650	38,293,538	0.006885	6,385,882	43,967	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,786	1,830,664	0.000976	456,430	445	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	187,833	93,516,000	0.002009	10,737,431	21,571	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	310,676	181,495,082	0.001712	35,848,754	61,373	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	618,517	324,402,005	0.001907	29,952,843	57,120	73.00
73.01	07302	OP PHARMACY	177,520	3,459,621	0.051312	0	0	73.01
74.00	07400	RENAL DIALYSIS	173,934	6,523,865	0.026661	1,999,436	53,307	74.00
76.97	07697	CARDIAC REHABILITATION	8,764	3,284,921	0.002668	73,301	196	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,069,319	1,927,285	0.554832	3,984	2,210	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	1,778,945	49,748,192	0.035759	1,246,017	44,556	90.01
90.02	09002	WOUND CARE CENTER	269,610	6,347,034	0.042478	2,107	90	90.02
90.03	09003	PAIN CLINIC	177,490	3,642,494	0.048728	131	6	90.03
90.04	09004	OB CLINIC	1,771,913	2,771,876	0.639247	7,502	4,796	90.04
90.05	09005	OP PSYCH CLINIC	687,947	5,103,417	0.134801	0	0	90.05
90.06	09006	MULTI SPECIALTY CLINIC	34,670	4,117,210	0.008421	174	1	90.06
91.00	09100	EMERGENCY	2,204,304	254,972,646	0.008645	22,187,534	191,811	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	928,515	13,266,682	0.069988	40,812	2,856	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	562,485	16,482,367	0.034126	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	24,887,331	1,882,959,455		193,166,348	1,808,616	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/30/2023 10:22 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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
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	54,898	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	5,224	0.00	31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,327	0.00	35.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	42.00	
43.00	04300	NURSERY		0	2,694	0.00	43.00	
200.00		Total (lines 30 through 199)		0	66,143		200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
42.00	04200	SUBPROVIDER	0					42.00
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: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 10:22 am
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Cost Center Description		Title XVIII					Hospital		PPS
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health			
		1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
50.01	05001	CV SURGERY	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	753,716	73.00	
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01	
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02	
90.03	09003	PAIN CLINIC	0	0	0	0	0	90.03	
90.04	09004	OB CLINIC	0	0	0	0	0	90.04	
90.05	09005	OP PSYCH CLINIC	0	0	0	0	0	90.05	
90.06	09006	MULTI SPECIALTY CLINIC	0	0	0	0	0	90.06	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00		Total (lines 50 through 199)	0	0	0	0	753,716	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 10:22 am
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Cost Center Description	Title XVIII		Hospital		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	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)		
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	285,226,867	0.000000	50.00
50.01 05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	54,188,103	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	35,970,127	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	45,248,814	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	107,644,675	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	39,816,869	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,539,701	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	100,238,222	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	141,680,405	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	23,168,846	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	27,051,927	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	38,293,538	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,830,664	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	93,516,000	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	181,495,082	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	753,716	753,716	324,402,005	0.002323	73.00
73.01 07302 OP PHARMACY	0	0	0	3,459,621	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	6,523,865	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,284,921	0.000000	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	1,927,285	0.000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	49,748,192	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	6,347,034	0.000000	90.02
90.03 09003 PAIN CLINIC	0	0	0	3,642,494	0.000000	90.03
90.04 09004 OB CLINIC	0	0	0	2,771,876	0.000000	90.04
90.05 09005 OP PSYCH CLINIC	0	0	0	5,103,417	0.000000	90.05
90.06 09006 MULTI SPECIALTY CLINIC	0	0	0	4,117,210	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	254,972,646	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	13,266,682	0.000000	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	16,482,367	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	753,716	753,716	1,882,959,455		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 10:22 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	30,001,864	0	41,136,408	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	3,442,750	0	11,383,995	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	88,824	0	1,593	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,904,223	0	6,567,944	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,313,083	0	38,339,311	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	4,918,445	0	6,189,050	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	858,141	0	1,642,155	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	14,162,475	0	20,924,971	0	59.00
60.00	06000 LABORATORY	0.000000	15,426,831	0	7,673,849	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,761,001	0	1,914,882	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,346,373	0	102,949	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,385,882	0	8,964,867	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	456,430	0	82,789	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	10,737,431	0	18,676,907	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	35,848,754	0	26,947,260	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002323	29,952,843	69,580	83,508,572	193,990	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	1,999,436	0	95,331	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	73,301	0	1,044,599	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	3,984	0	474,627	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	1,246,017	0	15,871,687	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	2,107	0	1,000,151	0	90.02
90.03	09003 PAIN CLINIC	0.000000	131	0	713,972	0	90.03
90.04	09004 OB CLINIC	0.000000	7,502	0	1,610,197	0	90.04
90.05	09005 OP PSYCH CLINIC	0.000000	0	0	186,088	0	90.05
90.06	09006 MULTI SPECIALTY CLINIC	0.000000	174	0	342,845	0	90.06
91.00	09100 EMERGENCY	0.000000	22,187,534	0	28,644,354	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	40,812	0	2,112,855	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	3,765,243	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		193,166,348	69,580	329,919,451	193,990	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 10:22 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			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.132634	41,136,408	0	0	5,456,086	50.00
50.01	05001	CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.294487	11,383,995	0	0	3,352,439	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.270007	1,593	0	0	430	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.246280	6,567,944	0	0	1,617,553	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.043700	38,339,311	1	0	1,675,428	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.075368	6,189,050	0	0	466,456	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.156829	1,642,155	0	0	257,538	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.094294	20,924,971	0	0	1,973,099	59.00
60.00	06000	LABORATORY	0.166405	7,673,849	0	0	1,276,967	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.291640	1,914,882	0	0	558,456	65.00
66.00	06600	PHYSICAL THERAPY	0.442856	102,949	0	0	45,592	66.00
69.00	06900	ELECTROCARDIOLOGY	0.068738	8,964,867	0	0	616,227	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118096	82,789	0	0	9,777	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.173269	18,676,907	0	0	3,236,129	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.147022	26,947,260	0	0	3,961,840	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.179999	83,508,572	0	133,380	15,031,459	73.00
73.01	07302	OP PHARMACY	1.274867	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.349927	95,331	374	0	33,359	74.00
76.97	07697	CARDIAC REHABILITATION	0.321353	1,044,599	0	0	335,685	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2.276652	474,627	8	35	1,080,561	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.261797	15,871,687	1,362	35	4,155,160	90.01
90.02	09002	WOUND CARE CENTER	0.259830	1,000,151	4,724	0	259,869	90.02
90.03	09003	PAIN CLINIC	0.400774	713,972	16	0	286,141	90.03
90.04	09004	OB CLINIC	2.831422	1,610,197	0	5	4,559,147	90.04
90.05	09005	OP PSYCH CLINIC	0.576869	186,088	0	0	107,348	90.05
90.06	09006	MULTI SPECIALTY CLINIC	0.926755	342,845	7	10	317,733	90.06
91.00	09100	EMERGENCY	0.128236	28,644,354	0	90	3,673,237	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.656509	2,112,855	0	2	1,387,108	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.461200	3,765,243	0	25	1,736,530	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		329,919,451	6,492	133,582	57,467,354	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)		329,919,451	6,492	133,582	57,467,354	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 10:22 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 CV SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
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	24,008		73.00
73.01 07302 OP PHARMACY	0	0		73.01
74.00 07400 RENAL DIALYSIS	131	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	18	80		90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	357	9		90.01
90.02 09002 WOUND CARE CENTER	1,227	0		90.02
90.03 09003 PAIN CLINIC	6	0		90.03
90.04 09004 OB CLINIC	0	14		90.04
90.05 09005 OP PSYCH CLINIC	0	0		90.05
90.06 09006 MULTI SPECIALTY CLINIC	6	9		90.06
91.00 09100 EMERGENCY	0	12		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1		92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	12		92.01
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	1,745	24,145		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	1,745	24,145		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/30/2023 10:22 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	10,291,399	0	10,291,399	54,898	187.46	30.00
31.00	INTENSIVE CARE UNIT	964,383		964,383	5,224	184.61	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	753,488		753,488	3,327	226.48	35.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	341,452		341,452	2,694	126.75	43.00
200.00	Total (lines 30 through 199)	12,350,722		12,350,722	66,143		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	763	143,032				
31.00	INTENSIVE CARE UNIT	873	161,165				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	115	26,045				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	1,267	160,592				
200.00	Total (lines 30 through 199)	3,018	490,834				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0051

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

Worksheet D
Part II
Date/Time Prepared:
5/30/2023 10:22 am

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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,814,154	285,226,867	0.013372	973,865	13,023	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	1,988,658	54,188,103	0.036699	92,506	3,395	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,223,997	35,970,127	0.034028	348,780	11,868	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,897,525	45,248,814	0.041935	343,884	14,421	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	82,103	107,644,675	0.000763	151,281	115	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	222,241	39,816,869	0.005582	277,894	1,551	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	296,152	11,539,701	0.025664	32,623	837	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,702,177	100,238,222	0.016981	167,319	2,841	59.00
60.00	06000	LABORATORY	935,758	141,680,405	0.006605	1,199,353	7,922	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	80,778	23,168,846	0.003486	752,545	2,623	65.00
66.00	06600	PHYSICAL THERAPY	1,415,910	27,051,927	0.052340	157,271	8,232	66.00
69.00	06900	ELECTROCARDIOLOGY	263,650	38,293,538	0.006885	222,776	1,534	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,786	1,830,664	0.000976	23,109	23	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	187,833	93,516,000	0.002009	546,741	1,098	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	310,676	181,495,082	0.001712	576,659	987	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	618,517	324,402,005	0.001907	2,658,370	5,070	73.00
73.01	07302	OP PHARMACY	177,520	3,459,621	0.051312	0	0	73.01
74.00	07400	RENAL DIALYSIS	173,934	6,523,865	0.026661	84,677	2,258	74.00
76.97	07697	CARDIAC REHABILITATION	8,764	3,284,921	0.002668	365	1	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,069,319	1,927,285	0.554832	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	1,778,945	49,748,192	0.035759	129,117	4,617	90.01
90.02	09002	WOUND CARE CENTER	269,610	6,347,034	0.042478	0	0	90.02
90.03	09003	PAIN CLINIC	177,490	3,642,494	0.048728	0	0	90.03
90.04	09004	OB CLINIC	1,771,913	2,771,876	0.639247	0	0	90.04
90.05	09005	OP PSYCH CLINIC	687,947	5,103,417	0.134801	0	0	90.05
90.06	09006	MULTI SPECIALTY CLINIC	34,670	4,117,210	0.008421	9,052	76	90.06
91.00	09100	EMERGENCY	2,204,304	254,972,646	0.008645	1,233,006	10,659	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	928,515	13,266,682	0.069988	6,624	464	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	562,485	16,482,367	0.034126	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	24,887,331	1,882,959,455		9,987,817	93,615	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/30/2023 10:22 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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
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	54,898	0.00	763 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	5,224	0.00	873 31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0 32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,327	0.00	115 35.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0 42.00	
43.00	04300	NURSERY	0	0	2,694	0.00	1,267 43.00	
200.00		Total (lines 30 through 199)	0	0	66,143	0.00	3,018 200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
42.00	04200	SUBPROVIDER	0					42.00
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: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 10:22 am
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Cost Center Description	Title XIX				Hospital		Total
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
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	753,716	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	0	0	0	0	90.03
90.04 09004 OB CLINIC	0	0	0	0	0	0	90.04
90.05 09005 OP PSYCH CLINIC	0	0	0	0	0	0	90.05
90.06 09006 MULTI SPECIALTY CLINIC	0	0	0	0	0	0	90.06
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 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	753,716	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 10:22 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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	285,226,867	0.000000	50.00
50.01 05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	54,188,103	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	35,970,127	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	45,248,814	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	107,644,675	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	39,816,869	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,539,701	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	100,238,222	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	141,680,405	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	23,168,846	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	27,051,927	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	38,293,538	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,830,664	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	93,516,000	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	181,495,082	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	753,716	753,716	324,402,005	0.002323	73.00
73.01 07302 OP PHARMACY	0	0	0	3,459,621	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	6,523,865	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,284,921	0.000000	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	1,927,285	0.000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	49,748,192	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	6,347,034	0.000000	90.02
90.03 09003 PAIN CLINIC	0	0	0	3,642,494	0.000000	90.03
90.04 09004 OB CLINIC	0	0	0	2,771,876	0.000000	90.04
90.05 09005 OP PSYCH CLINIC	0	0	0	5,103,417	0.000000	90.05
90.06 09006 MULTI SPECIALTY CLINIC	0	0	0	4,117,210	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	254,972,646	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	13,266,682	0.000000	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	16,482,367	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	753,716	753,716	1,882,959,455		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0051

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2023 10:22 am

Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	973,865	0	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	92,506	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	348,780	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	343,884	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	151,281	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	277,894	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	32,623	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	167,319	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,199,353	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	752,545	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	157,271	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	222,776	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	23,109	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	546,741	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	576,659	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002323	2,658,370	6,175	0	0	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	84,677	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	365	0	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	129,117	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 OB CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 OP PSYCH CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 MULTI SPECIALTY CLINIC	0.000000	9,052	0	0	0	90.06
91.00	09100 EMERGENCY	0.000000	1,233,006	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	6,624	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		9,987,817	6,175	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2023 10:22 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		54,898	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		54,898	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)		49,945	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)		15,708	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		96,536,229	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)		96,536,229	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		96,536,229	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,758.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,622,047	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)		27,622,047	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 10:22 am	
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	14,216,708	5,224	2,721.42	1,968	5,355,755	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 NEONATAL INTENSIVE CARE UNIT	6,775,764	3,327	2,036.60	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					30,916,240	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)					63,894,042	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)					3,307,934	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,878,196	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,186,130	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					58,707,912	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
55.01 Permanent adjustment amount per discharge					0.00	55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					4,953	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,758.47	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					8,709,702	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/30/2023 10:22 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,291,399	96,536,229	0.106607	8,709,702	928,515	90.00
91.00	Nursing Program cost	0	96,536,229	0.000000	8,709,702	0	91.00
92.00	Allied health cost	0	96,536,229	0.000000	8,709,702	0	92.00
93.00	All other Medical Education	0	96,536,229	0.000000	8,709,702	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 10:22 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		54,898	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		54,898	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)		49,945	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)		763	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)		2,694	15.00
16.00	Nursery days (title V or XIX only)		1,267	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		96,536,229	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)		96,536,229	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		96,536,229	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,758.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,341,713	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,341,713	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		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)	2,244,964	2,694	833.32	1,267	1,055,816	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	14,216,708	5,224	2,721.42	873	2,375,800	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	6,775,764	3,327	2,036.60	115	234,209	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,788,230	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)					6,795,768	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)					490,834	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					99,790	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					590,624	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,205,144	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,953	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,758.47	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,709,702	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/30/2023 10:22 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,291,399	96,536,229	0.106607	8,709,702	928,515	90.00
91.00	Nursing Program cost	0	96,536,229	0.000000	8,709,702	0	91.00
92.00	Allied health cost	0	96,536,229	0.000000	8,709,702	0	92.00
93.00	All other Medical Education	0	96,536,229	0.000000	8,709,702	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 10:22 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		72,438,888	30.00
31.00	03100	INTENSIVE CARE UNIT		12,730,774	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.132634	30,001,864	50.00
50.01	05001	CV SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.294487	3,442,750	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.270007	88,824	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.246280	4,904,223	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.043700	1,313,083	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.075368	4,918,445	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.156829	858,141	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.094294	14,162,475	59.00
60.00	06000	LABORATORY	0.166405	15,426,831	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.291640	5,761,001	65.00
66.00	06600	PHYSICAL THERAPY	0.442856	3,346,373	66.00
69.00	06900	ELECTROCARDIOLOGY	0.068738	6,385,882	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118096	456,430	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.173269	10,737,431	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.147022	35,848,754	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.179999	29,952,843	73.00
73.01	07302	OP PHARMACY	1.274867	0	73.01
74.00	07400	RENAL DIALYSIS	0.349927	1,999,436	74.00
76.97	07697	CARDIAC REHABILITATION	0.321353	73,301	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.276652	3,984	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.261797	1,246,017	90.01
90.02	09002	WOUND CARE CENTER	0.259830	2,107	90.02
90.03	09003	PAIN CLINIC	0.400774	131	90.03
90.04	09004	OB CLINIC	2.831422	7,502	90.04
90.05	09005	OP PSYCH CLINIC	0.576869	0	90.05
90.06	09006	MULTI SPECIALTY CLINIC	0.926755	174	90.06
91.00	09100	EMERGENCY	0.132570	22,187,534	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.656509	40,812	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.461200	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		193,166,348	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		193,166,348	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 10:22 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,338,141	30.00
31.00	03100	INTENSIVE CARE UNIT		1,524,116	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		697,542	35.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		211,815	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.132634	973,865	50.00
50.01	05001	CV SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.294487	92,506	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.270007	348,780	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.246280	343,884	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.043700	151,281	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.075368	277,894	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.156829	32,623	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.094294	167,319	59.00
60.00	06000	LABORATORY	0.166405	1,199,353	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.291640	752,545	65.00
66.00	06600	PHYSICAL THERAPY	0.442856	157,271	66.00
69.00	06900	ELECTROCARDIOLOGY	0.068738	222,776	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118096	23,109	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.173269	546,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.147022	576,659	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.179999	2,658,370	73.00
73.01	07302	OP PHARMACY	1.274867	0	73.01
74.00	07400	RENAL DIALYSIS	0.349927	84,677	74.00
76.97	07697	CARDIAC REHABILITATION	0.321353	365	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.276652	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.261797	129,117	90.01
90.02	09002	WOUND CARE CENTER	0.259830	0	90.02
90.03	09003	PAIN CLINIC	0.400774	0	90.03
90.04	09004	OB CLINIC	2.831422	0	90.04
90.05	09005	OP PSYCH CLINIC	0.576869	0	90.05
90.06	09006	MULTI SPECIALTY CLINIC	0.926755	9,052	90.06
91.00	09100	EMERGENCY	0.132570	1,233,006	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.656509	6,624	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.461200	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		9,987,817	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		9,987,817	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 10:22 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		27,561,437	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,988,467	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)		1,827,060	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		542,218	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		184.43	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.79	30.00
31.00	Percentage of Medicaid patient days (see instructions)		29.45	31.00
32.00	Sum of lines 30 and 31		34.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)		17.46	33.00
34.00	Disproportionate share adjustment (see instructions)		1,639,054	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 10:22 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.000280434	0.000283200	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	2,016,882	1,946,832	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	1,508,517	490,709	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	1,999,226		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	43,557,462		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		43,557,462	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,083,488	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		59,263	53.00
54.00	Special add-on payments for new technologies		357,060	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)		69,580	58.00
59.00	Total (sum of amounts on lines 49 through 58)		47,126,853	59.00
60.00	Primary payer payments		16,431	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		47,110,422	61.00
62.00	Deductibles billed to program beneficiaries		3,598,540	62.00
63.00	Coinurance billed to program beneficiaries		246,237	63.00
64.00	Allowable bad debts (see instructions)		373,316	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		242,655	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		54,261	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		43,508,300	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		0	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 10:22 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)			43,508,300	71.00
71.01	Sequestration adjustment (see instructions)			548,205	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			42,372,563	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)			587,532	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			954,827	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0051

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2023 10:22 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	27,561,437	0	27,561,437		27,561,437	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,988,467	0		9,988,467	9,988,467	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	1,827,060	0	1,827,060		1,827,060	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	542,218	0		542,218	542,218	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1746	0.1746	0.1746	0.1746		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,639,054	0	1,203,057	435,997	1,639,054	11.00
11.01	Uncompensated care payments	36.00	1,999,226	0	1,508,517	490,709	1,999,226	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	43,557,462	0	32,100,071	11,457,391	43,557,462	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	43,557,462	0	32,100,071	11,457,391	43,557,462	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,083,488	0	2,269,036	814,452	3,083,488	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0051

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2023 10:22 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	357,060	0	320,424	36,637	357,061	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	34,689,531	12,308,480	46,998,011	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	2,821,084	0	2,074,080	747,004	2,821,084	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	59,850	0	46,037	13,813	59,850	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0718	0.0718	0.0718	0.0718		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	202,554	0	148,919	53,635	202,554	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,083,488	0	2,269,036	814,452	3,083,488	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: 15-0051		Period: From 01/01/2022 To 12/31/2022		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2023 10:22 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (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	27,561,437	27,561,437		27,561,437	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,988,467		9,988,467	9,988,467	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	1,827,060	1,827,060		1,827,060	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	542,218		542,218	542,218	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1746	0.1746	0.1746		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,639,054	1,203,057	435,997	1,639,054	11.00
11.01	Uncompensated care payments	36.00	1,999,226	1,508,517	490,709	1,999,226	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	43,557,462	32,100,071	11,457,391	43,557,462	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	43,557,462	32,100,071	11,457,391	43,557,462	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,083,488	2,269,036	814,452	3,083,488	16.00
17.00	Special add-on payments for new technologies	54.00	357,060	320,423	36,637	357,060	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			34,689,530	12,308,480	46,998,010	19.00

		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	2,821,084	2,074,080	747,004	2,821,084	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	59,850	46,037	13,813	59,850	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0718	0.0718	0.0718		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	202,554	148,919	53,635	202,554	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,083,488	2,269,036	814,452	3,083,488	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	0	0	0	0	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		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: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 10:22 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		25,890	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		57,273,364	2.00
3.00	OPPS payments		41,016,984	3.00
4.00	Outlier payment (see instructions)		189,519	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		193,990	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		25,890	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		140,074	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)		140,074	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		140,074	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		114,184	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)		25,890	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)		41,400,493	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,787,595	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)		34,638,788	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		34,638,788	30.00
31.00	Primary payer payments		5,769	31.00
32.00	Subtotal (line 30 minus line 31)		34,633,019	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		464,411	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		301,867	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		147,600	36.00
37.00	Subtotal (see instructions)		34,934,886	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-10	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)		34,934,896	40.00
40.01	Sequestration adjustment (see instructions)		440,179	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		34,459,352	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)		35,365	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		16,195	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 10:22 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: 15-0051		Period: From 01/01/2022 To 12/31/2022		Worksheet E-1 Part I Date/Time Prepared: 5/30/2023 10:22 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		42,338,063		34,459,352	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	09/14/2022	34,500		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		34,500		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		42,372,563		34,459,352	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		587,532		35,365	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		42,960,095		34,494,717	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: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/30/2023 10:22 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/30/2023 10:22 am
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. 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: 15-0051

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

Worksheet G

Date/Time Prepared:
5/30/2023 10:22 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	205,947,951	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	50,987,510	0	0	0	4.00
5.00	Other receivable	6,826,644	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	11,231,299	0	0	0	7.00
8.00	Prepaid expenses	10,625,529	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)	285,618,933	0	0	0	11.00
FIXED ASSETS						
12.00	Land	18,174,895	0	0	0	12.00
13.00	Land improvements	2,017,882	0	0	0	13.00
14.00	Accumulated depreciation	-2,017,882	0	0	0	14.00
15.00	Buildings	530,908,532	0	0	0	15.00
16.00	Accumulated depreciation	-160,480,234	0	0	0	16.00
17.00	Leasehold improvements	7,103,572	0	0	0	17.00
18.00	Accumulated depreciation	-6,545,904	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	464,693	0	0	0	21.00
22.00	Accumulated depreciation	-381,241	0	0	0	22.00
23.00	Major movable equipment	137,038,775	0	0	0	23.00
24.00	Accumulated depreciation	-54,293,128	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)	471,989,960	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	24,754,983	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	243,361,468	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	268,116,451	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,025,725,344	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	34,940,926	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,527,024	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	45,816,853	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	6,396,921	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	95,681,724	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,779,799	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,779,799	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	98,461,523	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	927,263,821				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)	927,263,821	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,025,725,344	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0051

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

Worksheet G-1

Date/Time Prepared:
5/30/2023 10:22 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		892,885,813		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		29,920,049			2.00
3.00	Total (sum of line 1 and line 2)		922,805,862		0	3.00
4.00	TEMPORARY RESTRICTED	4,457,959		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)		4,457,959		0	10.00
11.00	Subtotal (line 3 plus line 10)		927,263,821		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)		927,263,821		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	TEMPORARY RESTRICTED		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: 15-0051

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2023 10:22 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	227,219,399		227,219,399	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	227,219,399		227,219,399	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	35,482,952		35,482,952	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	15,063,884		15,063,884	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	50,546,836		50,546,836	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	277,766,235		277,766,235	17.00
18.00	Ancillary services	500,941,487	1,020,179,144	1,521,120,631	18.00
19.00	Outpatient services	67,484,219	294,354,605	361,838,824	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER NRCC	0	4,980,015	4,980,015	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	846,191,941	1,319,513,764	2,165,705,705	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		496,382,972		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)		496,382,972		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0051

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

Worksheet G-3

Date/Time Prepared:
5/30/2023 10:22 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,165,705,705	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,636,262,742	2.00
3.00	Net patient revenues (line 1 minus line 2)	529,442,963	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	496,382,972	4.00
5.00	Net income from service to patients (line 3 minus line 4)	33,059,991	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	-8,181,624	24.00
24.50	COVID-19 PHE Funding	5,041,682	24.50
25.00	Total other income (sum of lines 6-24)	-3,139,942	25.00
26.00	Total (line 5 plus line 25)	29,920,049	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)	29,920,049	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0051	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/30/2023 10:22 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,821,084	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		59,850	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)		163.95	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.79	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		29.45	8.00
9.00	Sum of lines 7 and 8		34.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.18	10.00
11.00	Disproportionate share adjustment (see instructions)		202,554	11.00
12.00	Total prospective capital payments (see instructions)		3,083,488	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00