

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: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/25/2023 2:35 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/25/2023	Time: 2:35 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH WEST HOSPITAL (15-0158) 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	Cara Breidster	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Cara Breidster		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronic)		4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	199,085	-47,130	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	3.00
5.00	SWING BED - SNF	0	0	0	0	5.00
6.00	SWING BED - NF	0	0	0	0	6.00
200.00	TOTAL	0	199,085	-47,130	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: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 2:35 pm
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1.00	Hospital and Hospital Health Care Complex Address:		2.00	3.00	4.00			
1.00	Street: 1111 N. RONALD REAGAN PARKWAY		PO Box:					1.00
2.00	City: AVON		State: IN	Zip Code: 46123-7085	County: HENDRICKS			2.00

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH WEST HOSPITAL	150158	26900	1	12/01/2004	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 - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0158			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 2:35 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,254	396	0	11	6,268	33		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00	
						V	XVIII	XIX		
						1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00	
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.								57.00	

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		V	XVIII	XIX	
		1.00	2.00	3.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N			60.00

		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				
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				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	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					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	
		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)					65.00
			0.00	0.00	0.000000	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					66.00
Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					67.00
			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)		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: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 2:35 pm	
		V 1.00	XIX 2.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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. 1V, 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. 1, 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. 1 through 1V? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00
				1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
				1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.				113.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 2:35 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	250,630	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	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.04	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	15H059	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: INDIANA UNIVERSITY HEALTH, INC.	Contractor's Name: WPS	Contractor's Number: 08101		141.00
142.00	Street: 340 WEST 10TH ST	PO Box:			142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202		143.00
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
			1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0158		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 2:35 pm	
1.00							
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N					147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N					148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N					149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		155.00
156.00	Subprovider - IPF	N	N	N	N		156.00
157.00	Subprovider - IRF	N	N	N	N		157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N		159.00
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00
161.00	CMHC		N	N	N		161.00
1.00							
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N					165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00 166.00
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)						
		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				1,975	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 2:35 pm	
			Y/N	Date	
			1.00	2.00	
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE					
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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	02/25/2022	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N	Date	Y/N
			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	04/23/2023	Y	04/03/2023
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: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 2:35 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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 - GOVERNMENT PROGRAMS	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 2:35 pm

Component	Worksheet A Line No.	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	149	54,385	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)		149	54,385	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	11	4,015	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		174	63,510	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		174				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	7	2,555		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 2:35 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,058	620	37,477		1.00
2.00	HMO and other (see instructions)	13,057	5,779			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)	12,058	620	37,477		7.00
8.00	INTENSIVE CARE UNIT	1,257	450	3,628		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	0	79	930		12.00
13.00	NURSERY		1,001	1,816		13.00
14.00	Total (see instructions)	13,315	2,150	43,851	0.00	922.01
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			383		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	922.01
28.00	Observation Bed Days		98	3,813		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	33	547		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	567		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part I Date/Time Prepared: 5/25/2023 2:35 pm
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Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,234	184	7,766	1.00
2.00	HMO and other (see instructions)			1,938	1,210		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	2,234	184	7,766	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0158

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

Worksheet S-3 Part II Date/Time Prepared: 5/25/2023 2:35 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	85,345,063	-253,403	85,091,660	1,917,778.67	44.37
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		130,750	0	130,750	771.67	169.44
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		114,531	0	114,531	2,080.00	55.06
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)		152,611	359,583	512,194	8,002.66	64.00
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		625,290	0	625,290	8,385.77	74.57
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		834,049	0	834,049	5,598.67	148.97
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		18,672,322	0	18,672,322	469,475.91	39.77
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)		20,177,299	0	20,177,299		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		61,659	0	61,659		
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		14,170	0	14,170		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		24,440	0	24,440		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		6,512,036	0	6,512,036		
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: 15-0158

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2023 2:35 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	227	0	227	1.00	227.00	26.00
27.00	Administrative & General	8,917,338	-3,689,752	5,227,586	101,374.02	51.57	27.00
28.00	Administrative & General under contract (see inst.)	541,264	0	541,264	6,325.75	85.57	28.00
29.00	Maintenance & Repairs	1,042,357	0	1,042,357	35,972.30	28.98	29.00
30.00	Operation of Plant	812,086	0	812,086	29,949.22	27.12	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,741,245	-4,719	1,736,526	87,688.46	19.80	32.00
33.00	Housekeeping under contract (see instructions)	184,704	0	184,704	5,863.60	31.50	33.00
34.00	Dietary	1,844,563	-769,931	1,074,632	56,507.18	19.02	34.00
35.00	Dietary under contract (see instructions)	182,220	0	182,220	6,855.52	26.58	35.00
36.00	Cafeteria	0	766,079	766,079	40,138.00	19.09	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	7,445,542	-57,552	7,387,990	79,582.67	92.83	38.00
39.00	Central Services and Supply	1,438	0	1,438	30.86	46.60	39.00
40.00	Pharmacy	3,906,860	12,379	3,919,239	85,296.49	45.95	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	263,783	0	263,783	14,761.61	17.87	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0158

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2023 2:35 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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)	86,138,720	-253,403	85,885,317	1,934,743.54	44.39	1.00
2.00	Excluded area salaries (see instructions)	152,611	359,583	512,194	8,002.66	64.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	85,986,109	-612,986	85,373,123	1,926,740.88	44.31	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,131,661	0	20,131,661	483,460.35	41.64	4.00
5.00	Subtotal wage-related costs (see inst.)	26,703,505	0	26,703,505	0.00	31.28	5.00
6.00	Total (sum of lines 3 thru 5)	132,821,275	-612,986	132,208,289	2,410,201.23	54.85	6.00
7.00	Total overhead cost (see instructions)	26,883,627	-3,743,496	23,140,131	550,346.68	42.05	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2023 2:35 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,150,243	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)	10,057,168	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	196,299	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)	353,321	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	336,397	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	6,184,141	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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,277,569	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: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/25/2023 2:35 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	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			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/25/2023 2:35 pm
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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)			0.184117	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			24,581,848	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			210,315,287	6.00	
7.00	Medicaid cost (line 1 times line 6)			38,722,620	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)			14,140,772	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)			357,963	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			1,304,696	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			240,217	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			14,140,772	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)	23,645,863	644,899	24,290,762	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,353,605	644,899	4,998,504	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)	4,353,605	644,899	4,998,504	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)			15,881,383	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			249,860	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			384,400	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			15,496,983	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,987,798	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			7,986,302	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			22,127,074	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0158		Period: From 01/01/2022 To 12/31/2022		Worksheet A		
Date/Time Prepared: 5/25/2023 2:35 pm								
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	7,563,903	7,563,903	1.00
1.01	00101	MOB		645,530	645,530	90,842	736,372	1.01
1.02	00102	INTEREST		0	0	37	37	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	8,170,375	8,170,375	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	227	370,249	370,476	12,366,834	12,737,310	4.00
5.01	00540	NONPATIENT TELEPHONES	0	49,918	49,918	0	49,918	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	147	10,444	10,591	-663	9,928	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	8,917,191	59,527,808	68,444,999	-9,016,274	59,428,725	5.04
6.00	00600	MAINTENANCE & REPAIRS	1,042,357	8,905,594	9,947,951	-6,082,680	3,865,271	6.00
7.00	00700	OPERATION OF PLANT	812,086	3,161,538	3,973,624	2,014,344	5,987,968	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	252,958	252,958	0	252,958	8.00
9.00	00900	HOUSEKEEPING	1,741,245	1,524,174	3,265,419	-422,660	2,842,759	9.00
10.00	01000	DIETARY	1,844,563	1,360,497	3,205,060	-1,679,237	1,525,823	10.00
11.00	01100	CAFETERIA	0	0	0	1,083,837	1,083,837	11.00
13.00	01300	NURSING ADMINISTRATION	7,445,542	3,862,326	11,307,868	-1,792,548	9,515,320	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,438	164,474	165,912	5,869,666	6,035,578	14.00
15.00	01500	PHARMACY	3,906,860	9,669,408	13,576,268	-8,315,283	5,260,985	15.00
17.00	01700	SOCIAL SERVICE	0	677	677	0	677	17.00
18.00	01080	TRANSPORTATION	263,783	179,331	443,114	-32,809	410,305	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,182,313	19,862,210	42,044,523	-7,577,914	34,466,609	30.00
31.00	03100	INTENSIVE CARE UNIT	3,613,606	3,912,041	7,525,647	-618,994	6,906,653	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	1,245,567	288,927	1,534,494	-80,890	1,453,604	35.00
43.00	04300	NURSERY	0	0	0	549,371	549,371	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,701,315	21,058,064	26,759,379	-16,014,915	10,744,464	50.00
51.00	05100	RECOVERY ROOM	3,453,366	1,298,690	4,752,056	-548,047	4,204,009	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,700,626	3,700,626	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,163,305	6,777,624	12,940,929	-3,550,764	9,390,165	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,184,610	2,352,774	3,537,384	-802,297	2,735,087	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,693,231	6,406,198	8,099,429	-4,967,051	3,132,378	59.00
60.00	06000	LABORATORY	629	10,212,773	10,213,402	-40	10,213,362	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	676,179	676,179	-1,638	674,541	63.00
65.00	06500	RESPIRATORY THERAPY	2,473,982	2,438,657	4,912,639	-645,113	4,267,526	65.00
66.00	06600	PHYSICAL THERAPY	2,165,435	730,982	2,896,417	-537,255	2,359,162	66.00
67.00	06700	OCCUPATIONAL THERAPY	657,674	131,044	788,718	-81,482	707,236	67.00
68.00	06800	SPEECH PATHOLOGY	299,632	82,154	381,786	-59,825	321,961	68.00
69.00	06900	ELECTROCARDIOLOGY	1,232,189	839,075	2,071,264	-312,437	1,758,827	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,255,761	5,255,761	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,545,048	8,545,048	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,533,694	9,533,694	73.00
74.00	07400	RENAL DIALYSIS	0	1,062,623	1,062,623	-15,139	1,047,484	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	267,279	202,969	470,248	-131,793	338,455	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	575,026	217,022	792,048	-157,244	634,804	90.01
90.02	09002	SLEEP LAB	0	790,670	790,670	-15,711	774,959	90.02
91.00	09100	EMERGENCY	5,688,720	7,138,188	12,826,908	-1,427,387	11,399,521	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	619,134	356,206	975,340	-224,282	751,058	92.01
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,192,452	176,519,996	261,712,448	-368,034	261,344,414	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	119,585	237,510	357,095	-76,567	280,528	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,466	11,567	38,033	-1,075	36,958	192.00
192.01	19201	RETAIL PHARMACY	5,175	15,769	20,944	-237	20,707	192.01
192.02	19202	MARKETING	1,385	348,627	350,012	35,932	385,944	192.02
192.03	19203	BACK AND NECK	0	95,905	95,905	-101,660	-5,755	192.03
192.04	19204	TIPON SERVICES	0	0	0	62,668	62,668	192.04
192.05	19205	NORTH SERVICES	0	0	0	359,950	359,950	192.05
192.06	19206	SAXONY SERVICES	0	0	0	89,023	89,023	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)	85,345,063	177,229,374	262,574,437	0	262,574,437	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0158

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

Worksheet A
Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	53,900	7,617,803	1.00
1.01	00101 MOB	-353,164	383,208	1.01
1.02	00102 INTEREST	4,437,932	4,437,969	1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	873,810	9,044,185	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	534,222	13,271,532	4.00
5.01	00540 NONPATIENT TELEPHONES	0	49,918	5.01
5.02	00550 DATA PROCESSING	9,567,841	9,567,841	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	965,236	975,164	5.03
5.04	00590 ADMINISTRATIVE AND GENERAL	-28,179,157	31,249,568	5.04
6.00	00600 MAINTENANCE & REPAIRS	-159,221	3,706,050	6.00
7.00	00700 OPERATION OF PLANT	63,242	6,051,210	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	252,958	8.00
9.00	00900 HOUSEKEEPING	-740	2,842,019	9.00
10.00	01000 DIETARY	720	1,526,543	10.00
11.00	01100 CAFETERIA	0	1,083,837	11.00
13.00	01300 NURSING ADMINISTRATION	558,136	10,073,456	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	6,035,578	14.00
15.00	01500 PHARMACY	-64,960	5,196,025	15.00
17.00	01700 SOCIAL SERVICE	0	677	17.00
18.00	01080 TRANSPORTATION	0	410,305	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-2,151,630	32,314,979	30.00
31.00	03100 INTENSIVE CARE UNIT	-1,803,262	5,103,391	31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT	0	1,453,604	35.00
43.00	04300 NURSERY	0	549,371	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-1,394,321	9,350,143	50.00
51.00	05100 RECOVERY ROOM	0	4,204,009	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,700,626	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	145,431	9,535,596	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	-514,546	2,220,541	55.00
59.00	05900 CARDIAC CATHETERIZATION	-915,520	2,216,858	59.00
60.00	06000 LABORATORY	0	10,213,362	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	674,541	63.00
65.00	06500 RESPIRATORY THERAPY	0	4,267,526	65.00
66.00	06600 PHYSICAL THERAPY	-2,335	2,356,827	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	707,236	67.00
68.00	06800 SPEECH PATHOLOGY	0	321,961	68.00
69.00	06900 ELECTROCARDIOLOGY	-24,162	1,734,665	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,255,761	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	8,545,048	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	9,533,694	73.00
74.00	07400 RENAL DIALYSIS	0	1,047,484	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	338,455	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0	634,804	90.01
90.02	09002 SLEEP LAB	0	774,959	90.02
91.00	09100 EMERGENCY	-3,056,856	8,342,665	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	751,058	92.01
OTHER REIMBURSABLE COST CENTERS				
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-21,419,404	239,925,010	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	280,528	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	36,958	192.00
192.01	19201 RETAIL PHARMACY	0	20,707	192.01
192.02	19202 MARKETING	0	385,944	192.02
192.03	19203 BACK AND NECK	0	-5,755	192.03
192.04	19204 TIPTON SERVICES	0	62,668	192.04
192.05	19205 NORTH SERVICES	0	359,950	192.05
192.06	19206 SAXONY SERVICES	0	89,023	192.06
200.00	TOTAL (SUM OF LINES 118 through 199)	-21,419,404	241,155,033	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,769,613	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,130,378	2.00
3.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	137,394	3.00
4.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	61,793	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
0			0	15,099,178	
B - LEASE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	595,103	1.00
2.00	MOB	1.01	0	383,208	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	45,852	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	277	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
0			0	1,024,440	
C - INTEREST					
1.00	INTEREST	1.02	0	37	1.00
0			0	37	
D - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,366,895	1.00
2.00	BACK AND NECK	192.03	0	1,229	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	12,368,124	
F - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	2,796,661	674,569	1.00
0			2,796,661	674,569	
H - NURSERY					
1.00	NURSERY	43.00	394,746	122,248	1.00
0			394,746	122,248	
I - DIETARY					
1.00	CAFETERIA	11.00	766,079	317,758	1.00
0			766,079	317,758	
K - STD					
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	22,812	1.00
2.00	HOUSEKEEPING	9.00	0	4,719	2.00
3.00	DIETARY	10.00	0	3,852	3.00
4.00	NURSING ADMINISTRATION	13.00	0	47,409	4.00
5.00	PHARMACY	15.00	0	7,621	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	83,899	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	5,927	7.00
8.00	OPERATING ROOM	50.00	0	14,587	8.00
9.00	RECOVERY ROOM	51.00	0	13,154	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,565	10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,480	11.00
12.00	RESPIRATORY THERAPY	65.00	0	5,712	12.00
13.00	PHYSICAL THERAPY	66.00	0	1,378	13.00
14.00	EMERGENCY	91.00	0	12,288	14.00
0			0	253,403	
L - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	2,187,095	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
0			0	2,187,095	
M - MARKETING					
1.00	MARKETING	192.02	0	40,839	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
0			0	40,839	
N - BILLABLE/NON-BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	914,692	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,533,694	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
0			0	10,448,386	
O - MEDICAL SUPPLIES AND IMPLANTS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,894,897	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,255,761	2.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:
5/25/2023 2:35 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
3.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,545,048	3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	141	4.00
5.00	ADMINISTRATIVE AND GENERAL	5.04	0	184,755	5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	1,266	6.00
7.00	OPERATION OF PLANT	7.00	0	46,610	7.00
8.00	HOUSEKEEPING	9.00	0	1,564	8.00
9.00	LABORATORY	60.00	0	20	9.00
10.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	29	10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2	11.00
12.00	MARKETING	192.02	0	25	12.00
13.00	BACK AND NECK	192.03	0	162	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
	0		0	19,930,280	
P - ROUTINE COSTS					
1.00	ADULTS & PEDIATRICS	30.00	203,337	60,615	1.00
2.00		0.00	0	0	2.00
	0		203,337	60,615	
Q - TIPTON, NORTH, SAXONY RECLASS					
1.00	TIPTON SERVICES	192.04	43,976	18,692	1.00
2.00	NORTH SERVICES	192.05	253,136	106,814	2.00
3.00	SAXONY SERVICES	192.06	62,471	26,552	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	0		359,583	152,058	
R - SPOT AND RETENTION					
1.00	NURSING ADMINISTRATION	13.00	9,000	1,048	1.00
2.00	PHARMACY	15.00	20,000	2,090	2.00
3.00	ADULTS & PEDIATRICS	30.00	1,059,929	116,657	3.00
4.00	INTENSIVE CARE UNIT	31.00	302,000	34,063	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	91,000	10,182	5.00
6.00	NURSERY	43.00	29,165	3,212	6.00
7.00	OPERATING ROOM	50.00	482,000	54,293	7.00
8.00	RECOVERY ROOM	51.00	354,764	40,714	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	206,642	22,754	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	28,000	2,582	10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	86,000	9,419	11.00
12.00	CARDIAC CATHETERIZATION	59.00	53,000	6,175	12.00
13.00	RESPIRATORY THERAPY	65.00	169,000	18,408	13.00
14.00	ELECTROCARDIOLOGY	69.00	44,000	4,326	14.00
15.00	CARDIAC REHABILITATION	76.97	20,000	1,970	15.00
16.00	BEHAVIORAL HEALTH	90.01	11,000	1,282	16.00
17.00	EMERGENCY	91.00	361,000	40,526	17.00
	TOTALS		3,326,500	369,701	
500.00	Grand Total: Increases		7,846,906	63,048,731	500.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
5/25/2023 2:35 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	3,405,019	9		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	3,737,018	9		2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,822	12		3.00
4.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,033	13		4.00
5.00	OPERATION OF PLANT	7.00	0	11,942	0		5.00
6.00	HOUSEKEEPING	9.00	0	2,422	0		6.00
7.00	DIETARY	10.00	0	48,739	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	701,221	0		8.00
9.00	PHARMACY	15.00	0	217,107	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	342,375	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	160,389	0		11.00
12.00	OPERATING ROOM	50.00	0	2,551,191	0		12.00
13.00	RECOVERY ROOM	51.00	0	12,770	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,833,228	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	522,241	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	615,443	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	112,475	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	16,030	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	130,160	0		19.00
20.00	CARDIAC REHABILITATION	76.97	0	32,175	0		20.00
21.00	SLEEP LAB	90.02	0	465	0		21.00
22.00	EMERGENCY	91.00	0	365,696	0		22.00
23.00	BACK AND NECK	192.03	0	6,370	0		23.00
24.00	MOB	1.01	0	268,847	9		24.00
			0	15,099,178			
B - LEASE							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	674,032	10		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	18,853	10		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	4,448	10		3.00
4.00	OPERATING ROOM	50.00	0	21,439	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	46,904	0		5.00
6.00	CARDIAC REHABILITATION	76.97	0	46,904	0		6.00
7.00	BEHAVIORAL HEALTH	90.01	0	78,721	0		7.00
8.00	EMERGENCY	91.00	0	1,388	0		8.00
9.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	35,070	0		9.00
10.00	BACK AND NECK	192.03	0	96,681	0		10.00
			0	1,024,440			
C - INTEREST							
1.00	OPERATION OF PLANT	7.00	0	37	11		1.00
			0	37			
D - BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	61	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	37	0		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	903,452	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	186,276	0		4.00
5.00	OPERATION OF PLANT	7.00	0	207,382	0		5.00
6.00	HOUSEKEEPING	9.00	0	421,802	0		6.00
7.00	DIETARY	10.00	0	545,657	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	814,107	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	479	0		9.00
10.00	PHARMACY	15.00	0	512,573	0		10.00
11.00	TRANSPORTATION	18.00	0	32,809	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	3,178,758	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	509,579	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	157,850	0		14.00
15.00	OPERATING ROOM	50.00	0	956,416	0		15.00
16.00	RECOVERY ROOM	51.00	0	630,249	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	807,345	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	257,035	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	181,744	0		19.00
20.00	LABORATORY	60.00	0	60	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	323,731	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	357,928	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	80,593	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	59,268	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	174,395	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	73,738	0		26.00
27.00	BEHAVIORAL HEALTH	90.01	0	90,221	0		27.00
28.00	EMERGENCY	91.00	0	804,655	0		28.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
5/25/2023 2:35 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
29.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	56,903	0	29.00	
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	41,526	0	30.00	
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,077	0	31.00	
32.00	RETAIL PHARMACY	192.01	0	237	0	32.00	
33.00	MARKETING	192.02	0	181	0	33.00	
	O		0	12,368,124			
F - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	2,796,661	674,569	0	1.00	
	O		2,796,661	674,569			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	394,746	122,248	0	1.00	
	O		394,746	122,248			
I - DIETARY							
1.00	DIETARY	10.00	766,079	317,758	0	1.00	
	O		766,079	317,758			
K - STD							
1.00	ADMINISTRATIVE AND GENERAL	5.04	22,812	0	0	1.00	
2.00	HOUSEKEEPING	9.00	4,719	0	0	2.00	
3.00	DIETARY	10.00	3,852	0	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	47,409	0	0	4.00	
5.00	PHARMACY	15.00	7,621	0	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	83,899	0	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	5,927	0	0	7.00	
8.00	OPERATING ROOM	50.00	14,587	0	0	8.00	
9.00	RECOVERY ROOM	51.00	13,154	0	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	27,565	0	0	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	2,480	0	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	5,712	0	0	12.00	
13.00	PHYSICAL THERAPY	66.00	1,378	0	0	13.00	
14.00	EMERGENCY	91.00	12,288	0	0	14.00	
	O		253,403	0			
L - UTILITIES							
1.00	MOB	1.01	0	23,519	10	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	877	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	2,160,652	0	3.00	
4.00	OPERATING ROOM	50.00	0	1,560	0	4.00	
5.00	SLEEP LAB	90.02	0	487	0	5.00	
	O		0	2,187,095			
M - MARKETING							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	40,285	0	1.00	
2.00	PHARMACY	15.00	0	369	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	123	0	3.00	
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	62	0	4.00	
	O		0	40,839			
N - BILLABLE/NON-BILLABLE DRUGS							
1.00	PHARMACY	15.00	0	8,484,440	0	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.03	0	767	0	2.00	
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	833	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	26,528	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	536	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	286,196	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	100,691	0	7.00	
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,148	0	8.00	
9.00	OPERATING ROOM	50.00	0	165,660	0	9.00	
10.00	RECOVERY ROOM	51.00	0	126,625	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	717,725	0	11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	83,662	0	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	102,990	0	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	14,314	0	14.00	
15.00	PHYSICAL THERAPY	66.00	0	786	0	15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	21,407	0	16.00	
17.00	RENAL DIALYSIS	74.00	0	4,169	0	17.00	
18.00	CARDIAC REHABILITATION	76.97	0	165	0	18.00	
19.00	EMERGENCY	91.00	0	295,693	0	19.00	
20.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	8,300	0	20.00	
21.00	MARKETING	192.02	0	4,751	0	21.00	
	O		0	10,448,386			

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:
5/25/2023 2:35 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
O - MEDICAL SUPPLIES AND IMPLANTS							
1.00	DIETARY	10.00	0	1,004	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	229,429	0		2.00
3.00	OPERATING ROOM	50.00	0	12,854,942	0		3.00
4.00	PHARMACY	15.00	0	37,576	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,204,046	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	179,950	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	22,074	0		7.00
8.00	RECOVERY ROOM	51.00	0	57,919	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	223,202	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	34,716	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	4,126,049	0		11.00
12.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	1,638	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	382,001	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	115,607	0		14.00
15.00	OCCUPATIONAL THERAPY	67.00	0	889	0		15.00
16.00	SPEECH PATHOLOGY	68.00	0	557	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	34,801	0		17.00
18.00	RENAL DIALYSIS	74.00	0	10,970	0		18.00
19.00	CARDIAC REHABILITATION	76.97	0	781	0		19.00
20.00	BEHAVIORAL HEALTH	90.01	0	584	0		20.00
21.00	SLEEP LAB	90.02	0	14,759	0		21.00
22.00	EMERGENCY	91.00	0	361,481	0		22.00
23.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	11,089	0		23.00
24.00	CENTRAL SERVICES & SUPPLY	14.00	0	24,216	0		24.00
O			0	19,930,280			
P - ROUTINE COSTS							
1.00	RECOVERY ROOM	51.00	101,423	14,539	0		1.00
2.00	OBSERVATION BEDS (DISTINCT PART)	92.01	101,914	46,076	0		2.00
O			203,337	60,615			
Q - TIPTON, NORTH, SAXONY RECLASS							
1.00	ADMINISTRATIVE AND GENERAL	5.04	41,635	17,204	0		1.00
2.00	NURSING ADMINISTRATION	13.00	2,341	1,488	0		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	239,660	98,248	0		3.00
4.00	NURSING ADMINISTRATION	13.00	13,476	8,566	0		4.00
5.00	ADMINISTRATIVE AND GENERAL	5.04	59,145	24,438	0		5.00
6.00	NURSING ADMINISTRATION	13.00	3,326	2,114	0		6.00
O			359,583	152,058			
R - SPOT AND RETENTION							
1.00	ADMINISTRATIVE AND GENERAL	5.04	3,326,500	369,701	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
TOTALS			3,326,500	369,701			
500.00	Grand Total: Decreases		8,100,309	62,795,328			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2023 2:35 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	1.00	
2.00	Land Improvements	6,800,703	0	0	0	2.00	
3.00	Buildings and Fixtures	76,957,802	3,610,742	0	3,610,742	3.00	
4.00	Building Improvements	103,472,772	91,703	0	91,703	4.00	
5.00	Fixed Equipment	0	0	0	0	5.00	
6.00	Movable Equipment	93,406,077	7,180,428	-877,830	6,302,598	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	280,637,354	10,882,873	-877,830	10,005,043	8.00	
9.00	Reconciling Items	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	280,637,354	10,882,873	-877,830	10,005,043	10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0			1.00	
2.00	Land Improvements	6,800,703	1,615,163			2.00	
3.00	Buildings and Fixtures	80,568,544	0			3.00	
4.00	Building Improvements	103,564,475	2,384,906			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	99,708,675	49,555,629			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	290,642,397	53,555,698			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	290,642,397	53,555,698			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	MOB	268,847	401,911	0	0	0	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	268,847	401,911	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	MOB	-25,228	645,530				1.01
1.02	INTEREST	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	-25,228	645,530				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	190,933,722	0	190,933,722	0.656937	0	1.00
1.01	MOB	0	0	0	0.000000	0	1.01
1.02	INTEREST	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	99,708,675	0	99,708,675	0.343063	0	2.00
3.00	Total (sum of lines 1-2)	290,642,397	0	290,642,397	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,823,513	595,103	1.00
1.01	MOB	0	0	0	-214,065	622,501	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,004,188	45,852	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,613,636	1,263,456	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	137,394	61,793	0	7,617,803	1.00
1.01	MOB	0	0	0	-25,228	383,208	1.01
1.02	INTEREST	4,437,969	0	0	0	4,437,969	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	-2,822	-3,033	0	9,044,185	2.00
3.00	Total (sum of lines 1-2)	4,437,969	134,572	58,760	-25,228	21,483,165	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0158

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

Worksheet A-8

Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-469,618	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	1.00
1.01 Investment income - MOB (chapter 2)	A	-214,065	MOB	1.01	9	1.01
1.02 Investment income - INTEREST (chapter 2)	B	-3,287,782	INTEREST	1.02	11	1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW 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)	B	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	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	-17,934,275			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	26,417,616			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 employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - MOB		0	MOB	1.01	0	26.01
26.02 Depreciation - INTEREST		0	INTEREST	1.02	0	26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0158

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

Worksheet A-8

Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS INCOME	B	-502,333	ADMINISTRATIVE AND GENERAL	5.04	0	33.00
33.01	MISCELLANEOUS INCOME	B	720	DIETARY	10.00	0	33.01
33.02	MISCELLANEOUS INCOME	B	-500	NURSING ADMINISTRATION	13.00	0	33.02
33.03	MISCELLANEOUS INCOME	B	-64,960	PHARMACY	15.00	0	33.03
33.04	MISCELLANEOUS INCOME	B	-24,162	ELECTROCARDIOLOGY	69.00	0	33.04
33.05	CONTRIBUTION EXPENSE	A	-2,540	RADIOLOGY-DIAGNOSTIC	54.00	0	33.05
33.06	CONTRIBUTION EXPENSE	A		NURSING ADMINISTRATION	13.00	0	33.06
33.07	CONTRIBUTION EXPENSE	A		ADULTS & PEDIATRICS	30.00	0	33.07
33.08	HAF FEES	A	-14,612,283	ADMINISTRATIVE AND GENERAL	5.04	0	33.08
33.09	EMPLOYEE BENEFITS	A	-12,366,896	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.09
33.10	TELEPHONE EQUIPMENT	A	-740	HOUSEKEEPING	9.00	0	33.10
33.11	TELEPHONE EQUIPMENT	A	-3,558	ADULTS & PEDIATRICS	30.00	0	33.11
33.12	TELEPHONE EQUIPMENT	A	-2,335	PHYSICAL THERAPY	66.00	0	33.12
33.13	TELEPHONE EQUIPMENT	A	-3,962	EMERGENCY	91.00	0	33.13
33.19	WEST EXPANSION START-UP COST	A	1,668,793	ADMINISTRATIVE AND GENERAL	5.04	0	33.19
33.20	UNWONTED SITUATIONS	A	-399	OPERATING ROOM	50.00	0	33.20
33.21	UNWONTED SITUATIONS	A	-15,975	ADULTS & PEDIATRICS	30.00	0	33.21
33.22	UNWONTED SITUATIONS	A	-150	EMERGENCY	91.00	0	33.22
33.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.23
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,419,404				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0158

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

Worksheet A-8-1

Date/Time Prepared: 5/25/2023 2:35 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HO CR ALLOCATIONS	965,911	442,393	1.00
2.00	1.02	INTEREST	HO CR ALLOCATIONS	7,725,714	0	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HO CR ALLOCATIONS	873,810	0	3.00
3.01	1.01	MOB	HO CR ALLOCATIONS	0	139,099	3.01
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO CR ALLOCATIONS	12,901,118	0	4.00
4.01	5.02	DATA PROCESSING	HO CR ALLOCATIONS	9,567,841	0	4.01
4.02	5.03	PURCHASING RECEIVING AND STO	HO CR ALLOCATIONS	965,236	0	4.02
4.03	5.04	ADMINISTRATIVE AND GENERAL	HO CR ALLOCATIONS	22,228,191	29,040,554	4.03
4.04	6.00	MAINTENANCE & REPAIRS	HO CR ALLOCATIONS	0	159,221	4.04
4.05	13.00	NURSING ADMINISTRATION	HO CR ALLOCATIONS	558,636	0	4.05
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY	13,980	13,980	4.07
4.08	5.04	ADMINISTRATIVE AND GENERAL	INTERCOMPANY	8,459,469	8,459,469	4.08
4.09	13.00	NURSING ADMINISTRATION	INTERCOMPANY	577,217	577,217	4.09
4.10	30.00	ADULTS & PEDIATRICS	INTERCOMPANY	2,572,541	2,572,541	4.10
4.11	31.00	INTENSIVE CARE UNIT	INTERCOMPANY	1,803,262	1,803,262	4.11
4.12	50.00	OPERATING ROOM	INTERCOMPANY	1,435,311	1,435,311	4.12
4.13	51.00	RECOVERY ROOM	INTERCOMPANY	47,075	47,075	4.13
4.14	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	214,023	214,023	4.14
4.15	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY	597,801	597,801	4.15
4.16	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY	952,069	952,069	4.16
4.17	60.00	LABORATORY	INTERCOMPANY	10,117,563	10,117,563	4.17
4.18	63.00	BLOOD STORING, PROCESSING, &	INTERCOMPANY	41,178	41,178	4.18
4.19	66.00	PHYSICAL THERAPY	INTERCOMPANY	16,403	16,403	4.19
4.20	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	360,467	360,467	4.20
4.21	74.00	RENAL DIALYSIS	INTERCOMPANY	8,600	8,600	4.21
4.22	76.97	CARDIAC REHABILITATION	INTERCOMPANY	17,867	17,867	4.22
4.23	90.01	BEHAVIORAL HEALTH	INTERCOMPANY	27,766	27,766	4.23
4.24	90.02	SLEEP LAB	INTERCOMPANY	717,587	717,587	4.24
4.25	91.00	EMERGENCY	INTERCOMPANY	3,197,358	3,197,358	4.25
4.26	92.01	OBSERVATION BEDS (DISTINCT P	INTERCOMPANY	74	74	4.26
4.28	192.02	MARKETING	INTERCOMPANY	25,134	25,134	4.28
4.29	192.03	BACK AND NECK	INTERCOMPANY	29,578	29,578	4.29
4.30	5.04	ADMINISTRATIVE AND GENERAL	NORTH ALLOCATION	197,963	0	4.30
4.31	7.00	OPERATION OF PLANT	NORTH ALLOCATION	63,242	0	4.31
4.32	54.00	RADIOLOGY-DIAGNOSTIC	NORTH ALLOCATION	151,221	0	4.32
4.33	190.00	GI FT, FLOWER, COFFEE SHOP &	INTERCOMPANY	12,119	12,119	4.33
4.34	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY	-50,033	-50,033	4.34
4.35	9.00	HOUSEKEEPING	INTERCOMPANY	93,870	93,870	4.35
5.00	0			87,487,162	61,069,546	5.00

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

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

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

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

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

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

Provider CCN: 15-0158

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2023 2:35 pm

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

(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: 15-0158

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2023 2:35 pm

	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	523,518	9	1.00
2.00	7,725,714	11	2.00
3.00	873,810	9	3.00
3.01	-139,099	10	3.01
4.00	12,901,118	0	4.00
4.01	9,567,841	0	4.01
4.02	965,236	0	4.02
4.03	-6,812,363	0	4.03
4.04	-159,221	0	4.04
4.05	558,636	0	4.05
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
4.26	0	0	4.26
4.28	0	0	4.28
4.29	0	0	4.29
4.30	197,963	0	4.30
4.31	63,242	0	4.31
4.32	151,221	0	4.32
4.33	0	0	4.33
4.34	0	0	4.34
4.35	0	0	4.35
5.00	26,417,616		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	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

Provider CCN: 15-0158

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2023 2:35 pm

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

(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: 15-0158

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2023 2:35 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	ADMINISTRATIVE AND GENERAL	8,118,934	8,118,934	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,132,097	2,132,097	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,803,262	1,803,262	0	0	0	3.00
4.00	50.00	OPERATING ROOM	1,393,922	1,393,922	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	3,250	3,250	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	514,546	514,546	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	915,520	915,520	0	0	0	7.00
8.00	91.00	EMERGENCY	3,052,744	3,052,744	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			17,934,275	17,934,275	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	8,118,934		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,132,097		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,803,262		3.00
4.00	50.00	OPERATING ROOM	0	0	0	1,393,922		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	3,250		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	514,546		6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	915,520		7.00
8.00	91.00	EMERGENCY	0	0	0	3,052,744		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	17,934,275		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	7,617,803	7,617,803			1.00
1.01	00101	MOB	383,208	295,738	678,946		1.01
1.02	00102	INTEREST	4,437,969	0	0	4,437,969	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	9,044,185			9,044,185	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,271,532	34,172	0	20,712	0 4.00
5.01	00540	NONPATIENT TELEPHONES	49,918	0	0	0	0 5.01
5.02	00550	DATA PROCESSING	9,567,841	0	0	0	0 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	975,164	0	0	0	0 5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	31,249,568	500,591	92,265	303,413	248,984 5.04
6.00	00600	MAINTENANCE & REPAIRS	3,706,050	1,161,898	0	704,237	880,337 6.00
7.00	00700	OPERATION OF PLANT	6,051,210	177,222	0	107,416	13,019 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	252,958	25,167	0	15,254	0 8.00
9.00	00900	HOUSEKEEPING	2,842,019	106,757	10,597	64,706	0 9.00
10.00	01000	DIETARY	1,526,543	235,348	5,191	142,646	30,945 10.00
11.00	01100	CAFETERIA	1,083,837	167,166	0	101,321	21,979 11.00
13.00	01300	NURSING ADMINISTRATION	10,073,456	49,193	0	29,816	764,463 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,035,578	111,196	0	67,397	0 14.00
15.00	01500	PHARMACY	5,196,025	126,978	0	76,962	236,688 15.00
17.00	01700	SOCIAL SERVICE	677	0	0	0	0 17.00
18.00	01080	TRANSPORTATION	410,305	0	0	0	0 18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	32,314,979	1,734,966	0	1,051,580	201,939 30.00
31.00	03100	INTENSIVE CARE UNIT	5,103,391	239,370	0	145,084	180,359 31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	1,453,604	55,118	0	33,407	0 35.00
43.00	04300	NURSERY	549,371	40,351	0	24,457	12,271 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,350,143	687,869	0	416,924	2,801,078 50.00
51.00	05100	RECOVERY ROOM	4,204,009	328,081	0	198,853	13,393 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,700,626	285,845	0	173,253	86,941 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,535,596	324,710	0	196,810	1,834,095 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,220,541	174,015	0	105,472	552,910 55.00
59.00	05900	CARDIAC CATHETERIZATION	2,216,858	88,874	0	53,867	650,135 59.00
60.00	06000	LABORATORY	10,213,362	68,526	0	41,534	0 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	674,541	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	4,267,526	48,523	0	29,410	103,033 65.00
66.00	06600	PHYSICAL THERAPY	2,356,827	3,062	33,494	1,856	5,964 66.00
67.00	06700	OCCUPATIONAL THERAPY	707,236	3,062	33,494	1,856	0 67.00
68.00	06800	SPEECH PATHOLOGY	321,961	3,062	33,494	1,856	0 68.00
69.00	06900	ELECTROCARDIOLOGY	1,734,665	0	0	0	141,421 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,255,761	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,545,048	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,533,694	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	1,047,484	40,279	0	24,413	0 74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	338,455	0	20,414	0	32,929 76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	BEHAVIORAL HEALTH	634,804	0	25,226	0	0 90.01
90.02	09002	SLEEP LAB	774,959	2,682	75,543	1,625	0 90.02
91.00	09100	EMERGENCY	8,342,665	407,333	0	246,888	224,357 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	751,058	82,133	0	49,782	0 92.01
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	239,925,010	7,609,287	329,718	4,432,807	9,037,240 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	280,528	0	71,604	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	36,958	0	138,560	0	0 192.00
192.01	19201	RETAIL PHARMACY	20,707	0	47,692	0	0 192.01
192.02	19202	MARKETING	385,944	0	8,166	0	0 192.02
192.03	19203	BACK AND NECK	-5,755	0	83,206	0	6,945 192.03
192.04	19204	TIPTON SERVICES	62,668	1,033	0	626	0 192.04
192.05	19205	NORTH SERVICES	359,950	5,997	0	3,635	0 192.05
192.06	19206	SAXONY SERVICES	89,023	1,486	0	901	0 192.06
200.00		Cross Foot Adjustments					200.00

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP	
201.00	Negative Cost Centers	0	1.00	1.01	1.02	2.00	201.00
202.00	TOTAL (sum lines 118 through 201)	241,155,033	7,617,803	678,946	4,437,969	9,044,185	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	Subtotal		
		4.00	5.01	5.02	5.03	5A.03		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	MOB					1.01	
1.02	00102	INTEREST					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,326,416				4.00	
5.01	00540	NONPATIENT TELEPHONES	0	49,918			5.01	
5.02	00550	DATA PROCESSING	0	0	9,567,841		5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	23	0	0	975,187	5.03	
5.04	00590	ADMINISTRATIVE AND GENERAL	818,685	2,638	505,679	30	33,721,853	5.04
6.00	00600	MAINTENANCE & REPAIRS	163,247	936	179,421	0	6,796,126	6.00
7.00	00700	OPERATION OF PLANT	127,183	780	149,431	13	6,626,274	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	293,379	8.00
9.00	00900	HOUSEKEEPING	271,963	2,283	437,501	0	3,735,826	9.00
10.00	01000	DIETARY	168,301	1,471	281,947	31	2,392,423	10.00
11.00	01100	CAFETERIA	119,978	1,045	200,279	22	1,695,627	11.00
13.00	01300	NURSING ADMINISTRATION	1,157,055	2,071	397,030	7,017	12,480,101	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	225	1	104	2,324	6,216,825	14.00
15.00	01500	PHARMACY	613,804	2,220	425,567	1,900	6,680,144	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	677	17.00
18.00	01080	TRANSPORTATION	41,312	384	73,678	0	525,679	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,158,919	11,097	2,127,421	39,950	40,640,851	30.00
31.00	03100	INTENSIVE CARE UNIT	612,307	1,806	346,078	7,789	6,636,184	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	209,324	557	106,677	964	1,859,651	35.00
43.00	04300	NURSERY	66,390	208	39,952	906	733,906	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	966,103	3,800	728,373	164,911	15,119,201	50.00
51.00	05100	RECOVERY ROOM	578,458	2,027	388,521	2,743	5,716,085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	470,356	1,478	283,296	6,418	5,008,213	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	965,322	3,444	660,091	12,668	13,532,736	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	198,606	743	142,375	2,090	3,396,752	55.00
59.00	05900	CARDIAC CATHETERIZATION	273,482	864	165,619	37,328	3,487,027	59.00
60.00	06000	LABORATORY	99	1,301	249,363	0	10,574,185	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	77	674,618	63.00
65.00	06500	RESPIRATORY THERAPY	413,031	1,326	254,137	18,046	5,135,032	65.00
66.00	06600	PHYSICAL THERAPY	338,919	1,358	260,259	1,885	3,003,624	66.00
67.00	06700	OCCUPATIONAL THERAPY	103,000	408	78,140	45	927,241	67.00
68.00	06800	SPEECH PATHOLOGY	46,926	165	31,650	26	439,140	68.00
69.00	06900	ELECTROCARDIOLOGY	199,868	779	149,327	1,356	2,227,416	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	247,462	5,503,223	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	402,329	8,947,377	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,533,694	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	168	1,112,344	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	44,992	245	46,905	49	483,989	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	91,779	421	80,630	46	832,906	90.01
90.02	09002	SLEEP LAB	0	0	0	737	855,546	90.02
91.00	09100	EMERGENCY	945,540	3,574	684,996	15,453	10,870,806	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	81,003	279	53,442	404	1,018,101	92.01
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,246,200	49,709	9,527,889	975,187	239,434,782	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,729	134	25,632	0	396,627	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,145	2	311	0	179,976	192.00
192.01	19201	RETAIL PHARMACY	810	0	0	0	69,209	192.01
192.02	19202	MARKETING	217	1	208	0	394,536	192.02
192.03	19203	BACK AND NECK	0	2	415	0	84,813	192.03
192.04	19204	TIPTON SERVICES	6,887	9	1,660	0	72,883	192.04
192.05	19205	NORTH SERVICES	39,644	49	9,443	0	418,718	192.05
192.06	19206	SAXONY SERVICES	9,784	12	2,283	0	103,489	192.06
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers					0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,326,416	49,918	9,567,841	975,187	241,155,033	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	MOB						1.01
1.02	00102	INTEREST						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	33,721,853					5.04
6.00	00600	MAINTENANCE & REPAIRS	1,104,826	7,900,952				6.00
7.00	00700	OPERATION OF PLANT	1,077,213	248,910	7,952,397			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	47,694	35,348	36,735	413,156		8.00
9.00	00900	HOUSEKEEPING	607,322	149,942	155,827	0	4,648,917	9.00
10.00	01000	DIETARY	388,929	330,549	343,523	0	205,805	10.00
11.00	01100	CAFETERIA	275,653	234,787	244,002	0	146,182	11.00
13.00	01300	NURSING ADMINISTRATION	2,028,853	69,092	71,804	0	43,018	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,010,651	156,177	162,307	0	97,238	14.00
15.00	01500	PHARMACY	1,085,971	178,342	185,342	5	111,039	15.00
17.00	01700	SOCIAL SERVICE	110	0	0	0	0	17.00
18.00	01080	TRANSPORTATION	85,458	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,606,922	2,436,781	2,532,431	141,570	1,517,178	30.00
31.00	03100	INTENSIVE CARE UNIT	1,078,825	336,198	349,395	15,300	209,322	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	302,318	77,414	80,453	680	48,199	35.00
43.00	04300	NURSERY	119,309	56,673	58,898	0	35,286	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,457,883	966,122	1,004,043	31,976	601,522	50.00
51.00	05100	RECOVERY ROOM	929,247	460,793	478,880	21,466	286,897	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	814,170	401,473	417,232	30,658	249,964	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,199,976	456,060	473,961	84,520	283,950	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	552,200	244,406	253,999	5,170	152,171	55.00
59.00	05900	CARDIAC CATHETERIZATION	566,876	124,824	129,724	8,430	77,718	59.00
60.00	06000	LABORATORY	1,719,014	96,246	100,023	0	59,924	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	109,671	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	834,787	68,151	70,826	0	42,432	65.00
66.00	06600	PHYSICAL THERAPY	488,290	4,301	4,470	14,042	2,678	66.00
67.00	06700	OCCUPATIONAL THERAPY	150,739	4,301	4,470	0	2,678	67.00
68.00	06800	SPEECH PATHOLOGY	71,390	4,301	4,470	0	2,678	68.00
69.00	06900	ELECTROCARDIOLOGY	362,104	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	894,642	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,454,548	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,549,864	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	180,830	56,572	58,792	0	35,222	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	78,681	0	0	743	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	135,403	0	0	0	0	90.01
90.02	09002	SLEEP LAB	139,084	3,766	3,914	3,473	2,345	90.02
91.00	09100	EMERGENCY	1,767,234	572,105	594,561	48,745	356,201	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	165,510	115,357	119,885	6,378	71,823	92.01
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,442,197	7,888,991	7,939,967	413,156	4,641,470	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	64,478	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	29,258	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	11,251	0	0	0	0	192.01
192.02	19202	MARKETING	64,139	0	0	0	0	192.02
192.03	19203	BACK AND NECK	13,788	0	0	0	0	192.03
192.04	19204	TIPTON SERVICES	11,848	1,451	1,507	0	903	192.04
192.05	19205	NORTH SERVICES	68,070	8,423	8,754	0	5,245	192.05
192.06	19206	SAXONY SERVICES	16,824	2,087	2,169	0	1,299	192.06
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)	33,721,853	7,900,952	7,952,397	413,156	4,648,917	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	MOB					1.01	
1.02	00102	INTEREST					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00590	ADMINISTRATIVE AND GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY	3,661,229				10.00	
11.00	01100	CAFETERIA	0	2,596,251			11.00	
13.00	01300	NURSING ADMINISTRATION	0	131,923	14,824,791		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	34	0	7,643,232	14.00	
15.00	01500	PHARMACY	0	141,405	79,277	15,035	15.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
18.00	01080	TRANSPORTATION	0	24,481	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,342,326	706,887	6,619,628	316,170	144,479	30.00
31.00	03100	INTENSIVE CARE UNIT	318,903	114,993	1,189,154	61,644	65,759	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	35,446	396,385	7,628	1,471	35.00
43.00	04300	NURSERY	0	13,275	118,915	7,169	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	242,019	1,426,985	1,305,147	26,495	50.00
51.00	05100	RECOVERY ROOM	0	129,095	1,308,070	21,712	88,203	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	94,132	832,408	50,795	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	219,331	118,915	100,261	29,315	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	47,307	317,108	16,544	62,790	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	55,031	277,469	295,420	41,690	59.00
60.00	06000	LABORATORY	0	82,857	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	610	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	84,443	0	142,821	72	65.00
66.00	06600	PHYSICAL THERAPY	0	86,477	0	14,918	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	25,964	0	358	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,517	0	208	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	49,618	158,554	10,729	15,312	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,958,475	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,184,173	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	7,790,826	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,332	194	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	15,585	39,638	389	135	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	26,791	39,638	364	0	90.01
90.02	09002	SLEEP LAB	0	0	0	5,831	0	90.02
91.00	09100	EMERGENCY	0	227,606	1,783,732	122,303	205,619	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,758	118,915	3,195	4,200	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	17,758	118,915	3,195	4,200	92.01
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,661,229	2,582,975	14,824,791	7,643,231	8,476,560	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,517	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	103	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	0	0	0	192.01
192.02	19202	MARKETING	0	69	0	1	0	192.02
192.03	19203	BACK AND NECK	0	138	0	0	0	192.03
192.04	19204	TIPTON SERVICES	0	552	0	0	0	192.04
192.05	19205	NORTH SERVICES	0	3,138	0	0	0	192.05
192.06	19206	SAXONY SERVICES	0	759	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	3,661,229	2,596,251	14,824,791	7,643,232	8,476,560	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		TRANSPORTATION				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	MOB					1.01
1.02 00102	INTEREST					1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00590	ADMINISTRATIVE AND GENERAL					5.04
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
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
17.00 01700	SOCIAL SERVICE	787				17.00
18.00 01080	TRANSPORTATION	0	635,618			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	672	74,122	65,080,017	0	65,080,017
31.00 03100	INTENSIVE CARE UNIT	65	14,333	10,390,075	0	10,390,075
35.00 02080	NEONATAL INTENSIVE CARE UNIT	17	1,865	2,811,527	0	2,811,527
43.00 04300	NURSERY	33	1,513	1,144,977	0	1,144,977
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	84,927	23,266,320	0	23,266,320
51.00 05100	RECOVERY ROOM	0	16,213	9,456,661	0	9,456,661
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	11,711	7,910,756	0	7,910,756
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	63,781	17,562,806	0	17,562,806
55.00 05500	RADIOLOGY-THERAPEUTIC	0	24,291	5,072,738	0	5,072,738
59.00 05900	CARDIAC CATHETERIZATION	0	33,829	5,098,038	0	5,098,038
60.00 06000	LABORATORY	0	35,839	12,668,088	0	12,668,088
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,722	786,621	0	786,621
65.00 06500	RESPIRATORY THERAPY	0	9,746	6,388,310	0	6,388,310
66.00 06600	PHYSICAL THERAPY	0	5,500	3,624,300	0	3,624,300
67.00 06700	OCCUPATIONAL THERAPY	0	1,778	1,117,529	0	1,117,529
68.00 06800	SPEECH PATHOLOGY	0	912	533,616	0	533,616
69.00 06900	ELECTROCARDIOLOGY	0	24,210	2,847,943	0	2,847,943
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,154	8,376,494	0	8,376,494
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	45,071	13,631,169	0	13,631,169
73.00 07300	DRUGS CHARGED TO PATIENTS	0	49,914	18,924,298	0	18,924,298
74.00 07400	RENAL DIALYSIS	0	1,631	1,446,917	0	1,446,917
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	2,051	621,211	0	621,211
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	BEHAVIORAL HEALTH	0	697	1,035,799	0	1,035,799
90.02 09002	SLEEP LAB	0	4,498	1,018,457	0	1,018,457
91.00 09100	EMERGENCY	0	103,190	16,652,102	0	16,652,102
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	2,120	1,643,242	0	1,643,242
OTHER REIMBURSABLE COST CENTERS						
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	787	635,618	239,110,011	0	239,110,011
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	469,622	0	469,622
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	209,337	0	209,337
192.01 19201	RETAIL PHARMACY	0	0	80,460	0	80,460
192.02 19202	MARKETING	0	0	458,745	0	458,745
192.03 19203	BACK AND NECK	0	0	98,739	0	98,739
192.04 19204	TIPTON SERVICES	0	0	89,144	0	89,144
192.05 19205	NORTH SERVICES	0	0	512,348	0	512,348
192.06 19206	SAXONY SERVICES	0	0	126,627	0	126,627
200.00	Cross Foot Adjustments			0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			TRANSPORTATION				
		17.00	18.00	24.00	25.00	26.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	787	635,618	241,155,033	0	241,155,033	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 2:35 pm
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP		
			1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	MOB					1.01	
1.02	00102	INTEREST					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	34,172	0	20,712	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	0	500,591	92,265	303,413	248,984	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	1,161,898	0	704,237	880,337	6.00
7.00	00700	OPERATION OF PLANT	0	177,222	0	107,416	13,019	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	25,167	0	15,254	0	8.00
9.00	00900	HOUSEKEEPING	0	106,757	10,597	64,706	0	9.00
10.00	01000	DIETARY	0	235,348	5,191	142,646	30,945	10.00
11.00	01100	CAFETERIA	0	167,166	0	101,321	21,979	11.00
13.00	01300	NURSING ADMINISTRATION	0	49,193	0	29,816	764,463	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	111,196	0	67,397	0	14.00
15.00	01500	PHARMACY	0	126,978	0	76,962	236,688	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01080	TRANSPORTATION	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,734,966	0	1,051,580	201,939	30.00
31.00	03100	INTENSIVE CARE UNIT	0	239,370	0	145,084	180,359	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	55,118	0	33,407	0	35.00
43.00	04300	NURSERY	0	40,351	0	24,457	12,271	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	687,869	0	416,924	2,801,078	50.00
51.00	05100	RECOVERY ROOM	0	328,081	0	198,853	13,393	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	285,845	0	173,253	86,941	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	324,710	0	196,810	1,834,095	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	174,015	0	105,472	552,910	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	88,874	0	53,867	650,135	59.00
60.00	06000	LABORATORY	0	68,526	0	41,534	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	48,523	0	29,410	103,033	65.00
66.00	06600	PHYSICAL THERAPY	0	3,062	33,494	1,856	5,964	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,062	33,494	1,856	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,062	33,494	1,856	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	141,421	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	40,279	0	24,413	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	20,414	0	32,929	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	25,226	0	0	90.01
90.02	09002	SLEEP LAB	0	2,682	75,543	1,625	0	90.02
91.00	09100	EMERGENCY	0	407,333	0	246,888	224,357	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	82,133	0	49,782	0	92.01
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,313,549	329,718	4,432,807	9,037,240	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	71,604	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	138,560	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	47,692	0	0	192.01
192.02	19202	MARKETING	0	0	8,166	0	0	192.02
192.03	19203	BACK AND NECK	0	0	83,206	0	6,945	192.03
192.04	19204	TIPTON SERVICES	0	1,033	0	626	0	192.04
192.05	19205	NORTH SERVICES	0	5,997	0	3,635	0	192.05
192.06	19206	SAXONY SERVICES	0	1,486	0	901	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 2:35 pm	
Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP	
202.00	TOTAL (sum lines 118 through 201)	0	7,322,065	678,946	4,437,969	9,044,185	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 2:35 pm		
Cost Center	Description	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES
		2A	4.00	5.01	5.02	5.03
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	MOB				1.01
1.02	00102	INTEREST				1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	54,884	54,884		4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	1,145,253	3,372	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	2,746,472	672	0	6.00
7.00	00700	OPERATION OF PLANT	297,657	524	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	40,421	0	0	8.00
9.00	00900	HOUSEKEEPING	182,060	1,120	0	9.00
10.00	01000	DIETARY	414,130	693	0	10.00
11.00	01100	CAFETERIA	290,466	494	0	11.00
13.00	01300	NURSING ADMINISTRATION	843,472	4,765	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	178,593	1	0	14.00
15.00	01500	PHARMACY	440,628	2,528	0	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
18.00	01080	TRANSPORTATION	0	170	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,988,485	13,013	0	30.00
31.00	03100	INTENSIVE CARE UNIT	564,813	2,522	0	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	88,525	862	0	35.00
43.00	04300	NURSERY	77,079	273	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,905,871	3,979	0	50.00
51.00	05100	RECOVERY ROOM	540,327	2,382	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	546,039	1,937	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,355,615	3,976	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	832,397	818	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	792,876	1,126	0	59.00
60.00	06000	LABORATORY	110,060	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	180,966	1,701	0	65.00
66.00	06600	PHYSICAL THERAPY	44,376	1,396	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	38,412	424	0	67.00
68.00	06800	SPEECH PATHOLOGY	38,412	193	0	68.00
69.00	06900	ELECTROCARDIOLOGY	141,421	823	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	64,692	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	53,343	185	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	25,226	378	0	90.01
90.02	09002	SLEEP LAB	79,850	0	0	90.02
91.00	09100	EMERGENCY	878,578	3,894	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	131,915	334	0	92.01
OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,113,314	54,555	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	71,604	77	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	138,560	17	0	192.00
192.01	19201	RETAIL PHARMACY	47,692	3	0	192.01
192.02	19202	MARKETING	8,166	1	0	192.02
192.03	19203	BACK AND NECK	90,151	0	0	192.03
192.04	19204	TIPTON SERVICES	1,659	28	0	192.04
192.05	19205	NORTH SERVICES	9,632	163	0	192.05
192.06	19206	SAXONY SERVICES	2,387	40	0	192.06
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,483,165	54,884	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 2:35 pm		
Cost Center	Description	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	1,148,625				5.04
6.00	00600	MAINTENANCE & REPAIRS	37,630	2,784,774			6.00
7.00	00700	OPERATION OF PLANT	36,690	87,731	422,602		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,624	12,459	1,952	56,456	8.00
9.00	00900	HOUSEKEEPING	20,685	52,849	8,281	0	264,995
10.00	01000	DIETARY	13,247	116,505	18,255	0	11,731
11.00	01100	CAFETERIA	9,389	82,753	12,967	0	8,333
13.00	01300	NURSING ADMINISTRATION	69,102	24,352	3,816	0	2,452
14.00	01400	CENTRAL SERVICES & SUPPLY	34,423	55,046	8,625	0	5,543
15.00	01500	PHARMACY	36,988	62,859	9,849	1	6,329
17.00	01700	SOCIAL SERVICE	4	0	0	0	0
18.00	01080	TRANSPORTATION	2,911	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	225,093	858,869	134,578	19,345	86,479
31.00	03100	INTENSIVE CARE UNIT	36,745	118,497	18,567	2,091	11,932
35.00	02080	NEONATAL INTENSIVE CARE UNIT	10,297	27,285	4,275	93	2,747
43.00	04300	NURSERY	4,064	19,975	3,130	0	2,011
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	83,715	340,520	53,356	4,369	34,288
51.00	05100	RECOVERY ROOM	31,650	162,412	25,448	2,933	16,354
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,730	141,504	22,172	4,189	14,248
54.00	05400	RADIOLOGY-DIAGNOSTIC	74,931	160,743	25,187	11,549	16,186
55.00	05500	RADIOLOGY-THERAPEUTIC	18,808	86,143	13,498	706	8,674
59.00	05900	CARDIAC CATHETERIZATION	19,308	43,996	6,894	1,152	4,430
60.00	06000	LABORATORY	58,549	33,923	5,315	0	3,416
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,735	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	28,433	24,020	3,764	0	2,419
66.00	06600	PHYSICAL THERAPY	16,631	1,516	238	1,919	153
67.00	06700	OCCUPATIONAL THERAPY	5,134	1,516	238	0	153
68.00	06800	SPEECH PATHOLOGY	2,432	1,516	238	0	153
69.00	06900	ELECTROCARDIOLOGY	12,333	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,471	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	49,542	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	52,788	0	0	0	0
74.00	07400	RENAL DIALYSIS	6,159	19,939	3,124	0	2,008
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	2,680	0	0	102	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	4,612	0	0	0	0
90.02	09002	SLEEP LAB	4,737	1,327	208	475	134
91.00	09100	EMERGENCY	60,192	201,644	31,596	6,661	20,304
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,637	40,659	6,371	871	4,094
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,139,099	2,780,558	421,942	56,456	264,571
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,196	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	997	0	0	0	0
192.01	19201	RETAIL PHARMACY	383	0	0	0	0
192.02	19202	MARKETING	2,185	0	0	0	0
192.03	19203	BACK AND NECK	470	0	0	0	0
192.04	19204	TIPTON SERVICES	404	511	80	0	51
192.05	19205	NORTH SERVICES	2,318	2,969	465	0	299
192.06	19206	SAXONY SERVICES	573	736	115	0	74
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)	1,148,625	2,784,774	422,602	56,456	264,995

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0158

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

Worksheet B Part II Date/Time Prepared: 5/25/2023 2:35 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	574,561					10.00
11.00	01100	0	404,402				11.00
13.00	01300	0	20,549	968,508			13.00
14.00	01400	0	5	0	282,236		14.00
15.00	01500	0	22,026	5,179	555	586,942	15.00
17.00	01700	0	0	0	0	0	17.00
18.00	01080	0	3,813	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	524,515	110,107	432,461	11,675	10,004	30.00
31.00	03100	50,046	17,912	77,688	2,276	4,553	31.00
35.00	02080	0	5,521	25,896	282	102	35.00
43.00	04300	0	2,068	7,769	265	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	37,698	93,225	48,194	1,835	50.00
51.00	05100	0	20,108	85,457	802	6,108	51.00
52.00	05200	0	14,662	54,381	1,876	0	52.00
54.00	05400	0	34,164	7,769	3,702	2,030	54.00
55.00	05500	0	7,369	20,717	611	4,348	55.00
59.00	05900	0	8,572	18,127	10,909	2,887	59.00
60.00	06000	0	12,906	0	0	0	60.00
63.00	06300	0	0	0	23	0	63.00
65.00	06500	0	13,153	0	5,274	5	65.00
66.00	06600	0	13,470	0	551	0	66.00
67.00	06700	0	4,044	0	13	0	67.00
68.00	06800	0	1,638	0	8	0	68.00
69.00	06900	0	7,729	10,358	396	1,060	69.00
71.00	07100	0	0	0	72,319	0	71.00
72.00	07200	0	0	0	117,580	0	72.00
73.00	07300	0	0	0	0	539,459	73.00
74.00	07400	0	0	0	49	13	74.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	2,428	2,590	14	9	76.97
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	4,173	2,590	13	0	90.01
90.02	09002	0	0	0	215	0	90.02
91.00	09100	0	35,453	116,532	4,516	14,238	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	2,766	7,769	118	291	92.01
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		574,561	402,334	968,508	282,236	586,942	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	1,327	0	0	0	190.00
192.00	19200	0	16	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	11	0	0	0	192.02
192.03	19203	0	21	0	0	0	192.03
192.04	19204	0	86	0	0	0	192.04
192.05	19205	0	489	0	0	0	192.05
192.06	19206	0	118	0	0	0	192.06
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		574,561	404,402	968,508	282,236	586,942	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0158

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		TRANSPORTATION				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	MOB					1.01
1.02 00102	INTEREST					1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00590	ADMINISTRATIVE AND GENERAL					5.04
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
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
17.00 01700	SOCIAL SERVICE	4				17.00
18.00 01080	TRANSPORTATION	0	6,894			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4	758	5,415,386	0	5,415,386
31.00 03100	INTENSIVE CARE UNIT	0	147	907,789	0	907,789
35.00 02080	NEONATAL INTENSIVE CARE UNIT	0	19	165,904	0	165,904
43.00 04300	NURSERY	0	15	116,649	0	116,649
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	868	4,607,918	0	4,607,918
51.00 05100	RECOVERY ROOM	0	166	894,147	0	894,147
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	120	828,858	0	828,858
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	652	2,696,504	0	2,696,504
55.00 05500	RADIOLOGY-THERAPEUTIC	0	248	994,337	0	994,337
59.00 05900	CARDIAC CATHETERIZATION	0	346	910,623	0	910,623
60.00 06000	LABORATORY	0	366	224,535	0	224,535
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	18	3,776	0	3,776
65.00 06500	RESPIRATORY THERAPY	0	100	259,835	0	259,835
66.00 06600	PHYSICAL THERAPY	0	56	80,306	0	80,306
67.00 06700	OCCUPATIONAL THERAPY	0	18	49,952	0	49,952
68.00 06800	SPEECH PATHOLOGY	0	9	44,599	0	44,599
69.00 06900	ELECTROCARDIOLOGY	0	248	174,368	0	174,368
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	206	102,996	0	102,996
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	461	167,583	0	167,583
73.00 07300	DRUGS CHARGED TO PATIENTS	0	510	592,757	0	592,757
74.00 07400	RENAL DIALYSIS	0	17	96,001	0	96,001
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	21	61,372	0	61,372
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	BEHAVIORAL HEALTH	0	7	36,999	0	36,999
90.02 09002	SLEEP LAB	0	46	86,992	0	86,992
91.00 09100	EMERGENCY	0	1,450	1,375,058	0	1,375,058
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	22	200,847	0	200,847
OTHER REIMBURSABLE COST CENTERS						
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4	6,894	21,096,091	0	21,096,091
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	75,204	0	75,204
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	139,590	0	139,590
192.01 19201	RETAIL PHARMACY	0	0	48,078	0	48,078
192.02 19202	MARKETING	0	0	10,363	0	10,363
192.03 19203	BACK AND NECK	0	0	90,642	0	90,642
192.04 19204	TIPTON SERVICES	0	0	2,819	0	2,819
192.05 19205	NORTH SERVICES	0	0	16,335	0	16,335
192.06 19206	SAXONY SERVICES	0	0	4,043	0	4,043
200.00	Cross Foot Adjustments			0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0158

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			TRANSPORTATION				
		17.00	18.00	24.00	25.00	26.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	4	6,894	21,483,165	0	21,483,165	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	420,432				1.00
1.01	00101	MOB	16,322	66,184			1.01
1.02	00102	INTEREST	0	0	404,110		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				8,295,981	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,886	0	1,886	0	85,091,433
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	147
5.04	00590	ADMINISTRATIVE AND GENERAL	27,628	8,994	27,628	228,386	5,227,439
6.00	00600	MAINTENANCE & REPAIRS	64,126	0	64,126	807,509	1,042,357
7.00	00700	OPERATION OF PLANT	9,781	0	9,781	11,942	812,086
8.00	00800	LAUNDRY & LINEN SERVICE	1,389	0	1,389	0	0
9.00	00900	HOUSEKEEPING	5,892	1,033	5,892	0	1,736,526
10.00	01000	DIETARY	12,989	506	12,989	28,385	1,074,632
11.00	01100	CAFETERIA	9,226	0	9,226	20,161	766,079
13.00	01300	NURSING ADMINISTRATION	2,715	0	2,715	701,221	7,387,990
14.00	01400	CENTRAL SERVICES & SUPPLY	6,137	0	6,137	0	1,438
15.00	01500	PHARMACY	7,008	0	7,008	217,107	3,919,239
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01080	TRANSPORTATION	0	0	0	0	263,783
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	95,754	0	95,754	185,233	20,170,273
31.00	03100	INTENSIVE CARE UNIT	13,211	0	13,211	165,438	3,909,679
35.00	02080	NEONATAL INTENSIVE CARE UNIT	3,042	0	3,042	0	1,336,567
43.00	04300	NURSERY	2,227	0	2,227	11,256	423,911
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,964	0	37,964	2,569,352	6,168,728
51.00	05100	RECOVERY ROOM	18,107	0	18,107	12,285	3,693,553
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,776	0	15,776	79,749	3,003,303
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,921	0	17,921	1,682,364	6,163,740
55.00	05500	RADIOLOGY-THERAPEUTIC	9,604	0	9,604	507,169	1,268,130
59.00	05900	CARDIAC CATHETERIZATION	4,905	0	4,905	596,351	1,746,231
60.00	06000	LABORATORY	3,782	0	3,782	0	629
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,678	0	2,678	94,509	2,637,270
66.00	06600	PHYSICAL THERAPY	169	3,265	169	5,471	2,164,057
67.00	06700	OCCUPATIONAL THERAPY	169	3,265	169	0	657,674
68.00	06800	SPEECH PATHOLOGY	169	3,265	169	0	299,632
69.00	06900	ELECTROCARDIOLOGY	0	0	0	129,722	1,276,189
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	2,223	0	2,223	0	0
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	1,990	0	30,205	287,279
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	0	2,459	0	0	586,026
90.02	09002	SLEEP LAB	148	7,364	148	0	0
91.00	09100	EMERGENCY	22,481	0	22,481	205,796	6,037,432
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,533	0	4,533	0	517,220
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	419,962	32,141	403,640	8,289,611	84,579,239
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,980	0	0	119,585
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,507	0	0	26,466
192.01	19201	RETAIL PHARMACY	0	4,649	0	0	5,175
192.02	19202	MARKETING	0	796	0	0	1,385
192.03	19203	BACK AND NECK	0	8,111	0	6,370	0
192.04	19204	TIPTON SERVICES	57	0	57	0	43,976
192.05	19205	NORTH SERVICES	331	0	331	0	253,136
192.06	19206	SAXONY SERVICES	82	0	82	0	62,471
200.00		Cross Foot Adjustments					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	7,617,803	678,946	4,437,969	9,044,185	13,326,416	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18.118990	10.258461	10.982082	1.090189	0.156613	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					54,884	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.000645	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: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		NONPATIENT TELEPHONES (FTES)	DATA PROCESSING (FTES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	92,201					5.01
5.02	00550	0	92,201				5.02
5.03	00560	0	0	20,711,799			5.03
5.04	00590	4,873	4,873	638	-33,721,853	207,433,180	5.04
6.00	00600	1,729	1,729	0	0	6,796,126	6.00
7.00	00700	1,440	1,440	267	0	6,626,274	7.00
8.00	00800	0	0	0	0	293,379	8.00
9.00	00900	4,216	4,216	0	0	3,735,826	9.00
10.00	01000	2,717	2,717	669	0	2,392,423	10.00
11.00	01100	1,930	1,930	475	0	1,695,627	11.00
13.00	01300	3,826	3,826	149,021	0	12,480,101	13.00
14.00	01400	1	1	49,358	0	6,216,825	14.00
15.00	01500	4,101	4,101	40,348	0	6,680,144	15.00
17.00	01700	0	0	0	0	677	17.00
18.00	01080	710	710	0	0	525,679	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	20,501	20,501	848,474	0	40,640,851	30.00
31.00	03100	3,335	3,335	165,429	0	6,636,184	31.00
35.00	02080	1,028	1,028	20,471	0	1,859,651	35.00
43.00	04300	385	385	19,239	0	733,906	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,019	7,019	3,502,490	0	15,119,201	50.00
51.00	05100	3,744	3,744	58,266	0	5,716,085	51.00
52.00	05200	2,730	2,730	136,313	0	5,008,213	52.00
54.00	05400	6,361	6,361	269,060	0	13,532,736	54.00
55.00	05500	1,372	1,372	44,397	0	3,396,752	55.00
59.00	05900	1,596	1,596	792,788	0	3,487,027	59.00
60.00	06000	2,403	2,403	0	0	10,574,185	60.00
63.00	06300	0	0	1,638	0	674,618	63.00
65.00	06500	2,449	2,449	383,274	0	5,135,032	65.00
66.00	06600	2,508	2,508	40,034	0	3,003,624	66.00
67.00	06700	753	753	961	0	927,241	67.00
68.00	06800	305	305	557	0	439,140	68.00
69.00	06900	1,439	1,439	28,791	0	2,227,416	69.00
71.00	07100	0	0	5,255,761	0	5,503,223	71.00
72.00	07200	0	0	8,545,048	0	8,947,377	72.00
73.00	07300	0	0	0	0	9,533,694	73.00
74.00	07400	0	0	3,574	0	1,112,344	74.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	452	452	1,045	0	483,989	76.97
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	777	777	977	0	832,906	90.01
90.02	09002	0	0	15,649	0	855,546	90.02
91.00	09100	6,601	6,601	328,211	0	10,870,806	91.00
92.00	09200						92.00
92.01	09201	515	515	8,574	0	1,018,101	92.01
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		91,816	91,816	20,711,797	-33,721,853	205,712,929	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	247	247	0	0	396,627	190.00
192.00	19200	3	3	0	0	179,976	192.00
192.01	19201	0	0	0	0	69,209	192.01
192.02	19202	2	2	2	0	394,536	192.02
192.03	19203	4	4	0	0	84,813	192.03
192.04	19204	16	16	0	0	72,883	192.04
192.05	19205	91	91	0	0	418,718	192.05
192.06	19206	22	22	0	0	103,489	192.06
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		NONPATIENT TELEPHONES (FTES)	DATA PROCESSING (FTES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
202.00	Cost to be allocated (per Wkst. B, Part I)	49,918	9,567,841	975,187		33,721,853	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.541404	103.771553	0.047084		0.162567	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0		1,148,625	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		0.005537	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: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00590						5.04
6.00	00600	310,470					6.00
7.00	00700	9,781	300,689				7.00
8.00	00800	1,389	1,389	1,264,978			8.00
9.00	00900	5,892	5,892	0	293,408		9.00
10.00	01000	12,989	12,989	0	12,989	41,652	10.00
11.00	01100	9,226	9,226	0	9,226	0	11.00
13.00	01300	2,715	2,715	0	2,715	0	13.00
14.00	01400	6,137	6,137	0	6,137	0	14.00
15.00	01500	7,008	7,008	14	7,008	0	15.00
17.00	01700	0	0	0	0	0	17.00
18.00	01080	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	95,754	95,754	433,451	95,754	38,024	30.00
31.00	03100	13,211	13,211	46,846	13,211	3,628	31.00
35.00	02080	3,042	3,042	2,082	3,042	0	35.00
43.00	04300	2,227	2,227	0	2,227	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	37,964	37,964	97,902	37,964	0	50.00
51.00	05100	18,107	18,107	65,724	18,107	0	51.00
52.00	05200	15,776	15,776	93,866	15,776	0	52.00
54.00	05400	17,921	17,921	258,778	17,921	0	54.00
55.00	05500	9,604	9,604	15,830	9,604	0	55.00
59.00	05900	4,905	4,905	25,811	4,905	0	59.00
60.00	06000	3,782	3,782	0	3,782	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	2,678	2,678	0	2,678	0	65.00
66.00	06600	169	169	42,993	169	0	66.00
67.00	06700	169	169	0	169	0	67.00
68.00	06800	169	169	0	169	0	68.00
69.00	06900	0	0	0	0	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	2,223	2,223	0	2,223	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	2,276	0	0	76.97
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	148	148	10,634	148	0	90.02
91.00	09100	22,481	22,481	149,244	22,481	0	91.00
92.00	09200						92.00
92.01	09201	4,533	4,533	19,527	4,533	0	92.01
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		310,000	300,219	1,264,978	292,938	41,652	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	57	57	0	57	0	192.04
192.05	19205	331	331	0	331	0	192.05
192.06	19206	82	82	0	82	0	192.06
200.00							200.00
201.00							201.00
202.00		7,900,952	7,952,397	413,156	4,648,917	3,661,229	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	25.448359	26.447249	0.326611	15.844548	87.900437	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,784,774	422,602	56,456	264,995	574,561	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	8.969543	1.405445	0.044630	0.903162	13.794320	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: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	SOCIAL SERVICE (PATIENT DAYS)	
		11.00	13.00	14.00	15.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	75,296					11.00
13.00	01300	3,826	374				13.00
14.00	01400	1	0	20,511,371			14.00
15.00	01500	4,101	2	40,348	10,372,830		15.00
17.00	01700	0	0	0	0	43,851	17.00
18.00	01080	710	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	20,501	167	848,474	176,800	37,477	30.00
31.00	03100	3,335	30	165,429	80,470	3,628	31.00
35.00	02080	1,028	10	20,471	1,800	930	35.00
43.00	04300	385	3	19,239	0	1,816	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,019	36	3,502,490	32,422	0	50.00
51.00	05100	3,744	33	58,266	107,935	0	51.00
52.00	05200	2,730	21	136,313	0	0	52.00
54.00	05400	6,361	3	269,060	35,873	0	54.00
55.00	05500	1,372	8	44,397	76,837	0	55.00
59.00	05900	1,596	7	792,788	51,016	0	59.00
60.00	06000	2,403	0	0	0	0	60.00
63.00	06300	0	0	1,638	0	0	63.00
65.00	06500	2,449	0	383,274	88	0	65.00
66.00	06600	2,508	0	40,034	0	0	66.00
67.00	06700	753	0	961	0	0	67.00
68.00	06800	305	0	557	0	0	68.00
69.00	06900	1,439	4	28,791	18,738	0	69.00
71.00	07100	0	0	5,255,761	0	0	71.00
72.00	07200	0	0	8,545,048	0	0	72.00
73.00	07300	0	0	0	9,533,693	0	73.00
74.00	07400	0	0	3,574	237	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	452	1	1,045	165	0	76.97
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	777	1	977	0	0	90.01
90.02	09002	0	0	15,649	0	0	90.02
91.00	09100	6,601	45	328,211	251,617	0	91.00
92.00	09200						92.00
92.01	09201	515	3	8,574	5,139	0	92.01
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		74,911	374	20,511,369	10,372,830	43,851	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	247	0	0	0	0	190.00
192.00	19200	3	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	2	0	2	0	0	192.02
192.03	19203	4	0	0	0	0	192.03
192.04	19204	16	0	0	0	0	192.04
192.05	19205	91	0	0	0	0	192.05
192.06	19206	22	0	0	0	0	192.06
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	SOCIAL SERVICE (PATIENT DAYS)	
		11.00	13.00	14.00	15.00	17.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	2,596,251	14,824,791	7,643,232	8,476,560	787	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	34.480597	39,638.478610	0.372634	0.817189	0.017947	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	404,402	968,508	282,236	586,942	4	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.370830	2,589.593583	0.013760	0.056585	0.000091	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: 15-0158

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

Worksheet B-1
Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		OTHER GENERAL SERVICE TRANSPORTATION (GROSS CHARGES)	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 MOB		1.01
1.02	00102 INTEREST		1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00590 ADMINISTRATIVE AND GENERAL		5.04
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
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
17.00	01700 SOCIAL SERVICE		17.00
18.00	01080 TRANSPORTATION	1,298,682,066	18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	151,578,987	30.00
31.00	03100 INTENSIVE CARE UNIT	29,311,689	31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT	3,814,306	35.00
43.00	04300 NURSERY	3,094,730	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	173,674,292	50.00
51.00	05100 RECOVERY ROOM	33,154,594	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	23,949,161	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	130,431,462	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	49,674,045	55.00
59.00	05900 CARDIAC CATHETERIZATION	69,180,411	59.00
60.00	06000 LABORATORY	73,291,036	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,521,641	63.00
65.00	06500 RESPIRATORY THERAPY	19,930,385	65.00
66.00	06600 PHYSICAL THERAPY	11,246,611	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,636,659	67.00
68.00	06800 SPEECH PATHOLOGY	1,864,993	68.00
69.00	06900 ELECTROCARDIOLOGY	49,508,191	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	41,215,167	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	92,168,887	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	102,074,234	73.00
74.00	07400 RENAL DIALYSIS	3,335,209	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	76.00
76.97	07697 CARDIAC REHABILITATION	4,194,597	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 BEHAVIORAL HEALTH	1,426,017	90.01
90.02	09002 SLEEP LAB	9,198,267	90.02
91.00	09100 EMERGENCY	209,870,366	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	4,336,129	92.01
OTHER REIMBURSABLE COST CENTERS			
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,298,682,066	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 RETAIL PHARMACY	0	192.01
192.02	19202 MARKETING	0	192.02
192.03	19203 BACK AND NECK	0	192.03
192.04	19204 Tipton Services	0	192.04
192.05	19205 NORTH SERVICES	0	192.05
192.06	19206 SAXONY SERVICES	0	192.06
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1
Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		OTHER GENERAL SERVICE		
		TRANSPORTATION (GROSS CHARGES)		
		18.00		
202.00	Cost to be allocated (per Wkst. B, Part I)	635,618		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000489		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,894		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000005		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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2023 2:35 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	65,080,017		65,080,017	0	65,080,017	30.00
31.00	03100 INTENSIVE CARE UNIT	10,390,075		10,390,075	0	10,390,075	31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT	2,811,527		2,811,527	0	2,811,527	35.00
43.00	04300 NURSERY	1,144,977		1,144,977	0	1,144,977	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	23,266,320		23,266,320	0	23,266,320	50.00
51.00	05100 RECOVERY ROOM	9,456,661		9,456,661	0	9,456,661	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,910,756		7,910,756	0	7,910,756	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,562,806		17,562,806	0	17,562,806	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,072,738		5,072,738	0	5,072,738	55.00
59.00	05900 CARDIAC CATHETERIZATION	5,098,038		5,098,038	0	5,098,038	59.00
60.00	06000 LABORATORY	12,668,088		12,668,088	0	12,668,088	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	786,621		786,621	0	786,621	63.00
65.00	06500 RESPIRATORY THERAPY	6,388,310	0	6,388,310	0	6,388,310	65.00
66.00	06600 PHYSICAL THERAPY	3,624,300	0	3,624,300	0	3,624,300	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,117,529	0	1,117,529	0	1,117,529	67.00
68.00	06800 SPEECH PATHOLOGY	533,616	0	533,616	0	533,616	68.00
69.00	06900 ELECTROCARDIOLOGY	2,847,943		2,847,943	0	2,847,943	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,376,494		8,376,494	0	8,376,494	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,631,169		13,631,169	0	13,631,169	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,924,298		18,924,298	0	18,924,298	73.00
74.00	07400 RENAL DIALYSIS	1,446,917		1,446,917	0	1,446,917	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	621,211		621,211	0	621,211	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	1,035,799		1,035,799	0	1,035,799	90.01
90.02	09002 SLEEP LAB	1,018,457		1,018,457	0	1,018,457	90.02
91.00	09100 EMERGENCY	16,652,102		16,652,102	0	16,652,102	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,009,936		6,009,936	0	6,009,936	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,643,242		1,643,242	0	1,643,242	92.01
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0		0		0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	245,119,947	0	245,119,947	0	245,119,947	200.00
201.00	Less Observation Beds	6,009,936		6,009,936		6,009,936	201.00
202.00	Total (see instructions)	239,110,011	0	239,110,011	0	239,110,011	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2023 2:35 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	130,481,764		130,481,764		30.00
31.00	03100	INTENSIVE CARE UNIT	29,311,689		29,311,689		31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	3,814,306		3,814,306		35.00
43.00	04300	NURSERY	3,094,730		3,094,730		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,445,068	136,229,224	173,674,292	0.133965	50.00
51.00	05100	RECOVERY ROOM	4,512,942	28,641,652	33,154,594	0.285229	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,429,567	5,519,594	23,949,161	0.330315	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,579,628	102,851,834	130,431,462	0.134652	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,109,390	47,564,655	49,674,045	0.102120	55.00
59.00	05900	CARDIAC CATHETERIZATION	34,741,867	34,438,544	69,180,411	0.073692	59.00
60.00	06000	LABORATORY	38,167,464	35,123,572	73,291,036	0.172846	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,978,447	543,194	3,521,641	0.223368	63.00
65.00	06500	RESPIRATORY THERAPY	12,852,627	7,077,758	19,930,385	0.320531	65.00
66.00	06600	PHYSICAL THERAPY	4,645,783	6,600,828	11,246,611	0.322257	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,448,520	1,188,139	3,636,659	0.307296	67.00
68.00	06800	SPEECH PATHOLOGY	1,396,396	468,597	1,864,993	0.286122	68.00
69.00	06900	ELECTROCARDIOLOGY	24,523,044	24,985,147	49,508,191	0.057525	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,763,521	26,451,646	41,215,167	0.203238	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	24,983,927	67,184,960	92,168,887	0.147893	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,235,259	41,838,975	102,074,234	0.185397	73.00
74.00	07400	RENAL DIALYSIS	3,032,377	302,832	3,335,209	0.433831	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	68,021	4,126,576	4,194,597	0.148098	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	BEHAVIORAL HEALTH	0	1,426,017	1,426,017	0.726358	90.01
90.02	09002	SLEEP LAB	10,560	9,187,707	9,198,267	0.110723	90.02
91.00	09100	EMERGENCY	48,395,067	161,475,299	209,870,366	0.079345	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	265,428	20,831,795	21,097,223	0.284869	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	62,806	4,273,323	4,336,129	0.378965	92.01
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	530,350,198	768,331,868	1,298,682,066		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	530,350,198	768,331,868	1,298,682,066		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 2:35 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.133965		50.00
51.00	05100 RECOVERY ROOM	0.285229		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.330315		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.134652		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.102120		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.073692		59.00
60.00	06000 LABORATORY	0.172846		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.223368		63.00
65.00	06500 RESPIRATORY THERAPY	0.320531		65.00
66.00	06600 PHYSICAL THERAPY	0.322257		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.307296		67.00
68.00	06800 SPEECH PATHOLOGY	0.286122		68.00
69.00	06900 ELECTROCARDIOLOGY	0.057525		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.203238		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.147893		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.185397		73.00
74.00	07400 RENAL DIALYSIS	0.433831		74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.148098		76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 BEHAVIORAL HEALTH	0.726358		90.01
90.02	09002 SLEEP LAB	0.110723		90.02
91.00	09100 EMERGENCY	0.079345		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.284869		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.378965		92.01
OTHER REIMBURSABLE COST CENTERS				
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
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: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2023 2:35 pm

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	65,080,017	65,080,017	0	65,080,017	30.00	
31.00	03100 INTENSIVE CARE UNIT	10,390,075	10,390,075	0	10,390,075	31.00	
35.00	02080 NEONATAL INTENSIVE CARE UNIT	2,811,527	2,811,527	0	2,811,527	35.00	
43.00	04300 NURSERY	1,144,977	1,144,977	0	1,144,977	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	23,266,320	23,266,320	0	23,266,320	50.00	
51.00	05100 RECOVERY ROOM	9,456,661	9,456,661	0	9,456,661	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,910,756	7,910,756	0	7,910,756	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,562,806	17,562,806	0	17,562,806	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	5,072,738	5,072,738	0	5,072,738	55.00	
59.00	05900 CARDIAC CATHETERIZATION	5,098,038	5,098,038	0	5,098,038	59.00	
60.00	06000 LABORATORY	12,668,088	12,668,088	0	12,668,088	60.00	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	786,621	786,621	0	786,621	63.00	
65.00	06500 RESPIRATORY THERAPY	6,388,310	6,388,310	0	6,388,310	65.00	
66.00	06600 PHYSICAL THERAPY	3,624,300	3,624,300	0	3,624,300	66.00	
67.00	06700 OCCUPATIONAL THERAPY	1,117,529	1,117,529	0	1,117,529	67.00	
68.00	06800 SPEECH PATHOLOGY	533,616	533,616	0	533,616	68.00	
69.00	06900 ELECTROCARDIOLOGY	2,847,943	2,847,943	0	2,847,943	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,376,494	8,376,494	0	8,376,494	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,631,169	13,631,169	0	13,631,169	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	18,924,298	18,924,298	0	18,924,298	73.00	
74.00	07400 RENAL DIALYSIS	1,446,917	1,446,917	0	1,446,917	74.00	
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	621,211	621,211	0	621,211	76.97	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	90.00	
90.01	09001 BEHAVIORAL HEALTH	1,035,799	1,035,799	0	1,035,799	90.01	
90.02	09002 SLEEP LAB	1,018,457	1,018,457	0	1,018,457	90.02	
91.00	09100 EMERGENCY	16,652,102	16,652,102	0	16,652,102	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,009,936	6,009,936	0	6,009,936	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,643,242	1,643,242	0	1,643,242	92.01	
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)	245,119,947	245,119,947	0	245,119,947	200.00	
201.00	Less Observation Beds	6,009,936	6,009,936	0	6,009,936	201.00	
202.00	Total (see instructions)	239,110,011	239,110,011	0	239,110,011	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2023 2:35 pm

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	130,481,764		130,481,764		30.00
31.00	03100	INTENSIVE CARE UNIT	29,311,689		29,311,689		31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	3,814,306		3,814,306		35.00
43.00	04300	NURSERY	3,094,730		3,094,730		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,445,068	136,229,224	173,674,292	0.133965	50.00
51.00	05100	RECOVERY ROOM	4,512,942	28,641,652	33,154,594	0.285229	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,429,567	5,519,594	23,949,161	0.330315	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,579,628	102,851,834	130,431,462	0.134652	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,109,390	47,564,655	49,674,045	0.102120	55.00
59.00	05900	CARDIAC CATHETERIZATION	34,741,867	34,438,544	69,180,411	0.073692	59.00
60.00	06000	LABORATORY	38,167,464	35,123,572	73,291,036	0.172846	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,978,447	543,194	3,521,641	0.223368	63.00
65.00	06500	RESPIRATORY THERAPY	12,852,627	7,077,758	19,930,385	0.320531	65.00
66.00	06600	PHYSICAL THERAPY	4,645,783	6,600,828	11,246,611	0.322257	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,448,520	1,188,139	3,636,659	0.307296	67.00
68.00	06800	SPEECH PATHOLOGY	1,396,396	468,597	1,864,993	0.286122	68.00
69.00	06900	ELECTROCARDIOLOGY	24,523,044	24,985,147	49,508,191	0.057525	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,763,521	26,451,646	41,215,167	0.203238	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	24,983,927	67,184,960	92,168,887	0.147893	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,235,259	41,838,975	102,074,234	0.185397	73.00
74.00	07400	RENAL DIALYSIS	3,032,377	302,832	3,335,209	0.433831	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	68,021	4,126,576	4,194,597	0.148098	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	BEHAVIORAL HEALTH	0	1,426,017	1,426,017	0.726358	90.01
90.02	09002	SLEEP LAB	10,560	9,187,707	9,198,267	0.110723	90.02
91.00	09100	EMERGENCY	48,395,067	161,475,299	209,870,366	0.079345	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	265,428	20,831,795	21,097,223	0.284869	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	62,806	4,273,323	4,336,129	0.378965	92.01
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	530,350,198	768,331,868	1,298,682,066		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	530,350,198	768,331,868	1,298,682,066		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 2:35 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.133965		50.00
51.00	05100 RECOVERY ROOM	0.285229		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.330315		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.134652		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.102120		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.073692		59.00
60.00	06000 LABORATORY	0.172846		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.223368		63.00
65.00	06500 RESPIRATORY THERAPY	0.320531		65.00
66.00	06600 PHYSICAL THERAPY	0.322257		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.307296		67.00
68.00	06800 SPEECH PATHOLOGY	0.286122		68.00
69.00	06900 ELECTROCARDIOLOGY	0.057525		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.203238		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.147893		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.185397		73.00
74.00	07400 RENAL DIALYSIS	0.433831		74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.148098		76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 BEHAVIORAL HEALTH	0.726358		90.01
90.02	09002 SLEEP LAB	0.110723		90.02
91.00	09100 EMERGENCY	0.079345		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.284869		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.378965		92.01
OTHER REIMBURSABLE COST CENTERS				
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
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: 15-0158

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

Worksheet C
Part II
Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	23,266,320	4,607,918	18,658,402	0	0	50.00
51.00	05100 RECOVERY ROOM	9,456,661	894,147	8,562,514	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,910,756	828,858	7,081,898	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,562,806	2,696,504	14,866,302	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,072,738	994,337	4,078,401	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	5,098,038	910,623	4,187,415	0	0	59.00
60.00	06000 LABORATORY	12,668,088	224,535	12,443,553	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	786,621	3,776	782,845	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	6,388,310	259,835	6,128,475	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,624,300	80,306	3,543,994	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,117,529	49,952	1,067,577	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	533,616	44,599	489,017	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,847,943	174,368	2,673,575	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,376,494	102,996	8,273,498	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,631,169	167,583	13,463,586	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,924,298	592,757	18,331,541	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,446,917	96,001	1,350,916	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	621,211	61,372	559,839	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	1,035,799	36,999	998,800	0	0	90.01
90.02	09002 SLEEP LAB	1,018,457	86,992	931,465	0	0	90.02
91.00	09100 EMERGENCY	16,652,102	1,375,058	15,277,044	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,009,936	500,093	5,509,843	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,643,242	200,847	1,442,395	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	165,693,351	14,990,456	150,702,895	0	0	200.00
201.00	Less Observation Beds	6,009,936	500,093	5,509,843	0	0	201.00
202.00	Total (line 200 minus line 201)	159,683,415	14,490,363	145,193,052	0	0	202.00

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

Provider CCN: 15-0158

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

Worksheet C Part II Date/Time Prepared: 5/25/2023 2:35 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	23,266,320	173,674,292	0.133965		50.00
51.00	05100 RECOVERY ROOM	9,456,661	33,154,594	0.285229		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,910,756	23,949,161	0.330315		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,562,806	130,431,462	0.134652		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,072,738	49,674,045	0.102120		55.00
59.00	05900 CARDIAC CATHETERIZATION	5,098,038	69,180,411	0.073692		59.00
60.00	06000 LABORATORY	12,668,088	73,291,036	0.172846		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	786,621	3,521,641	0.223368		63.00
65.00	06500 RESPIRATORY THERAPY	6,388,310	19,930,385	0.320531		65.00
66.00	06600 PHYSICAL THERAPY	3,624,300	11,246,611	0.322257		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,117,529	3,636,659	0.307296		67.00
68.00	06800 SPEECH PATHOLOGY	533,616	1,864,993	0.286122		68.00
69.00	06900 ELECTROCARDIOLOGY	2,847,943	49,508,191	0.057525		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,376,494	41,215,167	0.203238		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,631,169	92,168,887	0.147893		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,924,298	102,074,234	0.185397		73.00
74.00	07400 RENAL DIALYSIS	1,446,917	3,335,209	0.433831		74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	621,211	4,194,597	0.148098		76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 BEHAVIORAL HEALTH	1,035,799	1,426,017	0.726358		90.01
90.02	09002 SLEEP LAB	1,018,457	9,198,267	0.110723		90.02
91.00	09100 EMERGENCY	16,652,102	209,870,366	0.079345		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,009,936	21,097,223	0.284869		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,643,242	4,336,129	0.378965		92.01
OTHER REIMBURSABLE COST CENTERS						
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	165,693,351	1,131,979,577			200.00
201.00	Less Observation Beds	6,009,936	0			201.00
202.00	Total (line 200 minus line 201)	159,683,415	1,131,979,577			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0158		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part I Date/Time Prepared: 5/25/2023 2:35 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,415,386	0	5,415,386	41,290	131.15	30.00
31.00	INTENSIVE CARE UNIT	907,789		907,789	3,628	250.22	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	165,904		165,904	930	178.39	35.00
43.00	NURSERY	116,649		116,649	1,816	64.23	43.00
200.00	Total (lines 30 through 199)	6,605,728		6,605,728	47,664		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	12,058	1,581,407				
31.00	INTENSIVE CARE UNIT	1,257	314,527				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	13,315	1,895,934				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/25/2023 2:35 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,607,918	173,674,292	0.026532	13,208,090	350,437	50.00
51.00	05100	RECOVERY ROOM	894,147	33,154,594	0.026969	1,482,745	39,988	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	828,858	23,949,161	0.034609	51,248	1,774	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,696,504	130,431,462	0.020674	9,513,187	196,676	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	994,337	49,674,045	0.020017	1,334,312	26,709	55.00
59.00	05900	CARDIAC CATHETERIZATION	910,623	69,180,411	0.013163	9,790,032	128,866	59.00
60.00	06000	LABORATORY	224,535	73,291,036	0.003064	11,810,385	36,187	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,776	3,521,641	0.001072	900,445	965	63.00
65.00	06500	RESPIRATORY THERAPY	259,835	19,930,385	0.013037	4,217,388	54,982	65.00
66.00	06600	PHYSICAL THERAPY	80,306	11,246,611	0.007140	1,801,507	12,863	66.00
67.00	06700	OCCUPATIONAL THERAPY	49,952	3,636,659	0.013736	935,971	12,856	67.00
68.00	06800	SPEECH PATHOLOGY	44,599	1,864,993	0.023914	785,172	18,777	68.00
69.00	06900	ELECTROCARDIOLOGY	174,368	49,508,191	0.003522	7,815,022	27,525	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	102,996	41,215,167	0.002499	4,178,125	10,441	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	167,583	92,168,887	0.001818	10,242,176	18,620	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	592,757	102,074,234	0.005807	17,342,361	100,707	73.00
74.00	07400	RENAL DIALYSIS	96,001	3,335,209	0.028784	1,069,071	30,772	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	61,372	4,194,597	0.014631	20,230	296	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	36,999	1,426,017	0.025946	0	0	90.01
90.02	09002	SLEEP LAB	86,992	9,198,267	0.009457	4,356	41	90.02
91.00	09100	EMERGENCY	1,375,058	209,870,366	0.006552	15,748,668	103,185	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	500,093	21,097,223	0.023704	10,996	261	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	200,847	4,336,129	0.046319	10,630	492	92.01
200.00		Total (lines 50 through 199)	14,990,456	1,131,979,577		112,272,117	1,173,420	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/25/2023 2:35 pm
Title XVIII			Hospital	PPS

Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 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	41,290	0.00	12,058	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,628	0.00	1,257	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	930	0.00	0	35.00	
43.00	04300	NURSERY	0	0	1,816	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	47,664		13,315	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
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 2:35 pm
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	0	0	90.01
90.02	09002	SLEEP LAB	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 2:35 pm
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Cost Center Description	Title XVIII			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	173,674,292	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	33,154,594	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,949,161	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	130,431,462	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	49,674,045	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	69,180,411	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	73,291,036	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	3,521,641	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,930,385	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,246,611	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,636,659	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,864,993	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	49,508,191	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	41,215,167	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	92,168,887	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	102,074,234	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,335,209	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,194,597	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	0	1,426,017	0.000000	90.01
90.02	09002	SLEEP LAB	0	0	0	9,198,267	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	209,870,366	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	21,097,223	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	4,336,129	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	1,131,979,577		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 2:35 pm
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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	13,208,090	0	21,428,761	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,482,745	0	5,373,919	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	51,248	0	9,451	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	9,513,187	0	16,567,668	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,334,312	0	11,293,600	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	9,790,032	0	5,707,296	0	59.00
60.00	06000 LABORATORY	0.000000	11,810,385	0	2,517,011	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	900,445	0	80,862	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,217,388	0	1,462,714	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,801,507	0	278,827	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	935,971	0	7,098	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	785,172	0	4,878	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,815,022	0	7,583,473	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	4,178,125	0	5,464,648	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	10,242,176	0	14,887,362	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	17,342,361	0	7,993,343	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,069,071	0	18,125	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	20,230	0	1,154,642	0	76.97
77.00	07700 ALLOGENEIC HSCT 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 BEHAVIORAL HEALTH	0.000000	0	0	74,257	0	90.01
90.02	09002 SLEEP LAB	0.000000	4,356	0	1,566,443	0	90.02
91.00	09100 EMERGENCY	0.000000	15,748,668	0	16,913,761	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	10,996	0	1,510,501	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	10,630	0	682,161	0	92.01
200.00	Total (lines 50 through 199)		112,272,117	0	122,580,801	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 2:35 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.133965	21,428,761	0	0	2,870,704 50.00
51.00	05100 RECOVERY ROOM	0.285229	5,373,919	0	0	1,532,798 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.330315	9,451	0	0	3,122 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.134652	16,567,668	0	0	2,230,870 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.102120	11,293,600	0	0	1,153,302 55.00
59.00	05900 CARDIAC CATHETERIZATION	0.073692	5,707,296	0	0	420,582 59.00
60.00	06000 LABORATORY	0.172846	2,517,011	0	0	435,055 60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.223368	80,862	0	0	18,062 63.00
65.00	06500 RESPIRATORY THERAPY	0.320531	1,462,714	0	0	468,845 65.00
66.00	06600 PHYSICAL THERAPY	0.322257	278,827	0	0	89,854 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.307296	7,098	0	0	2,181 67.00
68.00	06800 SPEECH PATHOLOGY	0.286122	4,878	0	0	1,396 68.00
69.00	06900 ELECTROCARDIOLOGY	0.057525	7,583,473	0	0	436,239 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.203238	5,464,648	0	0	1,110,624 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.147893	14,887,362	0	0	2,201,737 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.185397	7,993,343	0	45,342	1,481,942 73.00
74.00	07400 RENAL DIALYSIS	0.433831	18,125	0	0	7,863 74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.148098	1,154,642	0	0	171,000 76.97
77.00	07700 ALLOGENEIC HSCT 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 BEHAVIORAL HEALTH	0.726358	74,257	0	0	53,937 90.01
90.02	09002 SLEEP LAB	0.110723	1,566,443	0	0	173,441 90.02
91.00	09100 EMERGENCY	0.079345	16,913,761	0	0	1,342,022 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.284869	1,510,501	0	0	430,295 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.378965	682,161	0	0	258,515 92.01
200.00	Subtotal (see instructions)		122,580,801	0	45,342	16,894,386 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		122,580,801	0	45,342	16,894,386 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 2:35 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	8,406	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0	0	90.01
90.02	09002 SLEEP LAB	0	0	90.02
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00	Subtotal (see instructions)	0	8,406	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	8,406	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/25/2023 2:35 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,415,386	0	5,415,386	41,290	131.15	30.00
31.00	INTENSIVE CARE UNIT	907,789		907,789	3,628	250.22	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	165,904		165,904	930	178.39	35.00
43.00	NURSERY	116,649		116,649	1,816	64.23	43.00
200.00	Total (lines 30 through 199)	6,605,728		6,605,728	47,664		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	620	81,313				
31.00	INTENSIVE CARE UNIT	450	112,599				
35.00	NEONATAL INTENSIVE CARE UNIT	79	14,093				
43.00	NURSERY	1,001	64,294				
200.00	Total (lines 30 through 199)	2,150	272,299				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/25/2023 2:35 pm
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,607,918	173,674,292	0.026532	253,590	6,728	50.00
51.00	05100 RECOVERY ROOM	894,147	33,154,594	0.026969	13,200	356	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	828,858	23,949,161	0.034609	316,381	10,950	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,696,504	130,431,462	0.020674	405,888	8,391	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	994,337	49,674,045	0.020017	96,564	1,933	55.00
59.00	05900 CARDIAC CATHETERIZATION	910,623	69,180,411	0.013163	188,366	2,479	59.00
60.00	06000 LABORATORY	224,535	73,291,036	0.003064	685,090	2,099	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,776	3,521,641	0.001072	53,759	58	63.00
65.00	06500 RESPIRATORY THERAPY	259,835	19,930,385	0.013037	269,867	3,518	65.00
66.00	06600 PHYSICAL THERAPY	80,306	11,246,611	0.007140	56,506	403	66.00
67.00	06700 OCCUPATIONAL THERAPY	49,952	3,636,659	0.013736	32,568	447	67.00
68.00	06800 SPEECH PATHOLOGY	44,599	1,864,993	0.023914	27,933	668	68.00
69.00	06900 ELECTROCARDIOLOGY	174,368	49,508,191	0.003522	271,211	955	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	102,996	41,215,167	0.002499	83,716	209	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	167,583	92,168,887	0.001818	79,539	145	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	592,757	102,074,234	0.005807	1,052,363	6,111	73.00
74.00	07400 RENAL DIALYSIS	96,001	3,335,209	0.028784	70,137	2,019	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	61,372	4,194,597	0.014631	365	5	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	36,999	1,426,017	0.025946	0	0	90.01
90.02	09002 SLEEP LAB	86,992	9,198,267	0.009457	0	0	90.02
91.00	09100 EMERGENCY	1,375,058	209,870,366	0.006552	722,227	4,732	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	500,093	21,097,223	0.023704	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	200,847	4,336,129	0.046319	0	0	92.01
200.00	Total (lines 50 through 199)	14,990,456	1,131,979,577		4,679,270	52,206	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/25/2023 2:35 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	41,290	0.00	620	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,628	0.00	450	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	930	0.00	79	35.00	
43.00	04300	NURSERY	0	0	1,816	0.00	1,001	43.00	
200.00		Total (lines 30 through 199)	0	0	47,664		2,150	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 2:35 pm
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Cost Center Description	Title XIX			Hospital		PPS		
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	0	0	0	90.01
90.02	09002	SLEEP LAB	0	0	0	0	0	90.02
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	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 2:35 pm
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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	173,674,292	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	33,154,594	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	23,949,161	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	130,431,462	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	49,674,045	0.000000	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	69,180,411	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	73,291,036	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	3,521,641	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	19,930,385	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	11,246,611	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	3,636,659	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,864,993	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	49,508,191	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	41,215,167	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	92,168,887	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	102,074,234	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,335,209	0.000000	74.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,194,597	0.000000	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 BEHAVIORAL HEALTH	0	0	0	1,426,017	0.000000	90.01
90.02 09002 SLEEP LAB	0	0	0	9,198,267	0.000000	90.02
91.00 09100 EMERGENCY	0	0	0	209,870,366	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	21,097,223	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	4,336,129	0.000000	92.01
200.00 Total (lines 50 through 199)	0	0	0	1,131,979,577		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 2:35 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
Title XIX Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	253,590	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	13,200	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	316,381	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	405,888	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	96,564	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	188,366	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	685,090	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	53,759	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	269,867	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	56,506	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	32,568	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	27,933	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	271,211	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	83,716	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	79,539	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,052,363	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	70,137	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	365	0	0	0	76.97
77.00	07700 ALLOGENEIC HSCT 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 BEHAVIORAL HEALTH	0.000000	0	0	0	0	90.01
90.02	09002 SLEEP LAB	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	722,227	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		4,679,270	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 2:35 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		41,290	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		41,290	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)		37,477	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)		12,058	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)		65,080,017	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)		65,080,017	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)		65,080,017	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)		1,576.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,005,458	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)		19,005,458	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 2:35 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	10,390,075	3,628	2,863.86	1,257	3,599,872	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 NEONATAL INTENSIVE CARE UNIT	2,811,527	930	3,023.15	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,787,778	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)					39,393,108	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,895,934	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,173,420	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,069,354	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					36,323,754	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)					3,813	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,576.17	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/25/2023 2:35 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						6,009,936 89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,415,386	65,080,017	0.083211	6,009,936	500,093	90.00
91.00	Nursing Program cost	0	65,080,017	0.000000	6,009,936	0	91.00
92.00	Allied health cost	0	65,080,017	0.000000	6,009,936	0	92.00
93.00	All other Medical Education	0	65,080,017	0.000000	6,009,936	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 2:35 pm
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)		41,290	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		41,290	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)		37,477	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)		620	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,816	15.00
16.00	Nursery days (title V or XIX only)		1,001	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)		65,080,017	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)		65,080,017	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)		65,080,017	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)		1,576.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		977,225	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)		977,225	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 2:35 pm	
			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)	1,144,977	1,816	630.49	1,001	631,120	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	10,390,075	3,628	2,863.86	450	1,288,737	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 NEONATAL INTENSIVE CARE UNIT	2,811,527	930	3,023.15	79	238,829	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					801,041	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)					3,936,952	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)					272,299	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					52,206	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					324,505	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,612,447	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)					3,813	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,576.17	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/25/2023 2:35 pm	
Cost Center Description		Title XIX		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00 6,009,936 89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,415,386	65,080,017	0.083211	6,009,936	500,093	90.00
91.00	Nursing Program cost	0	65,080,017	0.000000	6,009,936	0	91.00
92.00	Allied health cost	0	65,080,017	0.000000	6,009,936	0	92.00
93.00	All other Medical Education	0	65,080,017	0.000000	6,009,936	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/25/2023 2:35 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		41,442,064	30.00
31.00	03100	INTENSIVE CARE UNIT		10,234,072	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133965	13,208,090	50.00
51.00	05100	RECOVERY ROOM	0.285229	1,482,745	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.330315	51,248	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134652	9,513,187	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102120	1,334,312	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.073692	9,790,032	59.00
60.00	06000	LABORATORY	0.172846	11,810,385	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.223368	900,445	63.00
65.00	06500	RESPIRATORY THERAPY	0.320531	4,217,388	65.00
66.00	06600	PHYSICAL THERAPY	0.322257	1,801,507	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.307296	935,971	67.00
68.00	06800	SPEECH PATHOLOGY	0.286122	785,172	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057525	7,815,022	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.203238	4,178,125	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.147893	10,242,176	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185397	17,342,361	73.00
74.00	07400	RENAL DIALYSIS	0.433831	1,069,071	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.148098	20,230	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0.726358	0	90.01
90.02	09002	SLEEP LAB	0.110723	4,356	90.02
91.00	09100	EMERGENCY	0.079345	15,748,668	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.284869	10,996	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.378965	10,630	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		112,272,117	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)		112,272,117	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/25/2023 2:35 pm
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT		2,286,538	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT		581,836	35.00
43.00	04300	NURSERY		489,719	43.00
				201,086	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133965	253,590	50.00
51.00	05100	RECOVERY ROOM	0.285229	13,200	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.330315	316,381	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134652	405,888	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102120	96,564	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.073692	188,366	59.00
60.00	06000	LABORATORY	0.172846	685,090	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.223368	53,759	63.00
65.00	06500	RESPIRATORY THERAPY	0.320531	269,867	65.00
66.00	06600	PHYSICAL THERAPY	0.322257	56,506	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.307296	32,568	67.00
68.00	06800	SPEECH PATHOLOGY	0.286122	27,933	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057525	271,211	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.203238	83,716	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.147893	79,539	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185397	1,052,363	73.00
74.00	07400	RENAL DIALYSIS	0.433831	70,137	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.148098	365	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0.726358	0	90.01
90.02	09002	SLEEP LAB	0.110723	0	90.02
91.00	09100	EMERGENCY	0.079345	722,227	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.284869	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.378965	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,679,270	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		4,679,270	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 2: 35 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		16,922,886	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,283,324	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)		870,284	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		228,907	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)		155.50	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)		3.90	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.93	31.00
32.00	Sum of lines 30 and 31		21.83	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.22	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 2:35 pm	
		Title XVIII	Hospital	PPS	
				1.00	
34.00	Disproportionate share adjustment (see instructions)			418,872	34.00
			Prior to 10/1	1.00	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)		0.000209130	0.000205272	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		1,504,066	1,411,124	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		1,124,959	355,681	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		1,480,640		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)		26,204,913		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)			26,204,913	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,957,330	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			263,938	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)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			28,426,181	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			28,426,181	61.00
62.00	Deductibles billed to program beneficiaries			2,470,036	62.00
63.00	Coinurance billed to program beneficiaries			115,144	63.00
64.00	Allowable bad debts (see instructions)			157,388	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			102,302	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			15,582	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			25,943,303	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)			-128,627	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 2:35 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			25,814,676	71.00
71.01	Sequestration adjustment (see instructions)			325,265	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs				71.03
72.00	Interim payments			25,290,326	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)			199,085	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			546,653	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0158

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2023 2:35 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	16,922,886	0	16,922,886		16,922,886	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,283,324	0		6,283,324	6,283,324	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	870,284	0	870,284		870,284	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	228,907	0		228,907	228,907	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	0.0722	0.0722	0.0722	0.0722		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	418,872	0	305,458	113,414	418,872	11.00
11.01	Uncompensated care payments	36.00	1,480,640	0	1,124,959	355,681	1,480,640	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	26,204,913	0	19,223,587	6,981,326	26,204,913	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	26,204,913	0	19,223,587	6,981,326	26,204,913	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0158

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2023 2:35 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,957,330	0	1,442,471	514,859	1,957,330	16.00
17.00	Special add-on payments for new technologies	54.00	263,938	0	255,807	8,131	263,938	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	20,921,865	7,504,316	28,426,181	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,738,638	0	1,273,576	465,062	1,738,638	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	140,106	0	111,330	28,776	140,106	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	0.0452	0.0452	0.0452	0.0452		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	78,586	0	57,565	21,021	78,586	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,957,330	0	1,442,471	514,859	1,957,330	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: 15-0158		Period: From 01/01/2022 To 12/31/2022		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2023 2:35 pm	
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		Title XVIII			Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
		0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	16,922,886	16,922,886		16,922,886	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,283,324		6,283,324	6,283,324	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	870,284	870,284		870,284	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	228,907		228,907	228,907	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	0.0722	0.0722	0.0722		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	418,872	305,458	113,414	418,872	11.00	
11.01	Uncompensated care payments	36.00	1,480,640	1,124,959	355,681	1,480,640	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	26,204,913	19,223,587	6,981,326	26,204,913	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	26,204,913	19,223,587	6,981,326	26,204,913	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,957,330	1,442,471	514,859	1,957,330	16.00	
17.00	Special add-on payments for new technologies	54.00	263,938	255,807	8,131	263,938	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			20,921,865	7,504,316	28,426,181	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0158		Period: From 01/01/2022 To 12/31/2022		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2023 2:35 pm	
Title XVIII				Hospital		PPS	

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,738,638	1,273,576	465,062	1,738,638	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	140,106	111,330	28,776	140,106	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	0.0452	0.0452	0.0452		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	78,586	57,565	21,021	78,586	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,957,330	1,442,471	514,859	1,957,330	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	-128,627	-92,766	-35,861	-128,627	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: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 2: 35 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,406	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		16,894,386	2.00
3.00	OPPS payments		14,173,542	3.00
4.00	Outlier payment (see instructions)		79,762	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,406	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		45,342	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)		45,342	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)		45,342	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		36,936	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)		8,406	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)		14,253,304	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)		2,508,793	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)		11,752,917	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)		11,752,917	30.00
31.00	Primary payer payments		3,451	31.00
32.00	Subtotal (line 30 minus line 31)		11,749,466	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)		227,012	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		147,558	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		73,544	36.00
37.00	Subtotal (see instructions)		11,897,024	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)		11,897,024	40.00
40.01	Sequestration adjustment (see instructions)		149,903	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		11,794,251	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)		-47,130	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		3,484	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: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 2:35 pm
		Title XVIII	Hospital PPS
			1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0158

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2023 2:35 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		25,257,026		11,794,251	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	09/28/2022	33,300		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)		33,300		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)		25,290,326		11,794,251	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		199,085		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		47,130	6.02	
7.00	Total Medicare program liability (see instructions)		25,489,411		11,747,121	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: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/25/2023 2:35 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/25/2023 2:35 pm
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0158

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

Worksheet G

Date/Time Prepared:
5/25/2023 2:35 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	440,382,455	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	33,549,986	0	0	0	4.00
5.00	Other receivable	1,805,420	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,389,855	0	0	0	7.00
8.00	Prepaid expenses	673,179	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)	481,800,895	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	6,800,703	0	0	0	13.00
14.00	Accumulated depreciation	-6,102,945	0	0	0	14.00
15.00	Buildings	182,871,250	0	0	0	15.00
16.00	Accumulated depreciation	-57,975,368	0	0	0	16.00
17.00	Leasehold improvements	1,261,768	0	0	0	17.00
18.00	Accumulated depreciation	-1,232,504	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	101,218	0	0	0	21.00
22.00	Accumulated depreciation	-101,218	0	0	0	22.00
23.00	Major movable equipment	99,607,457	0	0	0	23.00
24.00	Accumulated depreciation	-73,419,914	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)	151,810,447	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	5,704,274	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,704,274	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	639,315,616	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	19,671,554	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,559,647	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,758,357	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,989,558	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	237,571	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	237,571	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	26,227,129	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	613,088,487				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)	613,088,487	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	639,315,616	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0158

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

Worksheet G-1

Date/Time Prepared:
5/25/2023 2:35 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		580,641,576		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		32,369,605				2.00
3.00	Total (sum of line 1 and line 2)		613,011,181		0		3.00
4.00	DONATED PROPERTY	77,305		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		77,305		0		10.00
11.00	Subtotal (line 3 plus line 10)		613,088,486		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		613,088,486		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	DONATED PROPERTY		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: 15-0158

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2023 2:35 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	133,576,494		133,576,494	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	133,576,494		133,576,494	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	29,311,689		29,311,689	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	3,814,306		3,814,306	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	33,125,995		33,125,995	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	166,702,489		166,702,489	17.00
18.00	Ancillary services	314,913,848	571,137,727	886,051,575	18.00
19.00	Outpatient services	48,733,861	197,194,141	245,928,002	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NRCC	0	856	856	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	530,350,198	768,332,724	1,298,682,922	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		262,574,437		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)		262,574,437		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0158

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

Worksheet G-3

Date/Time Prepared:
5/25/2023 2:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,298,682,922	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,010,016,025	2.00
3.00	Net patient revenues (line 1 minus line 2)	288,666,897	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	262,574,437	4.00
5.00	Net income from service to patients (line 3 minus line 4)	26,092,460	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	MISC INCOME	6,277,145	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	6,277,145	25.00
26.00	Total (line 5 plus line 25)	32,369,605	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)	32,369,605	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0158	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/25/2023 2:35 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,738,638	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		140,106	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)		116.66	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)		3.90	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.93	8.00
9.00	Sum of lines 7 and 8		21.83	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.52	10.00
11.00	Disproportionate share adjustment (see instructions)		78,586	11.00
12.00	Total prospective capital payments (see instructions)		1,957,330	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