

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: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/25/2023 12:46 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: 12:46 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 METHODIST HOSPITALS, INC (15-0002) 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	Matthew Doyle	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	Matthew Doyle		2
3	Signatory Title	CEO		3
4	Date	(Dated when report is electronic)		4

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00		
		Part A 2.00	Part B 3.00				
PART III - SETTLEMENT SUMMARY							
1.00	HOSPITAL	0	1,592,597	162,416	0	-760,401	1.00
2.00	SUBPROVIDER - IPF	0	1,311	0		-58,108	2.00
3.00	SUBPROVIDER - IRF	0	39,506	0		9,562	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	TOTAL	0	1,633,414	162,416	0	-808,947	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 12:46 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 600 GRANT STREET	PO Box:	Zip Code: 46402	County: LAKE
2.00	City: GARY	State: IN		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	METHODIST HOSPITALS, INC	150002	23844	1	01/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	GERIATRIC PSYCH	15S002	23844	4	01/01/2012	N	P	0	4.00
5.00	Subprovider - IRF	REHABILITATION	15T002	23844	5	01/01/1984	N	P	0	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	METHODIST HOME CARE SERVICES	157536	23844		02/12/2002	N	P	0	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2022	12/31/2022		20.00	
21.00	Type of Control (see instructions)					2			21.00	
						1.00	2.00	3.00		

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0002			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 12:46 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.	2,944	6,538	565	1,246	13,628	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	78	379	0	0	222			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.					Y	Y			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					Y			57.00	

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0002

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

Worksheet S-2
Part I
Date/Time Prepared:
5/25/2023 12:46 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 12:46 pm	
			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		Y		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		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
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		0
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	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: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 12:46 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.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. 1V, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00
				1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N		111.00
				1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.				113.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 12:46 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,820,849	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
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.		N	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)		N	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:	Contractor's Name:	Contractor's Number:	
142.00	Street:	PO Box:		
143.00	City:	State:	Zip Code:	
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?			Y
				1.00
				2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	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: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 12:46 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	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 12:46 pm	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y		A			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/15/2023		Y	03/15/2023	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 12:46 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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			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?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MICHAEL		ALESSANDRINI	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7959		MALESSANDRINI@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0002

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

Worksheet S-2
Part II
Date/Time Prepared:
5/25/2023 12:46 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 12:46 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	331	120,815	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)		331	120,815	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	39	14,235	0.00	0	8.00
8.01	NEONATAL ICU	31.01	35	12,775	0.00	0	8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		405	147,825	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	12	4,380		0	16.00
17.00	SUBPROVIDER - IRF	41.00	24	8,760		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	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)		441				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	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 12:46 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	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)	17,859	2,941	67,757		1.00
2.00	HMO and other (see instructions)	26,008	21,947			2.00
3.00	HMO IPF Subprovider	0	343			3.00
4.00	HMO IRF Subprovider	0	601			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)	17,859	2,941	67,757		7.00
8.00	INTENSIVE CARE UNIT	2,326	0	7,946		8.00
8.01	NEONATAL ICU	0	0	1,775		8.01
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		0	2,131		13.00
14.00	Total (see instructions)	20,185	2,941	79,609	3.00	1,778.79
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	194	74	1,245	0.00	10.43
17.00	SUBPROVIDER - IRF	1,299	78	3,527	0.00	18.63
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	4,204	5,727	18,282	0.00	24.15
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			105		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)				3.00	1,832.00
28.00	Observation Bed Days		3,569	11,582		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	35		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 12:46 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,654	391	10,946	1.00
2.00	HMO and other (see instructions)			2,859	3,576		2.00
3.00	HMO IPF Subprovider				28		3.00
4.00	HMO IRF Subprovider				45		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
8.01	NEONATAL ICU						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,654	391	10,946	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	13	3	106	16.00
17.00	SUBPROVIDER - IRF	0.00	0	99	6	265	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						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: 15-0002

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2023 12:46 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	149,270,637	-553,441	148,717,196	3,817,013.00	38.96
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		340,527	0	340,527	2,064.00	164.98
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)		245,947	0	245,947	5,117.00	48.06
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)		28,763,702	1,110,060	29,873,762	560,850.00	53.27
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		23,121,015	0	23,121,015	227,495.00	101.63
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		663,442	0	663,442	4,883.00	135.87
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		32,460,273	0	32,460,273		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		5,950,674	0	5,950,674		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		36,017	0	36,017		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0002

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2023 12:46 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	4.00	2,316,627	-260,151	2,056,476	28,648.00	71.78	26.00
27.00	Administrative & General	5.00	22,233,418	-1,466,058	20,767,360	607,440.00	34.19	27.00
28.00	Administrative & General under contract (see inst.)		2,352,028	0	2,352,028	11,462.00	205.20	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	4,936,203	-33,604	4,902,599	172,704.00	28.39	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	4,490,612	-18,522	4,472,090	247,302.00	18.08	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,492,170	-1,217,068	2,275,102	84,413.00	26.95	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	291,426	1,207,562	1,498,988	55,301.00	27.11	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,743,490	-14,618	3,728,872	66,264.00	56.27	38.00
39.00	Central Services and Supply	14.00	713,429	5,553	718,982	35,003.00	20.54	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	2,103,713	0	2,103,713	82,829.00	25.40	41.00
42.00	Social Service	17.00	140	425,415	425,555	13,604.00	31.28	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0002

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2023 12:46 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	151,036,191	-553,441	150,482,750	3,821,294.00	39.38	1.00
2.00	Excluded area salaries (see instructions)	28,763,702	1,110,060	29,873,762	560,850.00	53.27	2.00
3.00	Subtotal salaries (line 1 minus line 2)	122,272,489	-1,663,501	120,608,988	3,260,444.00	36.99	3.00
4.00	Subtotal other wages & related costs (see inst.)	23,784,457	0	23,784,457	232,378.00	102.35	4.00
5.00	Subtotal wage-related costs (see inst.)	32,460,273	0	32,460,273	0.00	26.91	5.00
6.00	Total (sum of lines 3 thru 5)	178,517,219	-1,663,501	176,853,718	3,492,822.00	50.63	6.00
7.00	Total overhead cost (see instructions)	46,673,256	-1,371,491	45,301,765	1,404,970.00	32.24	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2023 12:46 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	2,260,563	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	2,133,333	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)	17,426,164	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	2,982,593	9.00
10.00	Dental, Hearing and Vision Plan	689,868	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	775,976	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)	553,441	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,276,539	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	10,251,483	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	97,004	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	38,446,964	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: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/25/2023 12:46 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	23,121,015	38,446,964	1.00
2.00	Hospital	23,121,015	38,446,964	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0002 Component CCN: 15-7536	Period: From 01/01/2022 To 12/31/2022	Worksheet S-4 Date/Time Prepared: 5/25/2023 12:46 pm PPS
		Home Health Agency I		

					1.00	
0.00	County					0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	191.00	0.00	0.00	0.00	2.00

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
Enter the number of hours in your normal work week					
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00			0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	4.00
5.00	Other Administrative Personnel				7.52	0.00	5.00
6.00	Direct Nursing Service				9.56	0.00	6.00
7.00	Nursing Supervisor				0.00	0.00	7.00
8.00	Physical Therapy Service				3.97	0.00	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	9.00
10.00	Occupational Therapy Service				1.39	0.00	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	11.00
12.00	Speech Pathology Service				0.00	0.00	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	13.00
14.00	Medical Social Service				0.05	0.00	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	15.00
16.00	Home Health Aide				1.66	0.00	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	18.00

						CBSA Data	
						1.00	

HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.						1	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	23844						20.00

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,153	192	36	22	2,403	21.00
22.00	Skilled Nursing Visit Charges	475,369	41,994	7,921	4,928	530,212	22.00
23.00	Physical Therapy Visits	778	162	20	30	990	23.00
24.00	Physical Therapy Visit Charges	186,606	38,794	4,830	7,105	237,335	24.00
25.00	Occupational Therapy Visits	265	104	4	3	376	25.00
26.00	Occupational Therapy Visit Charges	64,139	25,030	988	741	90,898	26.00
27.00	Speech Pathology Visits	0	0	0	0	0	27.00
28.00	Speech Pathology Visit Charges	0	0	0	0	0	28.00
29.00	Medical Social Service Visits	5	2	0	0	7	29.00
30.00	Medical Social Service Visit Charges	1,769	695	0	0	2,464	30.00
31.00	Home Health Aide Visits	385	38	2	3	428	31.00
32.00	Home Health Aide Visit Charges	38,393	3,742	202	303	42,640	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,586	498	62	58	4,204	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	766,276	110,255	13,941	13,077	903,549	35.00
36.00	Total Number of Episodes (standard/non outlier)	337		41	6	384	36.00
37.00	Total Number of Outlier Episodes		20		0	20	37.00
38.00	Total Non-Routine Medical Supply Charges	102,604	2,197	2,439	123	107,363	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/25/2023 12:46 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)			0.222534	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			0	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			38,157,397	5.00	
6.00	Medicaid charges			499,115,740	6.00	
7.00	Medicaid cost (line 1 times line 6)			111,070,222	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)			72,912,825	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP			0	9.00	
10.00	Stand-alone CHIP charges			0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			72,912,825	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)	11,812,421	398,437	12,210,858	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,628,665	398,437	3,027,102	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	2,628,665	398,437	3,027,102	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)			21,979,926	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			832,964	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,281,482	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			20,698,444	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			5,054,626	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,081,728	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			80,994,553	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0002

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

Worksheet A
Date/Time Prepared:
5/25/2023 12:46 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	CAP REL COSTS-BLDG & FIXT	0	0	20,258,510	20,258,510	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,316,627	29,342,747	31,659,374	289,049	31,948,423
5.01	00550	DATA PROCESSING	4,221,843	11,371,652	15,593,495	-1,724,095	13,869,400
5.02	00560	PURCHASING RECEIVING AND STORES	968,272	2,568,344	3,536,616	-162,486	3,374,130
5.03	00570	ADMINISTRATIVE	4,853,859	1,193,342	6,047,201	-21,979	6,025,222
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,239,407	5,276,750	8,516,157	-1,315,988	7,200,169
5.05	00590	OTHER A&G	8,452,934	26,007,532	34,460,466	-15,980,960	18,479,506
5.06	00592	PATIENT TRANSPORTATION	497,103	44,732	541,835	-7,415	534,420
7.00	00700	OPERATION OF PLANT	4,936,203	9,864,906	14,801,109	6,299,710	21,100,819
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,193,219	1,193,219	-653	1,192,566
9.00	00900	HOUSEKEEPING	4,490,612	1,138,364	5,628,976	-193,618	5,435,358
10.00	01000	DIETARY	3,492,170	3,330,895	6,823,065	-2,585,413	4,237,652
11.00	01100	CAFETERIA	291,426	36,087	327,513	2,505,849	2,833,362
13.00	01300	NURSING ADMINISTRATION	3,743,490	1,243,774	4,987,264	-162,457	4,824,807
14.00	01400	CENTRAL SERVICES & SUPPLY	713,429	2,815,626	3,529,055	-485,706	3,043,349
15.00	01500	PHARMACY	0	15,959,459	15,959,459	-10,393,346	5,566,113
16.00	01600	MEDICAL RECORDS & LIBRARY	2,103,713	729,842	2,833,555	-2,263	2,831,292
17.00	01700	SOCIAL SERVICE	0	0	0	425,415	425,415
17.01	01701	STAFF EDUCATION	0	0	0	0	0
17.02	01702	MEDICAL EDUCATION	140	47,657	47,797	-2,082	45,715
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	245,947	245,947
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	31,168	31,168
23.00	02300	PARAMED PROGRAM	497,735	102,099	599,834	209,087	808,921
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,031,995	28,887,887	51,919,882	-662,057	51,257,825
31.00	03100	INTENSIVE CARE UNIT	6,646,102	3,890,983	10,537,085	-744,012	9,793,073
31.01	03101	NEONATAL ICU	1,482,931	1,279,276	2,762,207	-43,183	2,719,024
40.00	04000	SUBPROVIDER - I/PF	919,088	86,663	1,005,751	-22,454	983,297
41.00	04100	SUBPROVIDER - I/RF	1,670,419	309,752	1,980,171	-50,635	1,929,536
43.00	04300	NURSERY	1,404,893	388,023	1,792,916	-118,125	1,674,791
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,730,536	27,934,369	32,664,905	-14,737,534	17,927,371
50.01	05001	ENDOSCOPY	685,857	1,034,619	1,720,476	-542,891	1,177,985
51.00	05100	RECOVERY ROOM	956,655	184,916	1,141,571	-3,351	1,138,220
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,748,173	1,159,579	4,907,752	-287,598	4,620,154
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,254,330	2,866,888	5,121,218	-735,896	4,385,322
54.01	05401	RADIOLOGY - ULTRASOUND	1,371,957	565,833	1,937,790	-71,102	1,866,688
55.00	05500	RADIOLOGY-THERAPEUTIC	427,351	2,520,723	2,948,074	-533,932	2,414,142
55.01	05501	INFUSION CENTER	365,749	14,868,781	15,234,530	-11,069,842	4,164,688
56.00	05600	RADIOISOTOPE	658,298	1,302,663	1,960,961	-65,693	1,895,268
57.00	05700	CT SCAN	1,225,272	1,026,870	2,252,142	-71,899	2,180,243
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	507,022	762,138	1,269,160	-244,810	1,024,350
59.00	05900	CARDIAC CATHETERIZATION	2,502,285	6,884,877	9,387,162	-6,059,054	3,328,108
60.00	06000	LABORATORY	3,905,549	8,645,599	12,551,148	-142,024	12,409,124
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,249,606	387,073	1,636,679	-17,999	1,618,680
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,600,925	2,133,201	4,734,126	-307,046	4,427,080
66.00	06600	PHYSICAL THERAPY	1,343,576	111,434	1,455,010	-705	1,454,305
67.00	06700	OCCUPATIONAL THERAPY	1,081,535	95,515	1,177,050	-8,282	1,168,768
68.00	06800	SPEECH PATHOLOGY	445,241	46,033	491,274	-2	491,272
69.00	06900	ELECTROCARDIOLOGY	758,338	353,916	1,112,254	-181,166	931,088
69.01	06901	CARDIAC REHAB	418,448	402,169	820,617	-214,877	605,740
70.00	07000	ELECTROENCEPHALOGRAPHY	1,222,923	12,095,520	13,318,443	-11,688,052	1,630,391
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,148,528	14,148,528
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,212,175	12,212,175
73.00	07300	DRUGS CHARGED TO PATIENTS	386,275	5,085,348	5,471,623	28,458,974	33,930,597
74.00	07400	RENAL DIALYSIS	870	2,287,961	2,288,831	-9,087	2,279,744
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,979,892	3,099,393	6,079,285	-289,394	5,789,891
91.00	09100	EMERGENCY	7,793,123	9,564,325	17,357,448	-1,067,013	16,290,435
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	2,074,543	377,426	2,451,969	-52,574	2,399,395
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	125,668,720	252,906,780	378,575,500	2,004,062	380,579,562
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0002

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

Worksheet A
Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,511,053	15,445,401	38,956,454	-185,123	38,771,331	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	2,173,934	2,173,934	-1,818,939	354,995	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	90,864	101,945	192,809	0	192,809	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	149,270,637	270,628,060	419,898,697	0	419,898,697	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0002

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

Worksheet A
Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-3,049,251	17,209,259	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,876,848	30,071,575	4.00
5.01	00550	DATA PROCESSING	-257,949	13,611,451	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	3,374,130	5.02
5.03	00570	ADMITTING	0	6,025,222	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	-26,231	7,173,938	5.04
5.05	00590	OTHER A&G	-148,418	18,331,088	5.05
5.06	00592	PATIENT TRANSPORTATION	0	534,420	5.06
7.00	00700	OPERATION OF PLANT	0	21,100,819	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,192,566	8.00
9.00	00900	HOUSEKEEPING	-5,428	5,429,930	9.00
10.00	01000	DIETARY	0	4,237,652	10.00
11.00	01100	CAFETERIA	-816,582	2,016,780	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,824,807	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,043,349	14.00
15.00	01500	PHARMACY	0	5,566,113	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-144,814	2,686,478	16.00
17.00	01700	SOCIAL SERVICE	0	425,415	17.00
17.01	01701	STAFF EDUCATION	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	45,715	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	245,947	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	31,168	22.00
23.00	02300	PARAMED ED PROGRAM	-196,701	612,220	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,320,396	47,937,429	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,793,073	31.00
31.01	03101	NEONATAL ICU	-1,088,123	1,630,901	31.01
40.00	04000	SUBPROVIDER - I/PF	0	983,297	40.00
41.00	04100	SUBPROVIDER - I/RF	0	1,929,536	41.00
43.00	04300	NURSERY	0	1,674,791	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,914,889	11,012,482	50.00
50.01	05001	ENDOSCOPY	0	1,177,985	50.01
51.00	05100	RECOVERY ROOM	0	1,138,220	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,620,154	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,508	4,382,814	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	-6,109	1,860,579	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-100,192	2,313,950	55.00
55.01	05501	INFUSION CENTER	-3,522,285	642,403	55.01
56.00	05600	RADIOISOTOPE	0	1,895,268	56.00
57.00	05700	CT SCAN	-7,689	2,172,554	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-1,492	1,022,858	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,328,108	59.00
60.00	06000	LABORATORY	-59,980	12,349,144	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-41,087	1,577,593	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,427,080	65.00
66.00	06600	PHYSICAL THERAPY	0	1,454,305	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,168,768	67.00
68.00	06800	SPEECH PATHOLOGY	0	491,272	68.00
69.00	06900	ELECTROCARDIOLOGY	0	931,088	69.00
69.01	06901	CARDIAC REHAB	-115,243	490,497	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-6,300	1,624,091	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,148,528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,212,175	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-157,988	33,772,609	73.00
74.00	07400	RENAL DIALYSIS	0	2,279,744	74.00
77.00	07700	ALLOGENEIC HCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-407,529	5,382,362	90.00
91.00	09100	EMERGENCY	-2,219,532	14,070,903	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	2,399,395	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-24,493,564	356,085,998	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-9,095,379	29,675,952	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0002

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

Worksheet A
Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.01	19201	OTHER NON-REIMBURSABLE	0	354,995	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	-100,000	92,809	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-33,688,943	386,209,754	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	1,208,119	1,298,342	1.00
	0		1,208,119	1,298,342	
B - CLINICAL TRAINING COST					
1.00	PARAMED ED PROGRAM	23.00	223,506	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	0		223,506	0	
C - SOCIAL WORKERS					
1.00	SOCIAL SERVICE	17.00	425,415	0	1.00
	0		425,415	0	
E - RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	245,947	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	31,168	2.00
	0		0	277,115	
F - MED SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,148,528	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,212,175	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
	0		0	26,360,703	

RECLASSIFICATIONS

Provider CCN: 15-0002

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

Worksheet A-6

Date/Time Prepared:
5/25/2023 12:46 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
G - LIGHT DUTY					
1.00	PATIENT TRANSPORTATION	5.06	581	0	1.00
2.00	OPERATION OF PLANT	7.00	199	0	2.00
3.00	HOUSEKEEPING	9.00	656	0	3.00
4.00	DIETARY	10.00	3,050	0	4.00
5.00	NURSING ADMINISTRATION	13.00	8,845	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	6,056	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	150,569	0	7.00
8.00	OPERATING ROOM	50.00	6,504	0	8.00
9.00	RECOVERY ROOM	51.00	14,307	0	9.00
10.00	RADIOLOGY - ULTRASOUND	54.01	7,658	0	10.00
11.00	RADIOISOTOPE	56.00	53,741	0	11.00
12.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	2,452	0	12.00
13.00	ELECTROCARDIOLOGY	69.00	2,585	0	13.00
14.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,948	0	14.00
0			260,151	0	
H - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,404,614	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0				2,404,614	
I - CORPORATE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,376,630	1.00
2.00	OPERATION OF PLANT	7.00	0	5,588,870	2.00
0				12,965,500	
J - DRUG EXPENSE					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	28,827,774	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0				28,827,774	
K - PHYSICIAN RECLASS					
1.00	OTHER A&G	5.05	0	50,750	1.00
2.00	CLINIC	90.00	0	80,800	2.00
0				131,550	
L - PSTD RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	553,441	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
0				553,441	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
M - DEPRECIATION RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,477,266	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
	0		0	10,477,266	
N - DEPT 9101 RECLASS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	991,437	275,353	1.00
	0		991,437	275,353	
O - UTILITIES RECLASS					
1.00	OPERATION OF PLANT	7.00	0	1,230,432	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	0		0	1,230,432	
P - C SECTION RECLASS					
1.00	OPERATING ROOM	50.00	60,112	0	1.00
	0		60,112	0	
500.00	Grand Total: Increases		3,168,740	84,802,090	500.00

RECLASSIFICATIONS

Provider CCN: 15-0002

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

Worksheet A-6
Date/Time Prepared:
5/25/2023 12:46 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA						
1.00	DIETARY	10.00	1,208,119	1,298,342	0	1.00
	O		1,208,119	1,298,342		
B - CLINICAL TRAINING COST						
1.00	INTENSIVE CARE UNIT	31.00	10,851	0	0	1.00
2.00	OPERATING ROOM	50.00	9,333	0	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	5,090	0	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	8,516	0	0	4.00
5.00	RESPIRATORY THERAPY	65.00	13,455	0	0	5.00
6.00	EMERGENCY	91.00	176,261	0	0	6.00
	O		223,506	0		
C - SOCIAL WORKERS						
1.00	OTHER A&G	5.05	425,415	0	0	1.00
	O		425,415	0		
E - RESIDENTS						
1.00	EMERGENCY	91.00	0	277,115	0	1.00
2.00		0.00	0	0	0	2.00
	O		0	277,115		
F - MED SUPPLY						
1.00	PURCHASING RECEIVING AND STORES	5.02	0	105,764	0	1.00
2.00	ADMINISTRATIVE	5.03	0	218	0	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	7	0	3.00
4.00	OTHER A&G	5.05	0	159	0	4.00
5.00	PATIENT TRANSPORTATION	5.06	0	13	0	5.00
6.00	OPERATION OF PLANT	7.00	0	7	0	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	653	0	7.00
8.00	HOUSEKEEPING	9.00	0	1,864	0	8.00
9.00	DIETARY	10.00	0	21	0	9.00
10.00	CAFETERIA	11.00	0	55	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	6,218	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	109,959	0	12.00
13.00	PHARMACY	15.00	0	5,589	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	3	0	14.00
15.00	MEDICAL EDUCATION	17.02	0	2,082	0	15.00
16.00	PARAMEDICAL PROGRAM	23.00	0	501	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	0	508,310	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	0	167,257	0	18.00
19.00	NEONATAL ICU	31.01	0	1,125	0	19.00
20.00	SUBPROVIDER - IRF	41.00	0	26,809	0	20.00
21.00	NURSERY	43.00	0	44,816	0	21.00
22.00	OPERATING ROOM	50.00	0	14,065,152	0	22.00
23.00	ENDOSCOPY	50.01	0	355,159	0	23.00
24.00	RECOVERY ROOM	51.00	0	10,188	0	24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	0	66,611	0	25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	31,564	0	26.00
27.00	RADIOLOGY - ULTRASOUND	54.01	0	66,217	0	27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,731	0	28.00
29.00	INFUSION CENTER	55.01	0	9,168	0	29.00
30.00	RADIOISOTOPE	56.00	0	578	0	30.00
31.00	CT SCAN	57.00	0	43,450	0	31.00
32.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,037	0	32.00
33.00	CARDIAC CATHETERIZATION	59.00	0	5,905,420	0	33.00
34.00	LABORATORY	60.00	0	1,935	0	34.00
35.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	302	0	35.00
36.00	RESPIRATORY THERAPY	65.00	0	166,342	0	36.00
37.00	PHYSICAL THERAPY	66.00	0	373	0	37.00
38.00	OCCUPATIONAL THERAPY	67.00	0	442	0	38.00
39.00	SPEECH PATHOLOGY	68.00	0	2	0	39.00
40.00	ELECTROCARDIOLOGY	69.00	0	2,876	0	40.00
41.00	CARDIAC REHAB	69.01	0	1,323	0	41.00
42.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,738,937	0	42.00
43.00	DRUGS CHARGED TO PATIENTS	73.00	0	336,450	0	43.00
44.00	RENAL DIALYSIS	74.00	0	8,798	0	44.00
45.00	CLINICAL	90.00	0	171,443	0	45.00
46.00	EMERGENCY	91.00	0	320,179	0	46.00
47.00	HOME HEALTH AGENCY	101.00	0	24,614	0	47.00
48.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	40,982	0	48.00
	O		0	26,360,703		

RECLASSIFICATIONS

Provider CCN: 15-0002

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

Worksheet A-6

Date/Time Prepared:
5/25/2023 12:46 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
G - LIGHT DUTY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	260,151	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
	0		260,151	0			
H - INTEREST EXPENSE							
1.00	OTHER A&G	5.05	0	2,394,315	11		1.00
2.00	OPERATING ROOM	50.00	0	9,545	0		2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	754	0		3.00
	0		0	2,404,614			
I - CORPORATE EXPENSE							
1.00	OTHER A&G	5.05	0	12,965,500	9		1.00
2.00		0.00	0	0	0		2.00
	0		0	12,965,500			
J - DRUG EXPENSE							
1.00	PHARMACY	15.00	0	10,109,280	0		1.00
2.00	INFUSION CENTER	55.01	0	10,980,366	0		2.00
3.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,738,128	0		3.00
	0		0	28,827,774			
K - PHYSICIAN RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	131,550	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	131,550			
L - PSTD RECLASS							
1.00	PURCHASING RECEIVING AND STORES	5.02	7,851	0	0		1.00
2.00	ADMINISTRATIVE	5.03	18,579	0	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	15,825	0	0		3.00
4.00	OTHER A&G	5.05	3,959	0	0		4.00
5.00	PATIENT TRANSPORTATION	5.06	3,573	0	0		5.00
6.00	OPERATION OF PLANT	7.00	33,803	0	0		6.00
7.00	HOUSEKEEPING	9.00	19,178	0	0		7.00
8.00	DIETARY	10.00	11,999	0	0		8.00
9.00	CAFETERIA	11.00	557	0	0		9.00
10.00	NURSING ADMINISTRATION	13.00	23,463	0	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	503	0	0		11.00
12.00	PARAMEDICAL PROGRAM	23.00	6,763	0	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	85,453	0	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	31,022	0	0		14.00
15.00	SUBPROVIDER - IPF	40.00	12,104	0	0		15.00
16.00	SUBPROVIDER - IRF	41.00	15,743	0	0		16.00
17.00	NURSERY	43.00	12,313	0	0		17.00
18.00	OPERATING ROOM	50.00	39,274	0	0		18.00
19.00	RECOVERY ROOM	51.00	6,467	0	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	14,082	0	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	242	0	0		21.00
22.00	RADIOLOGY - ULTRASOUND	54.01	8,502	0	0		22.00
23.00	CT SCAN	57.00	1,720	0	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	6,800	0	0		24.00
25.00	LABORATORY	60.00	4,232	0	0		25.00
26.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	9,056	0	0		26.00
27.00	RESPIRATORY THERAPY	65.00	11,563	0	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00	7,398	0	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	9,278	0	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	2,477	0	0		30.00
31.00	CLINIC	90.00	33,144	0	0		31.00
32.00	EMERGENCY	91.00	23,297	0	0		32.00
33.00	HOME HEALTH AGENCY	101.00	27,960	0	0		33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	45,261	0	0		34.00
	0		553,441	0			

RECLASSIFICATIONS

Provider CCN: 15-0002

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

Worksheet A-6
Date/Time Prepared:
5/25/2023 12:46 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
M - DEPRECIATION RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,241	9	1.00
2.00	DATA PROCESSING	5.01	0	1,556,754	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.02	0	48,871	0	3.00
4.00	ADMINISTRATIVE	5.03	0	3,182	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	4,374	0	5.00
6.00	OTHER A&G	5.05	0	242,362	0	6.00
7.00	PATIENT TRANSPORTATION	5.06	0	4,410	0	7.00
8.00	OPERATION OF PLANT	7.00	0	485,981	0	8.00
9.00	HOUSEKEEPING	9.00	0	55,513	0	9.00
10.00	DIETARY	10.00	0	69,982	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	141,621	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	381,300	0	12.00
13.00	PHARMACY	15.00	0	278,477	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,260	0	14.00
15.00	PARAMEDICAL PROGRAM	23.00	0	7,155	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	0	218,863	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	0	534,882	0	17.00
18.00	NEONATAL ICU	31.01	0	42,058	0	18.00
19.00	SUBPROVIDER - IPF	40.00	0	10,350	0	19.00
20.00	SUBPROVIDER - IRF	41.00	0	8,083	0	20.00
21.00	NURSERY	43.00	0	60,996	0	21.00
22.00	OPERATING ROOM	50.00	0	680,846	0	22.00
23.00	ENDOSCOPY	50.01	0	187,332	0	23.00
24.00	RECOVERY ROOM	51.00	0	1,003	0	24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	0	138,277	0	25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	704,090	0	26.00
27.00	RADIOLOGY - ULTRASOUND	54.01	0	4,041	0	27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	0	524,447	0	28.00
29.00	INFUSION CENTER	55.01	0	80,308	0	29.00
30.00	RADIOISOTOPE	56.00	0	118,856	0	30.00
31.00	CT SCAN	57.00	0	26,729	0	31.00
32.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	242,773	0	32.00
33.00	CARDIAC CATHETERIZATION	59.00	0	141,744	0	33.00
34.00	LABORATORY	60.00	0	135,857	0	34.00
35.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	11,093	0	35.00
36.00	RESPIRATORY THERAPY	65.00	0	115,686	0	36.00
37.00	PHYSICAL THERAPY	66.00	0	332	0	37.00
38.00	OCCUPATIONAL THERAPY	67.00	0	442	0	38.00
39.00	ELECTROCARDIOLOGY	69.00	0	171,597	0	39.00
40.00	CARDIAC REHAB	69.01	0	160,025	0	40.00
41.00	ELECTROENCEPHALOGRAPHY	70.00	0	208,510	0	41.00
42.00	DRUGS CHARGED TO PATIENTS	73.00	0	32,350	0	42.00
43.00	RENAL DIALYSIS	74.00	0	289	0	43.00
44.00	CLINIC	90.00	0	165,607	0	44.00
45.00	EMERGENCY	91.00	0	270,161	0	45.00
46.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	848,869	0	46.00
47.00	OTHER NON-REIMBURSABLE	192.01	0	1,344,287	0	47.00
	O		0	10,477,266		
N - DEPT 9101 RECLASS						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	991,437	275,353	0	1.00
	O		991,437	275,353		
O - UTILITIES RECLASS						
1.00	DATA PROCESSING	5.01		167,341	0	1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04		28,992	0	2.00
3.00	HOUSEKEEPING	9.00		117,719	0	3.00
4.00	CARDIAC REHAB	69.01		53,529	0	4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00		388,199	0	5.00
6.00	OTHER NON-REIMBURSABLE	192.01		474,652	0	6.00
	O			1,230,432		
P - C SECTION RECLASS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	60,112	0	0	1.00
	O		60,112	0		
500.00	Grand Total: Decreases		3,722,181	84,248,649		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0002

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

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2023 12:46 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,373,674	427,200	0	427,200	0	1.00
2.00	Land Improvements	6,958,207	80,932	0	80,932	0	2.00
3.00	Buildings and Fixtures	309,357,738	5,564,655	0	5,564,655	0	3.00
4.00	Building Improvements	1,230,154	781,684	0	781,684	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	211,798,957	261,239	0	261,239	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	534,718,730	7,115,710	0	7,115,710	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	534,718,730	7,115,710	0	7,115,710	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,800,874	0				1.00
2.00	Land Improvements	7,039,139	0				2.00
3.00	Buildings and Fixtures	314,922,393	0				3.00
4.00	Building Improvements	2,011,838	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	212,060,196	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	541,834,440	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	541,834,440	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0002

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

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2023 12:46 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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00

Cost Center Description	SUMMARY OF CAPITAL		
	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
	14.00	15.00	

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
3.00	Total (sum of lines 1-2)	0	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0002

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

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2023 12:46 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	CAP REL COSTS-BLDG & FIXT	541,834,440	0	541,834,440	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	541,834,440	0	541,834,440	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	17,209,259	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	17,209,259	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	17,209,259	1.00
3.00	Total (sum of lines 1-2)	0	0	0	0	17,209,259	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0002

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

Worksheet A-8

Date/Time Prepared:
5/25/2023 12:46 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 - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,404,614	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00		2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-17,589,516			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	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-816,582	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	B	-144,814	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	0	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-644,637	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

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
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 DATA PROCESSING OTHER INCOME	B	-257,949		DATA PROCESSING	5.01	0	33.00
33.01 CASH, A/R, COLLECTIONS OTHER INCOME	B	-26,231		CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	33.01
33.02 A&G OTHER INCOME	B	-137,751		OTHER A&G	5.05	0	33.02
33.03 ENVIRONMENTAL SERVICES OTHER INCOME	B	-5,428		HOUSEKEEPING	9.00	0	33.03
33.04 PARAMED ED PROGRAM OTHER INCOME	B	-63,698		PARAMED ED PROGRAM	23.00	0	33.04
33.05 MAGNETIC RESONANCE IMAGING (MRI)	B	-1,300		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.05
33.06 LAB OTHER INCOME	B	-59,980		LABORATORY	60.00	0	33.06
33.07 BLOOD OTHER INCOME	B	-41,087		WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	33.07
33.08 CARDIAC REHAB OTHER INCOME	B	-115,243		CARDIAC REHAB	69.01	0	33.08
33.09 ELECTROCEPHALOGRAPHY OTHER INCOME	B	-6,300		ELECTROENCEPHALOGRAPHY	70.00	0	33.09
33.10 PHYSICIAN OFFICE	B	-507,369		PHYSICIANS' PRIVATE OFFICES	192.00	0	33.10
33.11 FAMILY HEALTH	B	-100,000		FAMILY HEALTH/GARY COMM HEALTH	192.02	0	33.11
33.12 EMT OFFSET	A	-23,714		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13 EMT OFFSET	A	-133,003		PARAMED ED PROGRAM	23.00	0	33.13
33.14 DUES/LOBBYING	A	-10,667		OTHER A&G	5.05	0	33.14
33.15 RX PROGRAM	A	-157,988		DRUGS CHARGED TO PATIENTS	73.00	0	33.15
33.16 PENSION ADJUSTMENT	A	-1,853,062		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.17 PHYSICIAN OFFSET	A	-8,588,010		PHYSICIANS' PRIVATE OFFICES	192.00	0	33.17
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-33,688,943					50.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0002

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2023 12:46 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	72	72	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	3,320,396	3,320,396	0	0	0	2.00
3.00	31.01	NEONATAL ICU	1,088,123	1,088,123	0	0	0	3.00
4.00	50.00	OPERATING ROOM	6,914,889	6,914,889	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	2,508	2,508	0	0	0	5.00
6.00	54.01	RADIOLOGY - ULTRASOUND	6,109	6,109	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	114,631	95,781	18,850	211,500	142	7.00
8.00	55.01	INFUSION CENTER	3,522,285	3,522,285	0	0	0	8.00
9.00	57.00	CT SCAN	7,689	7,689	0	0	0	9.00
10.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	192	192	0	0	0	10.00
11.00	90.00	CLINIC	407,529	407,529	0	0	0	11.00
12.00	91.00	EMERGENCY	2,219,532	2,219,532	0	0	0	12.00
200.00			17,603,955	17,585,105	18,850		142	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.01	NEONATAL ICU	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	54.01	RADIOLOGY - ULTRASOUND	0	0	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	14,439	722	0	0	0	7.00
8.00	55.01	INFUSION CENTER	0	0	0	0	0	8.00
9.00	57.00	CT SCAN	0	0	0	0	0	9.00
10.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
200.00			14,439	722	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	72	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,320,396	2.00
3.00	31.01	NEONATAL ICU	0	0	0	1,088,123	3.00
4.00	50.00	OPERATING ROOM	0	0	0	6,914,889	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	2,508	5.00
6.00	54.01	RADIOLOGY - ULTRASOUND	0	0	0	6,109	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	14,439	4,411	100,192	7.00
8.00	55.01	INFUSION CENTER	0	0	0	3,522,285	8.00
9.00	57.00	CT SCAN	0	0	0	7,689	9.00
10.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	192	10.00
11.00	90.00	CLINIC	0	0	0	407,529	11.00
12.00	91.00	EMERGENCY	0	0	0	2,219,532	12.00
200.00			0	14,439	4,411	17,589,516	200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/25/2023 12:46 pm		
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFI TS DEPARTMENT	DATA PROCESSI NG	PURCHASI NG RECEI VI NG AND STORES	
		BLDG & FIXT				
	0	1.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	17,209,259	17,209,259			1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	30,071,575	72,077	30,143,652		4.00
5.01 00550	DATA PROCESSING	13,611,451	112,155	867,728	14,591,334	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	3,374,130	89,480	197,398	0	3,661,008 5.02
5.03 00570	ADMITTING	6,025,222	118,586	993,810	0	4,459 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	7,173,938	374,004	458,779	0	792 5.04
5.05 00590	OTHER A&G	18,331,088	1,215,262	1,649,106	14,591,334	375 5.05
5.06 00592	PATIENT TRANSPORTATION	534,420	0	101,556	0	272 5.06
7.00 00700	OPERATION OF PLANT	21,100,819	3,653,010	1,007,646	0	38,235 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,192,566	217,536	0	0	0 8.00
9.00 00900	HOUSEKEEPING	5,429,930	251,829	919,162	0	32,499 9.00
10.00 01000	DIETARY	4,237,652	230,021	467,609	0	58,334 10.00
11.00 01100	CAFETERIA	2,016,780	160,812	308,092	0	95 11.00
13.00 01300	NURSING ADMINISTRATION	4,824,807	77,495	766,406	0	39,538 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,043,349	437,428	147,775	0	70,929 14.00
15.00 01500	PHARMACY	5,566,113	231,351	0	0	10,342 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,686,478	137,991	432,382	0	514 16.00
17.00 01700	SOCIAL SERVICE	425,415	19,880	87,437	0	0 17.00
17.01 01701	STAFF EDUCATION	0	136,038	0	0	0 17.01
17.02 01702	MEDICAL EDUCATION	45,715	4,564	29	0	346 17.02
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	245,947	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	31,168	54,515	0	0	0 22.00
23.00 02300	PARAMED ED PROGRAM	612,220	41,054	146,849	0	262 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	47,937,429	3,822,501	4,747,219	0	190,163 30.00
31.00 03100	INTENSIVE CARE UNIT	9,793,073	242,420	1,357,387	0	64,596 31.00
31.01 03101	NEONATAL ICU	1,630,901	27,557	304,791	0	1,332 31.01
40.00 04000	SUBPROVIDER - I/PF	983,297	48,474	186,415	0	40 40.00
41.00 04100	SUBPROVIDER - I/RF	1,929,536	381,289	340,091	0	5,207 41.00
43.00 04300	NURSERY	1,674,791	298,070	286,221	0	12,054 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	11,012,482	727,932	975,983	0	111,678 50.00
50.01 05001	ENDOSCOPY	1,177,985	0	140,966	0	21,863 50.01
51.00 05100	RECOVERY ROOM	1,138,220	177,519	198,236	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,620,154	85,465	753,374	0	13,139 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,382,814	647,532	463,289	0	9,880 54.00
54.01 05401	RADIOLOGY - ULTRASOUND	1,860,579	61,679	281,809	0	9,327 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	2,313,950	95,203	87,835	0	1,779 55.00
55.01 05501	INFUSION CENTER	642,403	69,368	75,173	0	11,306 55.01
56.00 05600	RADIOISOTOPE	1,895,268	110,361	146,348	0	67,498 56.00
57.00 05700	CT SCAN	2,172,554	104,503	251,480	0	22,594 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,022,858	51,318	104,210	0	6,243 58.00
59.00 05900	CARDIAC CATHETERIZATION	3,328,108	102,428	511,858	0	26,533 59.00
60.00 06000	LABORATORY	12,349,144	287,014	801,849	0	365,077 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,577,593	4,699	255,478	0	20,932 62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	4,427,080	94,776	529,434	0	68,211 65.00
66.00 06600	PHYSICAL THERAPY	1,454,305	149,743	276,149	0	652 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,168,768	128,691	220,771	0	852 67.00
68.00 06800	SPEECH PATHOLOGY	491,272	21,918	91,512	0	579 68.00
69.00 06900	ELECTROCARDIOLOGY	931,088	0	154,488	0	1,498 69.00
69.01 06901	CARDIAC REHAB	490,497	0	86,005	0	307 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,624,091	0	250,842	0	5,225 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,148,528	0	0	0	1,117,431 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,212,175	0	0	0	964,505 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	33,772,609	20,283	79,392	0	31,784 73.00
74.00 07400	RENAL DIALYSIS	2,279,744	53,490	179	0	1,599 74.00
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	5,382,362	929,713	605,654	0	30,239 90.00
91.00 09100	EMERGENCY	14,070,903	330,277	1,560,728	0	180,790 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	2,399,395	0	420,640	0	5,517 101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	356,085,998	16,709,311	25,097,570	14,591,334	3,627,422 118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0002

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	PURCHASING RECEIVING AND STORES		
		BLDG & FIXT						
	0	1.00		4.00	5.01	5.02		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,979	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	29,675,952	325,981	5,027,406	0	33,572	192.00
192.01	19201	OTHER NON-REIMBURSABLE	354,995	42,189	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	92,809	109,799	18,676	0	14	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	386,209,754	17,209,259	30,143,652	14,591,334	3,661,008	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0002

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description			ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER A&G	PATIENT TRANSPORTATION	
			5.03	5.04	5A.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINISTRATIVE	7,142,077					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	8,007,513				5.04
5.05	00590	OTHER A&G	0	0	35,787,165	35,787,165		5.05
5.06	00592	PATIENT TRANSPORTATION	0	0	636,248	64,977	701,225	5.06
7.00	00700	OPERATION OF PLANT	0	0	25,799,710	2,634,821	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,410,102	144,008	0	8.00
9.00	00900	HOUSEKEEPING	0	0	6,633,420	677,445	0	9.00
10.00	01000	DIETARY	0	0	4,993,616	509,978	0	10.00
11.00	01100	CAFETERIA	0	0	2,485,779	253,863	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	5,708,246	582,960	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,699,481	377,813	0	14.00
15.00	01500	PHARMACY	0	0	5,807,806	593,128	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,257,365	332,662	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	532,732	54,406	0	17.00
17.01	01701	STAFF EDUCATION	0	0	136,038	13,893	0	17.01
17.02	01702	MEDICAL EDUCATION	0	0	50,654	5,173	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	245,947	25,118	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	85,683	8,750	0	22.00
23.00	02300	PARAMED PROGRAM	0	0	800,385	81,740	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	501,562	562,368	57,761,242	5,898,831	236,780	30.00
31.00	03100	INTENSIVE CARE UNIT	99,700	111,787	11,668,963	1,191,705	2,160	31.00
31.01	03101	NEONATAL ICU	21,990	24,655	2,011,226	205,398	0	31.01
40.00	04000	SUBPROVIDER - I/PF	11,307	12,678	1,242,211	126,862	0	40.00
41.00	04100	SUBPROVIDER - I/RF	17,889	20,058	2,694,070	275,135	2,928	41.00
43.00	04300	NURSERY	9,665	10,837	2,291,638	234,036	24	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	793,276	889,446	14,510,797	1,481,930	24	50.00
50.01	05001	ENDOSCOPY	52,655	59,038	1,452,507	148,339	17,520	50.01
51.00	05100	RECOVERY ROOM	54,271	60,851	1,629,097	166,373	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,766	28,890	5,526,788	564,429	8,760	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	198,482	222,545	5,924,542	605,050	43,104	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	114,155	127,994	2,455,543	250,775	87,071	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	120,296	134,880	2,753,943	281,249	6,624	55.00
55.01	05501	INFUSION CENTER	87,652	98,278	984,180	100,510	0	55.01
56.00	05600	RADIOISOTOPE	85,782	96,181	2,401,438	245,249	39,792	56.00
57.00	05700	CT SCAN	667,777	748,733	3,967,641	405,199	166,558	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	145,820	163,498	1,493,947	152,571	47,592	58.00
59.00	05900	CARDIAC CATHETERIZATION	326,407	365,978	4,661,312	476,041	26,328	59.00
60.00	06000	LABORATORY	1,034,643	1,159,663	15,997,390	1,633,749	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	108,810	122,001	2,089,513	213,394	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	206,398	231,420	5,557,319	567,547	48	65.00
66.00	06600	PHYSICAL THERAPY	36,767	41,225	1,958,841	200,049	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,406	29,607	1,575,095	160,858	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,922	14,489	632,692	64,614	0	68.00
69.00	06900	ELECTROCARDIOLOGY	126,909	142,294	1,356,277	138,511	3,288	69.00
69.01	06901	CARDIAC REHAB	7,272	8,154	592,235	60,483	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	204,834	229,666	2,314,658	236,387	2,280	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	184,138	206,462	15,656,559	1,598,942	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	173,631	194,680	13,544,991	1,383,296	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	997,873	1,118,846	36,020,787	3,678,659	0	73.00
74.00	07400	RENAL DIALYSIS	52,866	59,275	2,447,153	249,918	24	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	99,921	112,035	7,159,924	731,214	216	90.00
91.00	09100	EMERGENCY	516,883	579,545	17,239,126	1,760,563	10,104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	17,352	19,456	2,862,360	292,321	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,142,077	8,007,513	350,506,382	32,140,922	701,225	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	21,979	2,245	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	35,062,911	3,580,835	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0002

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description		ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER A&G	PATIENT TRANSPORTATION	
		5.03	5.04	5A.04	5.05	5.06	
192.01	19201 OTHER NON-REIMBURSABLE	0	0	397,184	40,563	0	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	0	0	221,298	22,600	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments			0			200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	7,142,077	8,007,513	386,209,754	35,787,165	701,225	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/25/2023 12:46 pm	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						5.06
7.00	00700	OPERATION OF PLANT	28,434,531					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	534,403	2,088,513				8.00
9.00	00900	HOUSEKEEPING	618,648	0	7,929,513			9.00
10.00	01000	DIETARY	565,073	0	164,241	6,232,908		10.00
11.00	01100	CAFETERIA	395,053	0	114,824	0	3,249,519	11.00
13.00	01300	NURSING ADMINISTRATION	190,376	0	55,334	0	101,467	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,074,591	2,382	312,336	0	53,598	14.00
15.00	01500	PHARMACY	568,340	0	165,191	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	338,990	0	98,529	0	126,832	16.00
17.00	01700	SOCIAL SERVICE	48,838	0	14,195	0	0	17.00
17.01	01701	STAFF EDUCATION	334,193	0	97,135	0	0	17.01
17.02	01702	MEDICAL EDUCATION	11,213	0	3,259	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	133,923	0	38,925	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	100,854	0	29,314	0	41,520	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,390,403	960,584	2,729,373	5,032,333	854,186	30.00
31.00	03100	INTENSIVE CARE UNIT	595,533	147,091	173,095	224,855	194,637	31.00
31.01	03101	NEONATAL ICU	67,696	0	19,676	0	47,473	31.01
40.00	04000	SUBPROVIDER - IPF	119,083	0	34,612	87,231	33,231	40.00
41.00	04100	SUBPROVIDER - IRF	936,681	54,872	272,252	251,480	59,336	41.00
43.00	04300	NURSERY	732,244	26,806	212,831	0	39,479	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,788,247	214,707	519,764	0	187,668	50.00
50.01	05001	ENDOSCOPY	0	28,841	0	0	23,088	50.01
51.00	05100	RECOVERY ROOM	436,096	13,381	126,754	1,857	28,983	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	209,953	51,747	61,024	137,787	128,305	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,590,736	43,901	462,356	0	108,650	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	151,521	22,443	44,041	0	52,061	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	233,878	12,166	67,978	0	16,933	55.00
55.01	05501	INFUSION CENTER	170,409	0	49,530	0	18,505	55.01
56.00	05600	RADIOISOTOPE	271,114	13,133	78,801	0	22,627	56.00
57.00	05700	CT SCAN	256,723	26,240	74,618	0	49,785	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	126,068	10,935	36,642	0	21,309	58.00
59.00	05900	CARDIAC CATHETERIZATION	251,626	46,393	73,137	0	78,118	59.00
60.00	06000	LABORATORY	705,082	0	204,936	0	177,315	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,542	0	3,355	0	86,894	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	232,829	0	67,673	0	107,846	65.00
66.00	06600	PHYSICAL THERAPY	367,861	0	106,921	0	48,920	66.00
67.00	06700	OCCUPATIONAL THERAPY	316,144	0	91,889	0	38,477	67.00
68.00	06800	SPEECH PATHOLOGY	53,845	0	15,650	0	15,443	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,668	0	0	35,911	69.00
69.01	06901	CARDIAC REHAB	0	1,105	0	0	17,890	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	21,103	0	0	47,115	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,828	0	14,483	0	12,758	73.00
74.00	07400	RENAL DIALYSIS	131,405	16,419	38,193	0	49	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,283,945	51,147	663,841	0	106,096	90.00
91.00	09100	EMERGENCY	811,362	319,449	235,827	497,365	267,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOD TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,206,349	2,088,513	7,572,535	6,232,908	3,249,519	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,995	0	15,694	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	800,809	0	232,760	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	103,643	0	30,124	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0002

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	269,735	0	78,400	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	28,434,531	2,088,513	7,929,513	6,232,908	3,249,519	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/25/2023 12:46 pm	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						5.06
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	6,638,383					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,520,201				14.00
15.00	01500	PHARMACY	0	0	7,134,465			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,154,378		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	650,171	17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	0	0	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PROGRAM	144,000	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,962,521	0	0	291,735	594,442	30.00
31.00	03100	INTENSIVE CARE UNIT	675,047	0	0	57,991	0	31.00
31.01	03101	NEONATAL ICU	164,649	0	0	12,790	0	31.01
40.00	04000	SUBPROVIDER - IPF	115,254	0	0	6,577	0	40.00
41.00	04100	SUBPROVIDER - IRF	205,791	0	0	10,405	37,153	41.00
43.00	04300	NURSERY	136,921	0	0	5,622	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	650,878	0	0	461,411	0	50.00
50.01	05001	ENDOSCOPY	80,075	0	0	30,627	0	50.01
51.00	05100	RECOVERY ROOM	100,522	0	0	31,567	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	444,992	0	0	14,987	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	115,448	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	0	66,398	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	69,971	0	55.00
55.01	05501	INFUSION CENTER	0	0	0	50,983	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	49,895	0	56.00
57.00	05700	CT SCAN	0	0	0	388,414	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	84,816	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	189,856	0	59.00
60.00	06000	LABORATORY	0	0	389,046	601,971	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	63,290	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	120,052	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,386	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,359	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,516	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	73,817	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	4,230	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	119,142	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,962,849	0	107,105	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,557,352	0	100,993	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,703,217	580,415	0	73.00
74.00	07400	RENAL DIALYSIS	170	0	0	30,750	0	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	31,493	0	0	58,120	0	90.00
91.00	09100	EMERGENCY	926,070	0	0	300,646	18,576	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	10,093	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,638,383	5,520,201	7,092,263	4,154,378	650,171	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	42,202	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0002

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,638,383	5,520,201	7,134,465	4,154,378	650,171	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0002

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

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Part I
Date/Time Prepared:
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Cost Center Description	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS		PARAMED ED PROGRAM		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
			17.01	17.02			21.00
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00550 DATA PROCESSING						5.01	
5.02 00560 PURCHASING RECEIVING AND STORES						5.02	
5.03 00570 ADMITTING						5.03	
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04	
5.05 00590 OTHER A&G						5.05	
5.06 00592 PATIENT TRANSPORTATION						5.06	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY						15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00	
17.00 01700 SOCIAL SERVICE						17.00	
17.01 01701 STAFF EDUCATION	581,259					17.01	
17.02 01702 MEDICAL EDUCATION	0	70,299				17.02	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	271,065			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		267,281		22.00	
23.00 02300 PARAMED ED PROGRAM	947	0			1,198,760	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	152,901	0	0	0	49,277	30.00	
31.00 03100 INTENSIVE CARE UNIT	52,476	0	0	0	0	31.00	
31.01 03101 NEONATAL ICU	13,713	0	0	0	0	31.01	
40.00 04000 SUBPROVIDER - IPF	710	0	0	0	0	40.00	
41.00 04100 SUBPROVIDER - IRF	11,498	0	0	0	0	41.00	
43.00 04300 NURSERY	14,922	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	72,792	0	0	0	49,277	50.00	
50.01 05001 ENDOSCOPY	8,792	0	0	0	0	50.01	
51.00 05100 RECOVERY ROOM	6,823	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	59,527	0	0	0	49,277	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,083	0	0	0	0	54.00	
54.01 05401 RADIOLOGY - ULTRASOUND	4,633	0	0	0	0	54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	837	0	0	0	0	55.00	
55.01 05501 INFUSION CENTER	8	0	0	0	0	55.01	
56.00 05600 RADIOISOTOPE	169	0	0	0	0	56.00	
57.00 05700 CT SCAN	7,761	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	110	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	20,536	0	0	0	24,639	59.00	
60.00 06000 LABORATORY	423	0	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,649	0	0	0	0	62.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	11,405	0	0	0	73,916	65.00	
66.00 06600 PHYSICAL THERAPY	761	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	575	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	364	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	2,714	0	0	0	0	69.00	
69.01 06901 CARDIAC REHAB	51	0	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	2,249	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	7,567	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	271	0	0	0	0	74.00	
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	2,832	0	0	0	0	90.00	
91.00 09100 EMERGENCY	90,825	70,299	271,065	267,281	952,374	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	10,661	0	0	0	0	101.00	
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	565,585	70,299	271,065	267,281	1,198,760	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,649	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0002

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

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Cost Center Description	STAFF EDUCATION 17.01	MEDICAL EDUCATION 17.02	INTERNS & RESIDENTS		PARAMED ED PROGRAM 23.00	
			SERVICES-SALARY & FRINGES 21.00	SERVICES-OTHER PRGM COSTS 22.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02 19202 FAMILY HEALTH/GARY COMM HEALTH	25	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	581,259	70,299	271,065	267,281	1,198,760	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/25/2023 12:46 pm
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550	DATA PROCESSING				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00570	ADMITTING				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	00590	OTHER A&G				5.05
5.06	00592	PATIENT TRANSPORTATION				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	STAFF EDUCATION				17.01
17.02	01702	MEDICAL EDUCATION				17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PROGRAM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	86,914,608	0	86,914,608	30.00
31.00	03100	INTENSIVE CARE UNIT	14,983,553	0	14,983,553	31.00
31.01	03101	NEONATAL ICU	2,542,621	0	2,542,621	31.01
40.00	04000	SUBPROVIDER - IPF	1,765,771	0	1,765,771	40.00
41.00	04100	SUBPROVIDER - IRF	4,811,601	0	4,811,601	41.00
43.00	04300	NURSERY	3,694,523	0	3,694,523	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,937,495	0	19,937,495	50.00
50.01	05001	ENDOSCOPY	1,789,789	0	1,789,789	50.01
51.00	05100	RECOVERY ROOM	2,541,453	0	2,541,453	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,257,576	0	7,257,576	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,897,870	0	8,897,870	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	3,134,486	0	3,134,486	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,443,579	0	3,443,579	55.00
55.01	05501	INFUSION CENTER	1,374,125	0	1,374,125	55.01
56.00	05600	RADIOISOTOPE	3,122,218	0	3,122,218	56.00
57.00	05700	CT SCAN	5,342,939	0	5,342,939	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,973,990	0	1,973,990	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,847,986	0	5,847,986	59.00
60.00	06000	LABORATORY	19,709,912	0	19,709,912	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,469,637	0	2,469,637	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,738,635	0	6,738,635	65.00
66.00	06600	PHYSICAL THERAPY	2,704,739	0	2,704,739	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,198,397	0	2,198,397	67.00
68.00	06800	SPEECH PATHOLOGY	790,124	0	790,124	68.00
69.00	06900	ELECTROCARDIOLOGY	1,614,186	0	1,614,186	69.00
69.01	06901	CARDIAC REHAB	675,994	0	675,994	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,742,934	0	2,742,934	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,325,455	0	20,325,455	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,586,632	0	17,586,632	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,067,714	0	47,067,714	73.00
74.00	07400	RENAL DIALYSIS	2,914,352	0	2,914,352	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,088,828	0	11,088,828	90.00
91.00	09100	EMERGENCY	24,037,946	-538,346	23,499,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,175,435	0	3,175,435	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	345,217,103	-538,346	344,678,757	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	109,562	0	109,562	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0002

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

Worksheet B
Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	39,719,517	0	39,719,517	192.00
192.01	19201	OTHER NON-REIMBURSABLE	571,514	0	571,514	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	592,058	0	592,058	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	386,209,754	-538,346	385,671,408	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0002

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

Worksheet B Part II Date/Time Prepared: 5/25/2023 12:46 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		BLDG & FIXT					
		0	1.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	72,077	72,077	72,077		4.00
5.01 00550	DATA PROCESSING	0	112,155	112,155	2,073	114,228	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	0	89,480	89,480	472	0	5.02
5.03 00570	ADMINISTRATIVE	0	118,586	118,586	2,374	0	5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	374,004	374,004	1,096	0	5.04
5.05 00590	OTHER A&G	0	1,215,262	1,215,262	3,940	114,228	5.05
5.06 00592	PATIENT TRANSPORTATION	0	0	0	243	0	5.06
7.00 00700	OPERATION OF PLANT	0	3,653,010	3,653,010	2,407	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	217,536	217,536	0	0	8.00
9.00 00900	HOUSEKEEPING	0	251,829	251,829	2,196	0	9.00
10.00 01000	DIETARY	0	230,021	230,021	1,117	0	10.00
11.00 01100	CAFETERIA	0	160,812	160,812	736	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	77,495	77,495	1,831	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	437,428	437,428	353	0	14.00
15.00 01500	PHARMACY	0	231,351	231,351	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	137,991	137,991	1,033	0	16.00
17.00 01700	SOCIAL SERVICE	0	19,880	19,880	209	0	17.00
17.01 01701	STAFF EDUCATION	0	136,038	136,038	0	0	17.01
17.02 01702	MEDICAL EDUCATION	0	4,564	4,564	0	0	17.02
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	54,515	54,515	0	0	22.00
23.00 02300	PARAMED PROGRAM	0	41,054	41,054	351	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	3,822,501	3,822,501	11,341	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	242,420	242,420	3,243	0	31.00
31.01 03101	NEONATAL ICU	0	27,557	27,557	728	0	31.01
40.00 04000	SUBPROVIDER - IPF	0	48,474	48,474	445	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	381,289	381,289	812	0	41.00
43.00 04300	NURSERY	0	298,070	298,070	684	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	727,932	727,932	2,332	0	50.00
50.01 05001	ENDOSCOPY	0	0	0	337	0	50.01
51.00 05100	RECOVERY ROOM	0	177,519	177,519	474	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	85,465	85,465	1,800	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	647,532	647,532	1,107	0	54.00
54.01 05401	RADIOLOGY - ULTRASOUND	0	61,679	61,679	673	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	95,203	95,203	210	0	55.00
55.01 05501	INFUSION CENTER	0	69,368	69,368	180	0	55.01
56.00 05600	RADIOISOTOPE	0	110,361	110,361	350	0	56.00
57.00 05700	CT SCAN	0	104,503	104,503	601	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	51,318	51,318	249	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	102,428	102,428	1,223	0	59.00
60.00 06000	LABORATORY	0	287,014	287,014	1,916	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,699	4,699	610	0	62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	94,776	94,776	1,265	0	65.00
66.00 06600	PHYSICAL THERAPY	0	149,743	149,743	660	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	128,691	128,691	527	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	21,918	21,918	219	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	369	0	69.00
69.01 06901	CARDIAC REHAB	0	0	0	205	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	599	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	20,283	20,283	190	0	73.00
74.00 07400	RENAL DIALYSIS	0	53,490	53,490	0	0	74.00
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	929,713	929,713	1,447	0	90.00
91.00 09100	EMERGENCY	0	330,277	330,277	3,728	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	0	0	0	1,005	0	101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	16,709,311	16,709,311	59,960	114,228	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0002

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING		
			BLDG & FIXT					
	0		1.00	2A	4.00	5.01		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,979	21,979	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	325,981	325,981	12,072	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	42,189	42,189	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	109,799	109,799	45	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments		0	0			200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	17,209,259	17,209,259	72,077	114,228	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 12:46 pm	
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/AC COUNTS RECEIVABLE	OTHER A&G	PATIENT TRANSPORTATION	
			5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	89,952					5.02
5.03	00570	ADMINITTING	110	121,070				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	19	0	375,119			5.04
5.05	00590	OTHER A&G	9	0	0	1,333,439		5.05
5.06	00592	PATIENT TRANSPORTATION	7	0	0	2,421	2,671	5.06
7.00	00700	OPERATION OF PLANT	940	0	0	98,168	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	5,365	0	8.00
9.00	00900	HOUSEKEEPING	799	0	0	25,240	0	9.00
10.00	01000	DIETARY	1,434	0	0	19,001	0	10.00
11.00	01100	CAFETERIA	2	0	0	9,458	0	11.00
13.00	01300	NURSING ADMINISTRATION	972	0	0	21,720	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,743	0	0	14,077	0	14.00
15.00	01500	PHARMACY	254	0	0	22,099	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13	0	0	12,394	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,027	0	17.00
17.01	01701	STAFF EDUCATION	0	0	0	518	0	17.01
17.02	01702	MEDICAL EDUCATION	8	0	0	193	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	936	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	326	0	22.00
23.00	02300	PARAMED PROGRAM	6	0	0	3,045	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,673	8,484	26,324	219,863	903	30.00
31.00	03100	INTENSIVE CARE UNIT	1,588	1,687	5,233	44,400	8	31.00
31.01	03101	NEONATAL ICU	33	372	1,154	7,653	0	31.01
40.00	04000	SUBPROVIDER - I/PF	1	191	593	4,727	0	40.00
41.00	04100	SUBPROVIDER - I/RF	128	303	939	10,251	11	41.00
43.00	04300	NURSERY	296	163	507	8,720	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,745	13,419	41,634	55,214	0	50.00
50.01	05001	ENDOSCOPY	537	891	2,763	5,527	67	50.01
51.00	05100	RECOVERY ROOM	0	918	2,848	6,199	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	323	436	1,352	21,029	33	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	243	3,358	10,417	22,543	164	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	229	1,931	5,991	9,343	332	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	44	2,035	6,314	10,479	25	55.00
55.01	05501	INFUSION CENTER	278	1,483	4,600	3,745	0	55.01
56.00	05600	RADIOISOTOPE	1,659	1,451	4,502	9,137	152	56.00
57.00	05700	CT SCAN	555	11,296	35,047	15,097	634	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	153	2,467	7,653	5,684	181	58.00
59.00	05900	CARDIAC CATHETERIZATION	652	5,522	17,131	17,736	100	59.00
60.00	06000	LABORATORY	8,972	17,754	54,580	60,870	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	514	1,841	5,711	7,951	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,676	3,491	10,832	21,146	0	65.00
66.00	06600	PHYSICAL THERAPY	16	622	1,930	7,453	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	21	447	1,386	5,993	0	67.00
68.00	06800	SPEECH PATHOLOGY	14	219	678	2,407	0	68.00
69.00	06900	ELECTROCARDIOLOGY	37	2,147	6,661	5,161	13	69.00
69.01	06901	CARDIAC REHAB	8	123	382	2,253	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	128	3,465	10,750	8,807	9	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,442	3,115	9,664	59,573	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,704	2,937	9,113	51,539	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	781	16,880	52,372	137,059	0	73.00
74.00	07400	RENAL DIALYSIS	39	894	2,775	9,311	0	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	743	1,690	5,244	27,244	1	90.00
91.00	09100	EMERGENCY	4,443	8,744	27,128	65,595	38	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	136	294	911	10,891	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	89,127	121,070	375,119	1,197,588	2,671	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	84	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	825	0	0	133,414	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 12:46 pm	
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	OTHER A&G	PATIENT TRANSPORTATION	
			5.02	5.03	5.04	5.05	5.06	
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	1,511	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	842	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	89,952	121,070	375,119	1,333,439	2,671	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 12:46 pm	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						5.06
7.00	00700	OPERATION OF PLANT	3,754,525					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	70,563	293,464				8.00
9.00	00900	HOUSEKEEPING	81,687	0	361,751			9.00
10.00	01000	DIETARY	74,613	0	7,493	333,679		10.00
11.00	01100	CAFETERIA	52,163	0	5,238	0	228,409	11.00
13.00	01300	NURSING ADMINISTRATION	25,137	0	2,524	0	7,132	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	141,890	335	14,249	0	3,767	14.00
15.00	01500	PHARMACY	75,044	0	7,536	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	44,761	0	4,495	0	8,915	16.00
17.00	01700	SOCIAL SERVICE	6,449	0	648	0	0	17.00
17.01	01701	STAFF EDUCATION	44,127	0	4,431	0	0	17.01
17.02	01702	MEDICAL EDUCATION	1,481	0	149	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,683	0	1,776	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	13,317	0	1,337	0	2,918	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,239,919	134,976	124,515	269,407	60,041	30.00
31.00	03100	INTENSIVE CARE UNIT	78,635	20,668	7,897	12,038	13,681	31.00
31.01	03101	NEONATAL ICU	8,939	0	898	0	3,337	31.01
40.00	04000	SUBPROVIDER - IPF	15,724	0	1,579	4,670	2,336	40.00
41.00	04100	SUBPROVIDER - IRF	123,680	7,710	12,420	13,463	4,171	41.00
43.00	04300	NURSERY	96,686	3,767	9,710	0	2,775	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	236,122	30,169	23,712	0	13,191	50.00
50.01	05001	ENDOSCOPY	0	4,053	0	0	1,623	50.01
51.00	05100	RECOVERY ROOM	57,583	1,880	5,783	99	2,037	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,722	7,271	2,784	7,376	9,019	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	210,042	6,169	21,093	0	7,637	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	20,007	3,153	2,009	0	3,659	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	30,881	1,709	3,101	0	1,190	55.00
55.01	05501	INFUSION CENTER	22,501	0	2,260	0	1,301	55.01
56.00	05600	RADIOISOTOPE	35,798	1,845	3,595	0	1,590	56.00
57.00	05700	CT SCAN	33,898	3,687	3,404	0	3,499	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,646	1,537	1,672	0	1,498	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,225	6,519	3,337	0	5,491	59.00
60.00	06000	LABORATORY	93,100	0	9,349	0	12,464	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,524	0	153	0	6,108	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	30,743	0	3,087	0	7,581	65.00
66.00	06600	PHYSICAL THERAPY	48,573	0	4,878	0	3,439	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,744	0	4,192	0	2,705	67.00
68.00	06800	SPEECH PATHOLOGY	7,110	0	714	0	1,085	68.00
69.00	06900	ELECTROCARDIOLOGY	0	515	0	0	2,524	69.00
69.01	06901	CARDIAC REHAB	0	155	0	0	1,257	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,965	0	0	3,312	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,579	0	661	0	897	73.00
74.00	07400	RENAL DIALYSIS	17,351	2,307	1,742	0	3	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	301,574	7,187	30,285	0	7,457	90.00
91.00	09100	EMERGENCY	107,133	44,887	10,759	26,626	18,769	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,592,354	293,464	345,465	333,679	228,409	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,130	0	716	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	105,740	0	10,619	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	13,685	0	1,374	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0002			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 12:46 pm	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
			7.00	8.00	9.00	10.00	11.00		
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	35,616	0	3,577	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,754,525	293,464	361,751	333,679	228,409		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 12:46 pm			
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						5.06
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	136,811					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	613,842				14.00
15.00	01500	PHARMACY	0	0	336,284			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	209,602		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	29,213	17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	0	0	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PROGRAM	2,968	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,055	0	0	14,685	26,709	30.00
31.00	03100	INTENSIVE CARE UNIT	13,912	0	0	2,919	0	31.00
31.01	03101	NEONATAL ICU	3,393	0	0	644	0	31.01
40.00	04000	SUBPROVIDER - IPF	2,375	0	0	331	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,241	0	0	524	1,669	41.00
43.00	04300	NURSERY	2,822	0	0	283	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,414	0	0	23,225	0	50.00
50.01	05001	ENDOSCOPY	1,650	0	0	1,542	0	50.01
51.00	05100	RECOVERY ROOM	2,072	0	0	1,589	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,171	0	0	754	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,811	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	0	3,342	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,522	0	55.00
55.01	05501	INFUSION CENTER	0	0	0	2,566	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	2,512	0	56.00
57.00	05700	CT SCAN	0	0	0	19,551	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	4,269	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	9,556	0	59.00
60.00	06000	LABORATORY	0	0	18,338	30,790	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,186	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,043	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,076	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	773	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	378	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,716	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	213	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,997	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	329,469	0	5,391	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	284,373	0	5,084	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	315,957	29,216	0	73.00
74.00	07400	RENAL DIALYSIS	4	0	0	1,548	0	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	649	0	0	2,925	0	90.00
91.00	09100	EMERGENCY	19,085	0	0	15,133	835	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	508	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	136,811	613,842	334,295	209,602	29,213	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,989	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 12:46 pm	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	136,811	613,842	336,284	209,602	29,213	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 12:46 pm
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Cost Center Description	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS		PARAMED PROGRAM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			17.01	17.02		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00550	DATA PROCESSING					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMITTING					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00590	OTHER A&G					5.05
5.06 00592	PATIENT TRANSPORTATION					5.06
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
17.01 01701	STAFF EDUCATION	185,114				17.01
17.02 01702	MEDICAL EDUCATION	0	6,395			17.02
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	936		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		74,300	22.00
23.00 02300	PARAMED PROGRAM	302	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	48,695	0			30.00
31.00 03100	INTENSIVE CARE UNIT	16,712	0			31.00
31.01 03101	NEONATAL ICU	4,367	0			31.01
40.00 04000	SUBPROVIDER - IPF	226	0			40.00
41.00 04100	SUBPROVIDER - IRF	3,662	0			41.00
43.00 04300	NURSERY	4,752	0			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,182	0			50.00
50.01 05001	ENDOSCOPY	2,800	0			50.01
51.00 05100	RECOVERY ROOM	2,173	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	18,958	0			52.00
53.00 05300	ANESTHESIOLOGY	0	0			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,300	0			54.00
54.01 05401	RADIOLOGY - ULTRASOUND	1,475	0			54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	267	0			55.00
55.01 05501	INFUSION CENTER	3	0			55.01
56.00 05600	RADIOISOTOPE	54	0			56.00
57.00 05700	CT SCAN	2,472	0			57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	35	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	6,540	0			59.00
60.00 06000	LABORATORY	135	0			60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	525	0			62.00
64.00 06400	INTRAVENOUS THERAPY	0	0			64.00
65.00 06500	RESPIRATORY THERAPY	3,632	0			65.00
66.00 06600	PHYSICAL THERAPY	242	0			66.00
67.00 06700	OCCUPATIONAL THERAPY	183	0			67.00
68.00 06800	SPEECH PATHOLOGY	116	0			68.00
69.00 06900	ELECTROCARDIOLOGY	864	0			69.00
69.01 06901	CARDIAC REHAB	16	0			69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	716	0			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,410	0			73.00
74.00 07400	RENAL DIALYSIS	86	0			74.00
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	902	0			90.00
91.00 09100	EMERGENCY	28,925	6,395			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	3,395	0			101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0			102.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	180,122	6,395	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	4,984	0			190.00
191.00 19100	RESEARCH	0	0			191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0002

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description	STAFF EDUCATION 17.01	MEDICAL EDUCATION 17.02	INTERNS & RESIDENTS		PARAMED ED PROGRAM 23.00	
			SERVICES-SALARY & FRINGES 21.00	SERVICES-OTHER PRGM COSTS 22.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0				192.01
192.02 19202 FAMILY HEALTH/GARY COMM HEALTH	8	0				192.02
193.00 19300 NONPAID WORKERS	0	0				193.00
200.00 Cross Foot Adjustments			936	74,300	65,298	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	185,114	6,395	936	74,300	65,298	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 12:46 pm
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550	DATA PROCESSING				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00570	ADMITTING				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	00590	OTHER A&G				5.05
5.06	00592	PATIENT TRANSPORTATION				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	STAFF EDUCATION				17.01
17.02	01702	MEDICAL EDUCATION				17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PROGRAM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,074,091	0	6,074,091	30.00
31.00	03100	INTENSIVE CARE UNIT	465,041	0	465,041	31.00
31.01	03101	NEONATAL ICU	59,075	0	59,075	31.01
40.00	04000	SUBPROVIDER - IPF	81,672	0	81,672	40.00
41.00	04100	SUBPROVIDER - IRF	565,273	0	565,273	41.00
43.00	04300	NURSERY	429,235	0	429,235	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,206,291	0	1,206,291	50.00
50.01	05001	ENDOSCOPY	21,790	0	21,790	50.01
51.00	05100	RECOVERY ROOM	261,174	0	261,174	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	193,493	0	193,493	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	937,416	0	937,416	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	113,823	0	113,823	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	154,980	0	154,980	55.00
55.01	05501	INFUSION CENTER	108,285	0	108,285	55.01
56.00	05600	RADIOISOTOPE	173,006	0	173,006	56.00
57.00	05700	CT SCAN	234,244	0	234,244	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	93,362	0	93,362	58.00
59.00	05900	CARDIAC CATHETERIZATION	209,460	0	209,460	59.00
60.00	06000	LABORATORY	595,282	0	595,282	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	32,822	0	32,822	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	184,272	0	184,272	65.00
66.00	06600	PHYSICAL THERAPY	218,632	0	218,632	66.00
67.00	06700	OCCUPATIONAL THERAPY	186,662	0	186,662	67.00
68.00	06800	SPEECH PATHOLOGY	34,858	0	34,858	68.00
69.00	06900	ELECTROCARDIOLOGY	22,007	0	22,007	69.00
69.01	06901	CARDIAC REHAB	4,612	0	4,612	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	36,748	0	36,748	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	434,654	0	434,654	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	376,750	0	376,750	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	583,285	0	583,285	73.00
74.00	07400	RENAL DIALYSIS	89,550	0	89,550	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,317,061	0	1,317,061	90.00
91.00	09100	EMERGENCY	718,500	0	718,500	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	17,140	0	17,140	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,234,546	0	16,234,546	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,893	0	34,893	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0002

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	590,640	0	590,640	192.00
192.01	19201	OTHER NON-REIMBURSABLE	58,759	0	58,759	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	149,887	0	149,887	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments	140,534	0	140,534	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	17,209,259	0	17,209,259	202.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet B-1		
Cost Center Description		CAPI TAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MACHI NE TIME)	PURCHASI NG RECEI VI NG AND STORES (PURCHASE REQUI SI TI ONS)	ADMI TTING (GROSS CHARGES)		
		1.00	4.00	5.01	5.02	5.03		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,410,133				1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,906	146,660,720			4.00	
5.01	00550	DATA PROCESSING	9,190	4,221,843	100		5.01	
5.02	00560	PURCHASING RECEIVING AND STORES	7,332	960,421	0	46,354,254	5.02	
5.03	00570	ADMITTING	9,717	4,835,280	0	56,460	1,548,882,084	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	30,646	2,232,145	0	10,029	0	5.04
5.05	00590	OTHER A&G	99,579	8,023,560	100	4,744	0	5.05
5.06	00592	PATIENT TRANSPORTATION	0	494,111	0	3,449	0	5.06
7.00	00700	OPERATION OF PLANT	299,329	4,902,599	0	484,114	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,825	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	20,635	4,472,090	0	411,489	0	9.00
10.00	01000	DIETARY	18,848	2,275,102	0	738,605	0	10.00
11.00	01100	CAFETERIA	13,177	1,498,988	0	1,203	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,350	3,728,872	0	500,618	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,843	718,982	0	898,076	0	14.00
15.00	01500	PHARMACY	18,957	0	0	130,949	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,307	2,103,713	0	6,506	0	16.00
17.00	01700	SOCIAL SERVICE	1,629	425,415	0	0	0	17.00
17.01	01701	STAFF EDUCATION	11,147	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	374	140	0	4,375	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,467	0	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	3,364	714,478	0	3,314	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	313,217	23,097,111	0	2,407,762	108,775,154	30.00
31.00	03100	INTENSIVE CARE UNIT	19,864	6,604,229	0	817,885	21,622,275	31.00
31.01	03101	NEONATAL ICU	2,258	1,482,931	0	16,868	4,768,938	31.01
40.00	04000	SUBPROVIDER - I/PF	3,972	906,984	0	504	2,452,257	40.00
41.00	04100	SUBPROVIDER - I/RF	31,243	1,654,676	0	65,923	3,879,700	41.00
43.00	04300	NURSERY	24,424	1,392,580	0	152,622	2,096,145	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	59,647	4,748,545	0	1,414,017	172,039,906	50.00
50.01	05001	ENDOSCOPY	0	685,857	0	276,818	11,419,398	50.01
51.00	05100	RECOVERY ROOM	14,546	964,495	0	0	11,769,949	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,003	3,665,463	0	166,364	5,587,972	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,059	2,254,088	0	125,095	43,045,376	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	5,054	1,371,113	0	118,092	24,757,047	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,801	427,351	0	22,529	26,088,940	55.00
55.01	05501	INFUSION CENTER	5,684	365,749	0	143,148	19,009,274	55.01
56.00	05600	RADIO SOTOPE	9,043	712,039	0	854,629	18,603,735	56.00
57.00	05700	CT SCAN	8,563	1,223,552	0	286,079	144,822,556	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,205	507,022	0	79,046	31,624,327	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,393	2,490,395	0	335,951	70,788,792	59.00
60.00	06000	LABORATORY	23,518	3,901,317	0	4,622,454	224,346,171	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	385	1,243,002	0	265,034	23,597,930	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,766	2,575,907	0	863,666	44,762,155	65.00
66.00	06600	PHYSICAL THERAPY	12,270	1,343,576	0	8,258	7,973,843	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,545	1,074,137	0	10,792	5,726,726	67.00
68.00	06800	SPEECH PATHOLOGY	1,796	445,241	0	7,333	2,802,466	68.00
69.00	06900	ELECTROCARDIOLOGY	0	751,645	0	18,967	27,523,086	69.00
69.01	06901	CARDIAC REHAB	0	418,448	0	3,884	1,577,084	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,220,446	0	66,151	44,422,872	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,148,528	39,934,592	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,212,175	37,655,721	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,662	386,275	0	402,434	216,411,306	73.00
74.00	07400	RENAL DIALYSIS	4,383	870	0	20,250	11,465,208	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	76,181	2,946,748	0	382,871	21,670,219	90.00
91.00	09100	EMERGENCY	27,063	7,593,565	0	2,289,091	112,097,741	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	2,046,583	0	69,851	3,763,223	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,369,167	122,109,679	100	45,929,002	1,548,882,084	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0002

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING RECEIVING AND STORES (PURCHASE REQUISITIONS)	ADMITTING (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5.01	5.02	5.03	
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,801	0	0	0	0 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	26,711	24,460,177	0	425,072	0 192.00
192.01 19201	OTHER NON-REIMBURSABLE	3,457	0	0	0	0 192.01
192.02 19202	FAMILY HEALTH/GARY COMM HEALTH	8,997	90,864	0	180	0 192.02
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	17,209,259	30,143,652	14,591,334	3,661,008	7,142,077 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.203997	0.205533	145,913.34000	0.078979	0.004611 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		72,077	114,228	89,952	121,070 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000491	1,142.280000	0.001941	0.000078 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: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet B-1 Date/Time Prepared: 5/25/2023 12:46 pm	
Cost Center Description	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5A.05	5.05	5.06	7.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550	DATA PROCESSING				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00570	ADMITTING				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,548,882,084			5.04
5.05	00590	OTHER A&G	0	-35,787,165		5.05
5.06	00592	PATIENT TRANSPORTATION	0	0	636,248	29,218
7.00	00700	OPERATION OF PLANT	0	0	25,799,710	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,410,102	0
9.00	00900	HOUSEKEEPING	0	0	6,633,420	0
10.00	01000	DIETARY	0	0	4,993,616	0
11.00	01100	CAFETERIA	0	0	2,485,779	0
13.00	01300	NURSING ADMINISTRATION	0	0	5,708,246	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,699,481	0
15.00	01500	PHARMACY	0	0	5,807,806	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,257,365	0
17.00	01700	SOCIAL SERVICE	0	0	532,732	0
17.01	01701	STAFF EDUCATION	0	0	136,038	0
17.02	01702	MEDICAL EDUCATION	0	0	50,654	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	245,947	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	85,683	0
23.00	02300	PARAMED PROGRAM	0	0	800,385	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	108,775,154	0	57,761,242	9,866
31.00	03100	INTENSIVE CARE UNIT	21,622,275	0	11,668,963	90
31.01	03101	NEONATAL ICU	4,768,938	0	2,011,226	0
40.00	04000	SUBPROVIDER - IPF	2,452,257	0	1,242,211	0
41.00	04100	SUBPROVIDER - IRF	3,879,700	0	2,694,070	122
43.00	04300	NURSERY	2,096,145	0	2,291,638	1
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	172,039,906	0	14,510,797	1
50.01	05001	ENDOSCOPY	11,419,398	0	1,452,507	730
51.00	05100	RECOVERY ROOM	11,769,949	0	1,629,097	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,587,972	0	5,526,788	365
53.00	05300	ANESTHESIOLOGY	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,045,376	0	5,924,542	1,796
54.01	05401	RADIOLOGY - ULTRASOUND	24,757,047	0	2,455,543	3,628
55.00	05500	RADIOLOGY-THERAPEUTIC	26,088,940	0	2,753,943	276
55.01	05501	INFUSION CENTER	19,009,274	0	984,180	0
56.00	05600	RADIOISOTOPE	18,603,735	0	2,401,438	1,658
57.00	05700	CT SCAN	144,822,556	0	3,967,641	6,940
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	31,624,327	0	1,493,947	1,983
59.00	05900	CARDIAC CATHETERIZATION	70,788,792	0	4,661,312	1,097
60.00	06000	LABORATORY	224,346,171	0	15,997,390	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	23,597,930	0	2,089,513	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	44,762,155	0	5,557,319	2
66.00	06600	PHYSICAL THERAPY	7,973,843	0	1,958,841	0
67.00	06700	OCCUPATIONAL THERAPY	5,726,726	0	1,575,095	0
68.00	06800	SPEECH PATHOLOGY	2,802,466	0	632,692	0
69.00	06900	ELECTROCARDIOLOGY	27,523,086	0	1,356,277	137
69.01	06901	CARDIAC REHAB	1,577,084	0	592,235	0
70.00	07000	ELECTROENCEPHALOGRAPHY	44,422,872	0	2,314,658	95
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,934,592	0	15,656,559	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,655,721	0	13,544,991	0
73.00	07300	DRUGS CHARGED TO PATIENTS	216,411,306	0	36,020,787	0
74.00	07400	RENAL DIALYSIS	11,465,208	0	2,447,153	1
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	21,670,219	0	7,159,924	9
91.00	09100	EMERGENCY	112,097,741	0	17,239,126	421
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,763,223	0	2,862,360	0
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,548,882,084	-35,787,165	314,719,217	29,218
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	21,979	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0002

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description			CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5A.05	5.05	5.06	7.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	35,062,911	0	26,711	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	397,184	0	3,457	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	221,298	0	8,997	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,007,513		35,787,165	701,225	28,434,531	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005170		0.102126	23.999760	29.980506	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	375,119		1,333,439	2,671	3,754,525	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000242		0.003805	0.091416	3.958657	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: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet B-1	
Date/Time Prepared: 5/25/2023 12:46 pm								
Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	NURSING ADMINISTRATIVE (DIRECT NURS. HRS.)	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,771,781					8.00
9.00	00900	HOUSEKEEPING	0	909,974				9.00
10.00	01000	DIETARY	0	18,848	268,520			10.00
11.00	01100	CAFETERIA	0	13,177	0	2,122,138		11.00
13.00	01300	NURSING ADMINISTRATION	0	6,350	0	66,264	1,249,994	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,021	35,843	0	35,003	0	14.00
15.00	01500	PHARMACY	0	18,957	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,307	0	82,829	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,629	0	0	0	17.00
17.01	01701	STAFF EDUCATION	0	11,147	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	374	0	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,467	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	3,364	0	27,115	27,115	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	814,908	313,217	216,798	557,837	557,837	30.00
31.00	03100	INTENSIVE CARE UNIT	124,784	19,864	9,687	127,110	127,110	31.00
31.01	03101	NEONATAL ICU	0	2,258	0	31,003	31,003	31.01
40.00	04000	SUBPROVIDER - IPF	0	3,972	3,758	21,702	21,702	40.00
41.00	04100	SUBPROVIDER - IRF	46,550	31,243	10,834	38,750	38,750	41.00
43.00	04300	NURSERY	22,741	24,424	0	25,782	25,782	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	182,146	59,647	0	122,559	122,559	50.00
50.01	05001	ENDOSCOPY	24,467	0	0	15,078	15,078	50.01
51.00	05100	RECOVERY ROOM	11,352	14,546	80	18,928	18,928	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,899	7,003	5,936	83,791	83,791	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,243	53,059	0	70,955	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	19,039	5,054	0	33,999	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	10,321	7,801	0	11,058	0	55.00
55.01	05501	INFUSION CENTER	0	5,684	0	12,085	0	55.01
56.00	05600	RADIO SOTOP	11,141	9,043	0	14,777	0	56.00
57.00	05700	CT SCAN	22,261	8,563	0	32,513	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,277	4,205	0	13,916	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,357	8,393	0	51,016	0	59.00
60.00	06000	LABORATORY	0	23,518	0	115,798	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	385	0	56,747	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,766	0	70,430	0	65.00
66.00	06600	PHYSICAL THERAPY	0	12,270	0	31,948	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,545	0	25,128	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,796	0	10,085	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,112	0	0	23,452	0	69.00
69.01	06901	CARDIAC REHAB	937	0	0	11,683	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	17,903	0	0	30,769	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,662	0	8,332	0	73.00
74.00	07400	RENAL DIALYSIS	13,929	4,383	0	32	32	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	43,390	76,181	0	69,287	5,930	90.00
91.00	09100	EMERGENCY	271,003	27,063	21,427	174,377	174,377	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,771,781	869,008	268,520	2,122,138	1,249,994	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,801	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0002

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	NURSING ADMINISTRATIVE (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	13.00	
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	26,711	0	0	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	0	3,457	0	0	0	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	0	8,997	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,088,513	7,929,513	6,232,908	3,249,519	6,638,383	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.178765	8.714000	23.212081	1.531248	5.310732	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	293,464	361,751	333,679	228,409	136,811	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.165632	0.397540	1.242660	0.107632	0.109449	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: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet B-1	
Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	STAFF EDUCATION (TIME SPENT)	Date/Time Prepared: 5/25/2023 12:46 pm
			14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						5.06
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	26,360,703					14.00
15.00	01500	PHARMACY	0	22,765,671				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,548,882,084			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	700		17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	68,753	17.01
17.02	01702	MEDICAL EDUCATION	0	0	0	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	112	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	108,775,154	640	18,086	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	21,622,275	0	6,207	31.00
31.01	03101	NEONATAL ICU	0	0	4,768,938	0	1,622	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	2,452,257	0	84	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	3,879,700	40	1,360	41.00
43.00	04300	NURSERY	0	0	2,096,145	0	1,765	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	172,039,906	0	8,610	50.00
50.01	05001	ENDOSCOPY	0	0	11,419,398	0	1,040	50.01
51.00	05100	RECOVERY ROOM	0	0	11,769,949	0	807	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	5,587,972	0	7,041	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	43,045,376	0	483	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	24,757,047	0	548	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	26,088,940	0	99	55.00
55.01	05501	INFUSION CENTER	0	0	19,009,274	0	1	55.01
56.00	05600	RADIOISOTOPE	0	0	18,603,735	0	20	56.00
57.00	05700	CT SCAN	0	0	144,822,556	0	918	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	31,624,327	0	13	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	70,788,792	0	2,429	59.00
60.00	06000	LABORATORY	0	1,241,425	224,346,171	0	50	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	23,597,930	0	195	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	44,762,155	0	1,349	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,973,843	0	90	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,726,726	0	68	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,802,466	0	43	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	27,523,086	0	321	69.00
69.01	06901	CARDIAC REHAB	0	0	1,577,084	0	6	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	44,422,872	0	266	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,148,528	0	39,934,592	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,212,175	0	37,655,721	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,389,583	216,411,306	0	895	73.00
74.00	07400	RENAL DIALYSIS	0	0	11,465,208	0	32	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	21,670,219	0	335	90.00
91.00	09100	EMERGENCY	0	0	112,097,741	20	10,743	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	3,763,223	0	1,261	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,360,703	22,631,008	1,548,882,084	700	66,899	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,851	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0002

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	STAFF EDUCATION (TIME SPENT)	
		14.00	15.00	16.00	17.00	17.01	
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	134,663	0	0	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,520,201	7,134,465	4,154,378	650,171	581,259	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.209410	0.313387	0.002682	928.815714	8.454307	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	613,842	336,284	209,602	29,213	185,114	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.023286	0.014772	0.000135	41.732857	2.692450	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: 15-0002

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PROGRAM (ASSIGNED TIME)		
	MEDICAL EDUCATION (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	17.02	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00550	DATA PROCESSING						5.01
5.02 00560	PURCHASING RECEIVING AND STORES						5.02
5.03 00570	ADMINISTRATIVE						5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00590	OTHER A&G						5.05
5.06 00592	PATIENT TRANSPORTATION						5.06
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
17.01 01701	STAFF EDUCATION						17.01
17.02 01702	MEDICAL EDUCATION	100					17.02
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	100				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		100			22.00
23.00 02300	PARAMED PROGRAM	0			5,060		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	0	0	208		30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0		31.00
31.01 03101	NEONATAL ICU	0	0	0	0		31.01
40.00 04000	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0		41.00
43.00 04300	NURSERY	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	0	0	208		50.00
50.01 05001	ENDOSCOPY	0	0	0	0		50.01
51.00 05100	RECOVERY ROOM	0	0	0	0		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	208		52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
54.01 05401	RADIOLOGY - ULTRASOUND	0	0	0	0		54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
55.01 05501	INFUSION CENTER	0	0	0	0		55.01
56.00 05600	RADIOISOTOPE	0	0	0	0		56.00
57.00 05700	CT SCAN	0	0	0	0		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	104		59.00
60.00 06000	LABORATORY	0	0	0	0		60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	312		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
69.01 06901	CARDIAC REHAB	0	0	0	0		69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0		74.00
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
91.00 09100	EMERGENCY	100	100	100	4,020		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	0	0	0	0		101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	5,060		118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0002

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description	MEDICAL EDUCATION (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PROGRAM (ASSIGNED TIME)			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
		17.02	21.00				22.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	70,299	271,065	267,281	1,198,760	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	702.990000	2,710.650000	2,672.810000	236.909091	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,395	936	74,300	65,298	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	63.950000	9.360000	743.000000	12.904743	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 12:46 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	86,914,608		86,914,608	30.00
31.00	03100	INTENSIVE CARE UNIT	14,983,553		14,983,553	31.00
31.01	03101	NEONATAL ICU	2,542,621		2,542,621	31.01
40.00	04000	SUBPROVIDER - I PF	1,765,771		1,765,771	40.00
41.00	04100	SUBPROVIDER - I RF	4,811,601		4,811,601	41.00
43.00	04300	NURSERY	3,694,523		3,694,523	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,937,495		19,937,495	50.00
50.01	05001	ENDOSCOPY	1,789,789		1,789,789	50.01
51.00	05100	RECOVERY ROOM	2,541,453		2,541,453	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,257,576		7,257,576	52.00
53.00	05300	ANESTHESIOLOGY	0		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,897,870		8,897,870	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	3,134,486		3,134,486	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,443,579		3,447,990	55.00
55.01	05501	INFUSION CENTER	1,374,125		1,374,125	55.01
56.00	05600	RADIOISOTOPE	3,122,218		3,122,218	56.00
57.00	05700	CT SCAN	5,342,939		5,342,939	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,973,990		1,973,990	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,847,986		5,847,986	59.00
60.00	06000	LABORATORY	19,709,912		19,709,912	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,469,637		2,469,637	62.00
64.00	06400	INTRAVENOUS THERAPY	0		0	64.00
65.00	06500	RESPIRATORY THERAPY	6,738,635	0	6,738,635	65.00
66.00	06600	PHYSICAL THERAPY	2,704,739	0	2,704,739	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,198,397	0	2,198,397	67.00
68.00	06800	SPEECH PATHOLOGY	790,124	0	790,124	68.00
69.00	06900	ELECTROCARDIOLOGY	1,614,186		1,614,186	69.00
69.01	06901	CARDIAC REHAB	675,994		675,994	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,742,934		2,742,934	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,325,455		20,325,455	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,586,632		17,586,632	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,067,714		47,067,714	73.00
74.00	07400	RENAL DIALYSIS	2,914,352		2,914,352	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,088,828		11,088,828	90.00
91.00	09100	EMERGENCY	23,499,600		23,499,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,687,849		12,687,849	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,175,435		3,175,435	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	102.00
200.00		Subtotal (see instructions)	357,366,606	0	357,371,017	200.00
201.00		Less Observation Beds	12,687,849		12,687,849	201.00
202.00		Total (see instructions)	344,678,757	0	344,683,168	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/25/2023 12:46 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	85,749,263		85,749,263				30.00
31.00	03100	INTENSIVE CARE UNIT	21,622,275		21,622,275				31.00
31.01	03101	NEONATAL ICU	4,768,938		4,768,938				31.01
40.00	04000	SUBPROVIDER - IPF	2,452,257		2,452,257				40.00
41.00	04100	SUBPROVIDER - IRF	3,879,700		3,879,700				41.00
43.00	04300	NURSERY	2,096,145		2,096,145				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	61,213,308	110,826,598	172,039,906	0.115889	0.000000		50.00
50.01	05001	ENDOSCOPY	4,650,350	6,769,048	11,419,398	0.156732	0.000000		50.01
51.00	05100	RECOVERY ROOM	3,537,380	8,232,569	11,769,949	0.215927	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,353,656	3,234,316	5,587,972	1.298785	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,844,413	33,200,963	43,045,376	0.206709	0.000000		54.00
54.01	05401	RADIOLOGY - ULTRASOUND	6,059,772	18,697,275	24,757,047	0.126610	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,039,229	25,049,711	26,088,940	0.131994	0.000000		55.00
55.01	05501	INFUSION CENTER	17,469	18,991,805	19,009,274	0.072287	0.000000		55.01
56.00	05600	RADIOISOTOPE	4,673,026	13,930,709	18,603,735	0.167827	0.000000		56.00
57.00	05700	CT SCAN	52,271,434	92,551,122	144,822,556	0.036893	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,136,164	20,488,163	31,624,327	0.062420	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	38,933,884	31,854,908	70,788,792	0.082612	0.000000		59.00
60.00	06000	LABORATORY	95,884,577	128,461,594	224,346,171	0.087855	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,713,765	11,884,165	23,597,930	0.104655	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	41,501,855	3,260,300	44,762,155	0.150543	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	7,122,942	850,901	7,973,843	0.339201	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	5,252,101	474,625	5,726,726	0.383884	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,527,142	275,324	2,802,466	0.281939	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	13,660,046	13,863,040	27,523,086	0.058648	0.000000		69.00
69.01	06901	CARDIAC REHAB	474,484	1,102,600	1,577,084	0.428635	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	14,856,923	29,565,949	44,422,872	0.061746	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,902,573	18,032,019	39,934,592	0.508969	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,198,414	17,457,307	37,655,721	0.467037	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	99,240,576	117,170,730	216,411,306	0.217492	0.000000		73.00
74.00	07400	RENAL DIALYSIS	10,492,914	972,294	11,465,208	0.254191	0.000000		74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	133,214	21,537,005	21,670,219	0.511708	0.000000		90.00
91.00	09100	EMERGENCY	23,822,067	88,275,674	112,097,741	0.209635	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,243,466	17,782,425	23,025,891	0.551025	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	3,763,223	3,763,223				101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0				102.00
200.00		Subtotal (see instructions)	690,325,722	858,556,362	1,548,882,084				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	690,325,722	858,556,362	1,548,882,084				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 12:46 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 NEONATAL ICU			31.01
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.115889		50.00
50.01	05001 ENDOSCOPY	0.156732		50.01
51.00	05100 RECOVERY ROOM	0.215927		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.298785		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.206709		54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.126610		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.132163		55.00
55.01	05501 INFUSION CENTER	0.072287		55.01
56.00	05600 RADIOISOTOPE	0.167827		56.00
57.00	05700 CT SCAN	0.036893		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062420		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082612		59.00
60.00	06000 LABORATORY	0.087855		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.104655		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.150543		65.00
66.00	06600 PHYSICAL THERAPY	0.339201		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.383884		67.00
68.00	06800 SPEECH PATHOLOGY	0.281939		68.00
69.00	06900 ELECTROCARDIOLOGY	0.058648		69.00
69.01	06901 CARDIAC REHAB	0.428635		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.061746		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.508969		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.467037		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.217492		73.00
74.00	07400 RENAL DIALYSIS	0.254191		74.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.511708		90.00
91.00	09100 EMERGENCY	0.209635		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.551025		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 12:46 pm			
			Title XIX	Hospital	Cost			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	86,914,608		86,914,608	0	86,914,608	30.00
31.00	03100	INTENSIVE CARE UNIT	14,983,553		14,983,553	0	14,983,553	31.00
31.01	03101	NEONATAL ICU	2,542,621		2,542,621	0	2,542,621	31.01
40.00	04000	SUBPROVIDER - I/PF	1,765,771		1,765,771	0	1,765,771	40.00
41.00	04100	SUBPROVIDER - I/RF	4,811,601		4,811,601	0	4,811,601	41.00
43.00	04300	NURSERY	3,694,523		3,694,523	0	3,694,523	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,937,495		19,937,495	0	19,937,495	50.00
50.01	05001	ENDOSCOPY	1,789,789		1,789,789	0	1,789,789	50.01
51.00	05100	RECOVERY ROOM	2,541,453		2,541,453	0	2,541,453	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,257,576		7,257,576	0	7,257,576	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,897,870		8,897,870	0	8,897,870	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	3,134,486		3,134,486	0	3,134,486	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,443,579		3,443,579	4,411	3,447,990	55.00
55.01	05501	INFUSION CENTER	1,374,125		1,374,125	0	1,374,125	55.01
56.00	05600	RADIOISOTOPE	3,122,218		3,122,218	0	3,122,218	56.00
57.00	05700	CT SCAN	5,342,939		5,342,939	0	5,342,939	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,973,990		1,973,990	0	1,973,990	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,847,986		5,847,986	0	5,847,986	59.00
60.00	06000	LABORATORY	19,709,912		19,709,912	0	19,709,912	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,469,637		2,469,637	0	2,469,637	62.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,738,635	0	6,738,635	0	6,738,635	65.00
66.00	06600	PHYSICAL THERAPY	2,704,739	0	2,704,739	0	2,704,739	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,198,397	0	2,198,397	0	2,198,397	67.00
68.00	06800	SPEECH PATHOLOGY	790,124	0	790,124	0	790,124	68.00
69.00	06900	ELECTROCARDIOLOGY	1,614,186		1,614,186	0	1,614,186	69.00
69.01	06901	CARDIAC REHAB	675,994		675,994	0	675,994	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,742,934		2,742,934	0	2,742,934	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,325,455		20,325,455	0	20,325,455	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,586,632		17,586,632	0	17,586,632	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,067,714		47,067,714	0	47,067,714	73.00
74.00	07400	RENAL DIALYSIS	2,914,352		2,914,352	0	2,914,352	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,088,828		11,088,828	0	11,088,828	90.00
91.00	09100	EMERGENCY	23,499,600		23,499,600	0	23,499,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,687,849		12,687,849	0	12,687,849	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,175,435		3,175,435	0	3,175,435	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
200.00		Subtotal (see instructions)	357,366,606	0	357,366,606	4,411	357,371,017	200.00
201.00		Less Observation Beds	12,687,849		12,687,849		12,687,849	201.00
202.00		Total (see instructions)	344,678,757	0	344,678,757	4,411	344,683,168	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/25/2023 12:46 pm	
			Title XIX		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,749,263		85,749,263			30.00
31.00	03100	INTENSIVE CARE UNIT	21,622,275		21,622,275			31.00
31.01	03101	NEONATAL ICU	4,768,938		4,768,938			31.01
40.00	04000	SUBPROVIDER - IPF	2,452,257		2,452,257			40.00
41.00	04100	SUBPROVIDER - IRF	3,879,700		3,879,700			41.00
43.00	04300	NURSERY	2,096,145		2,096,145			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,213,308	110,826,598	172,039,906	0.115889	0.000000	50.00
50.01	05001	ENDOSCOPY	4,650,350	6,769,048	11,419,398	0.156732	0.000000	50.01
51.00	05100	RECOVERY ROOM	3,537,380	8,232,569	11,769,949	0.215927	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,353,656	3,234,316	5,587,972	1.298785	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,844,413	33,200,963	43,045,376	0.206709	0.000000	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	6,059,772	18,697,275	24,757,047	0.126610	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,039,229	25,049,711	26,088,940	0.131994	0.000000	55.00
55.01	05501	INFUSION CENTER	17,469	18,991,805	19,009,274	0.072287	0.000000	55.01
56.00	05600	RADIOISOTOPE	4,673,026	13,930,709	18,603,735	0.167827	0.000000	56.00
57.00	05700	CT SCAN	52,271,434	92,551,122	144,822,556	0.036893	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,136,164	20,488,163	31,624,327	0.062420	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,933,884	31,854,908	70,788,792	0.082612	0.000000	59.00
60.00	06000	LABORATORY	95,884,577	128,461,594	224,346,171	0.087855	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,713,765	11,884,165	23,597,930	0.104655	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	41,501,855	3,260,300	44,762,155	0.150543	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,122,942	850,901	7,973,843	0.339201	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,252,101	474,625	5,726,726	0.383884	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,527,142	275,324	2,802,466	0.281939	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	13,660,046	13,863,040	27,523,086	0.058648	0.000000	69.00
69.01	06901	CARDIAC REHAB	474,484	1,102,600	1,577,084	0.428635	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	14,856,923	29,565,949	44,422,872	0.061746	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,902,573	18,032,019	39,934,592	0.508969	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,198,414	17,457,307	37,655,721	0.467037	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	99,240,576	117,170,730	216,411,306	0.217492	0.000000	73.00
74.00	07400	RENAL DIALYSIS	10,492,914	972,294	11,465,208	0.254191	0.000000	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	133,214	21,537,005	21,670,219	0.511708	0.000000	90.00
91.00	09100	EMERGENCY	23,822,067	88,275,674	112,097,741	0.209635	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,243,466	17,782,425	23,025,891	0.551025	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	3,763,223	3,763,223			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
200.00		Subtotal (see instructions)	690,325,722	858,556,362	1,548,882,084			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	690,325,722	858,556,362	1,548,882,084			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 12:46 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 NEONATAL ICU			31.01
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 INFUSION CENTER	0.000000		55.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/25/2023 12:46 pm
		Title XVIII		Hospital
				PPS

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	6,074,091	0	6,074,091	79,339	30.00
31.00	INTENSIVE CARE UNIT	465,041		465,041	7,946	31.00
31.01	NEONATAL ICU	59,075		59,075	1,775	31.01
40.00	SUBPROVIDER - IPF	81,672	0	81,672	1,245	40.00
41.00	SUBPROVIDER - IRF	565,273	0	565,273	3,527	41.00
43.00	NURSERY	429,235		429,235	2,131	43.00
200.00	Total (lines 30 through 199)	7,674,387		7,674,387	95,963	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	17,859	1,367,285
31.00	INTENSIVE CARE UNIT	2,326	136,141
31.01	NEONATAL ICU	0	0
40.00	SUBPROVIDER - IPF	194	12,726
41.00	SUBPROVIDER - IRF	1,299	208,191
43.00	NURSERY	0	0
200.00	Total (lines 30 through 199)	21,678	1,724,343

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/25/2023 12:46 pm
Title XVIII			Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,206,291	172,039,906	0.007012	11,806,567	82,788	50.00
50.01	05001 ENDOSCOPY	21,790	11,419,398	0.001908	1,419,155	2,708	50.01
51.00	05100 RECOVERY ROOM	261,174	11,769,949	0.022190	612,038	13,581	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	193,493	5,587,972	0.034627	207,260	7,177	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	937,416	43,045,376	0.021777	2,786,315	60,678	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	113,823	24,757,047	0.004598	1,484,195	6,824	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	154,980	26,088,940	0.005940	358,979	2,132	55.00
55.01	05501 INFUSION CENTER	108,285	19,009,274	0.005696	128	1	55.01
56.00	05600 RADIOISOTOPE	173,006	18,603,735	0.009300	1,162,264	10,809	56.00
57.00	05700 CT SCAN	234,244	144,822,556	0.001617	14,597,594	23,604	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	93,362	31,624,327	0.002952	2,875,097	8,487	58.00
59.00	05900 CARDIAC CATHETERIZATION	209,460	70,788,792	0.002959	9,851,796	29,151	59.00
60.00	06000 LABORATORY	595,282	224,346,171	0.002653	26,843,537	71,216	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	32,822	23,597,930	0.001391	988,051	1,374	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	184,272	44,762,155	0.004117	11,033,028	45,423	65.00
66.00	06600 PHYSICAL THERAPY	218,632	7,973,843	0.027419	1,580,547	43,337	66.00
67.00	06700 OCCUPATIONAL THERAPY	186,662	5,726,726	0.032595	1,012,678	33,008	67.00
68.00	06800 SPEECH PATHOLOGY	34,858	2,802,466	0.012438	736,445	9,160	68.00
69.00	06900 ELECTROCARDIOLOGY	22,007	27,523,086	0.000800	3,822,883	3,058	69.00
69.01	06901 CARDIAC REHAB	4,612	1,577,084	0.002924	85	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	36,748	44,422,872	0.000827	4,194,674	3,469	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	434,654	39,934,592	0.010884	5,849,986	63,671	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	376,750	37,655,721	0.010005	5,339,995	53,427	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	583,285	216,411,306	0.002695	25,619,087	69,043	73.00
74.00	07400 RENAL DIALYSIS	89,550	11,465,208	0.007811	2,735,664	21,368	74.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,317,061	21,670,219	0.060777	53,364	3,243	90.00
91.00	09100 EMERGENCY	718,500	112,097,741	0.006410	6,755,583	43,303	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	886,703	23,025,891	0.038509	1,409,921	54,295	92.00
200.00	Total (lines 50 through 199)	9,429,722	1,424,550,283		145,136,916	766,335	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/25/2023 12:46 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	
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	49,277	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.01	03101	NEONATAL ICU	0	0	0	0	0	31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	49,277	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col.s. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	49,277	79,339	0.62	17,859	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	7,946	0.00	2,326	31.00	
31.01	03101	NEONATAL ICU		0	1,775	0.00	0	31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	1,245	0.00	194	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,527	0.00	1,299	41.00	
43.00	04300	NURSERY		0	2,131	0.00	0	43.00	
200.00		Total (lines 30 through 199)		49,277	95,963		21,678	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	11,073						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	03101	NEONATAL ICU	0						31.01
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	11,073						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 12:46 pm
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Cost Center Description			Title XVIII					Hospital	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
			1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	49,277	50.00	
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	49,277	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
55.01	05501	INFUSION CENTER	0	0	0	0	0	55.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	24,639	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	73,916	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	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	
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	
91.00	09100	EMERGENCY	0	0	0	0	952,374	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	7,194	92.00	
200.00		Total (lines 50 through 199)	0	0	0	0	1,156,677	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 12:46 pm
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Cost Center Description		Title XVIII				Hospital		
		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	49,277	49,277	172,039,906	0.000286	50.00
50.01	05001	ENDOSCOPY	0	0	0	11,419,398	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	11,769,949	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	49,277	49,277	5,587,972	0.008818	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	43,045,376	0.000000	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	0	24,757,047	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	26,088,940	0.000000	55.00
55.01	05501	INFUSION CENTER	0	0	0	19,009,274	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	18,603,735	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	144,822,556	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	31,624,327	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,639	24,639	70,788,792	0.000348	59.00
60.00	06000	LABORATORY	0	0	0	224,346,171	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	23,597,930	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	73,916	73,916	44,762,155	0.001651	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,973,843	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,726,726	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,802,466	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,523,086	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,577,084	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	44,422,872	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	39,934,592	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	37,655,721	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	216,411,306	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	11,465,208	0.000000	74.00
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	21,670,219	0.000000	90.00
91.00	09100	EMERGENCY	0	952,374	952,374	112,097,741	0.008496	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,194	7,194	23,025,891	0.000312	92.00
200.00		Total (lines 50 through 199)	0	1,156,677	1,156,677	1,424,550,283		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 12:46 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 XVIII							
Hospital							
PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000286	11,806,567	3,377	20,030,007	5,729	50.00
50.01	05001 ENDOSCOPY	0.000000	1,419,155	0	1,127,980	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	612,038	0	1,111,594	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.008818	207,260	1,828	321,750	2,837	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,786,315	0	4,012,762	0	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.000000	1,484,195	0	1,214,111	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	358,979	0	5,281,986	0	55.00
55.01	05501 INFUSION CENTER	0.000000	128	0	1,937,461	0	55.01
56.00	05600 RADIOISOTOPE	0.000000	1,162,264	0	2,553,389	0	56.00
57.00	05700 CT SCAN	0.000000	14,597,594	0	13,702,504	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,875,097	0	3,395,491	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000348	9,851,796	3,428	5,531,570	1,925	59.00
60.00	06000 LABORATORY	0.000000	26,843,537	0	7,498,130	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	988,051	0	85,455	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.001651	11,033,028	18,216	455,647	752	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,580,547	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,012,678	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	736,445	0	17,619	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,822,883	0	2,079,172	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	85	0	347,331	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	4,194,674	0	4,362,497	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	5,849,986	0	3,737,615	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,339,995	0	3,767,107	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	25,619,087	0	35,563,347	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	2,735,664	0	239,451	0	74.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	53,364	0	2,974,922	0	90.00
91.00	09100 EMERGENCY	0.008496	6,755,583	57,395	9,208,660	78,237	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000312	1,409,921	440	1,957,974	611	92.00
200.00	Total (lines 50 through 199)		145,136,916	84,684	132,515,532	90,091	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 12:46 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	0.115889	20,030,007	0	0	2,321,257	50.00
50.01	05001	ENDOSCOPY	0.156732	1,127,980	0	0	176,791	50.01
51.00	05100	RECOVERY ROOM	0.215927	1,111,594	0	0	240,023	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.298785	321,750	0	0	417,884	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.206709	4,012,762	0	0	829,474	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.126610	1,214,111	0	0	153,719	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.131994	5,281,986	0	0	697,190	55.00
55.01	05501	INFUSION CENTER	0.072287	1,937,461	0	45	140,053	55.01
56.00	05600	RADIOISOTOPE	0.167827	2,553,389	0	0	428,528	56.00
57.00	05700	CT SCAN	0.036893	13,702,504	0	0	505,526	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062420	3,395,491	0	0	211,947	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082612	5,531,570	0	0	456,974	59.00
60.00	06000	LABORATORY	0.087855	7,498,130	0	0	658,748	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.104655	85,455	0	0	8,943	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.150543	455,647	0	0	68,594	65.00
66.00	06600	PHYSICAL THERAPY	0.339201	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.383884	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.281939	17,619	0	0	4,967	68.00
69.00	06900	ELECTROCARDIOLOGY	0.058648	2,079,172	0	0	121,939	69.00
69.01	06901	CARDIAC REHAB	0.428635	347,331	0	0	148,878	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.061746	4,362,497	0	12	269,367	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.508969	3,737,615	0	0	1,902,330	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.467037	3,767,107	0	0	1,759,378	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217492	35,563,347	0	4,327	7,734,743	73.00
74.00	07400	RENAL DIALYSIS	0.254191	239,451	0	0	60,866	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.511708	2,974,922	0	0	1,522,291	90.00
91.00	09100	EMERGENCY	0.209635	9,208,660	0	85	1,930,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.551025	1,957,974	0	5	1,078,893	92.00
200.00		Subtotal (see instructions)		132,515,532	0	4,474	23,849,760	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		132,515,532	0	4,474	23,849,760	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 12:46 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	INFUSION CENTER	0	3	55.01
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	941	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	18	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3	92.00
200.00		Subtotal (see instructions)	0	966	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	966	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/25/2023 12:46 pm
Title XVIII			Subprovider - IPF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,206,291	172,039,906	0.007012	0	0	50.00
50.01	05001 ENDOSCOPY	21,790	11,419,398	0.001908	0	0	50.01
51.00	05100 RECOVERY ROOM	261,174	11,769,949	0.022190	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	193,493	5,587,972	0.034627	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	937,416	43,045,376	0.021777	986	21	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	113,823	24,757,047	0.004598	1,200	6	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	154,980	26,088,940	0.005940	0	0	55.00
55.01	05501 INFUSION CENTER	108,285	19,009,274	0.005696	0	0	55.01
56.00	05600 RADIOISOTOPE	173,006	18,603,735	0.009300	0	0	56.00
57.00	05700 CT SCAN	234,244	144,822,556	0.001617	11,086	18	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	93,362	31,624,327	0.002952	4,520	13	58.00
59.00	05900 CARDIAC CATHETERIZATION	209,460	70,788,792	0.002959	0	0	59.00
60.00	06000 LABORATORY	595,282	224,346,171	0.002653	75,342	200	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	32,822	23,597,930	0.001391	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	184,272	44,762,155	0.004117	5,966	25	65.00
66.00	06600 PHYSICAL THERAPY	218,632	7,973,843	0.027419	1,699	47	66.00
67.00	06700 OCCUPATIONAL THERAPY	186,662	5,726,726	0.032595	1,522	50	67.00
68.00	06800 SPEECH PATHOLOGY	34,858	2,802,466	0.012438	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	22,007	27,523,086	0.000800	6,400	5	69.00
69.01	06901 CARDIAC REHAB	4,612	1,577,084	0.002924	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	36,748	44,422,872	0.000827	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	434,654	39,934,592	0.010884	704	8	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	376,750	37,655,721	0.010005	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	583,285	216,411,306	0.002695	95,577	258	73.00
74.00	07400 RENAL DIALYSIS	89,550	11,465,208	0.007811	0	0	74.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,317,061	21,670,219	0.060777	0	0	90.00
91.00	09100 EMERGENCY	718,500	112,097,741	0.006410	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	23,025,891	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	8,543,019	1,424,550,283		205,002	651	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 12:46 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	49,277	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	49,277	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 INFUSION CENTER	0	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	24,639	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	73,916	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	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
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
91.00	09100 EMERGENCY	0	0	0	0	952,374	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,149,483	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 12:46 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	49,277	49,277	172,039,906	0.000286	50.00
50.01	05001 ENDOSCOPY	0	0	0	11,419,398	0.000000	50.01
51.00	05100 RECOVERY ROOM	0	0	0	11,769,949	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	49,277	49,277	5,587,972	0.008818	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	43,045,376	0.000000	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0	0	0	24,757,047	0.000000	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	26,088,940	0.000000	55.00
55.01	05501 INFUSION CENTER	0	0	0	19,009,274	0.000000	55.01
56.00	05600 RADIOISOTOPE	0	0	0	18,603,735	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	144,822,556	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	31,624,327	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	24,639	24,639	70,788,792	0.000348	59.00
60.00	06000 LABORATORY	0	0	0	224,346,171	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	23,597,930	0.000000	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	73,916	73,916	44,762,155	0.001651	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	7,973,843	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	5,726,726	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	2,802,466	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	27,523,086	0.000000	69.00
69.01	06901 CARDIAC REHAB	0	0	0	1,577,084	0.000000	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	44,422,872	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	39,934,592	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	37,655,721	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	216,411,306	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	11,465,208	0.000000	74.00
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	21,670,219	0.000000	90.00
91.00	09100 EMERGENCY	0	952,374	952,374	112,097,741	0.008496	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	23,025,891	0.000000	92.00
200.00	Total (lines 50 through 199)	0	1,149,483	1,149,483	1,424,550,283		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 12:46 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000286	0	0	0 50.00
50.01	05001	ENDOSCOPY	0.000000	0	0	0 50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.008818	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	986	0	0 54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.000000	1,200	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0 55.00
55.01	05501	INFUSION CENTER	0.000000	0	0	0 55.01
56.00	05600	RADIO SOTOPE	0.000000	0	0	0 56.00
57.00	05700	CT SCAN	0.000000	11,086	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,520	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000348	0	0	0 59.00
60.00	06000	LABORATORY	0.000000	75,342	0	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.001651	5,966	10	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,699	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,522	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,400	0	604 69.00
69.01	06901	CARDIAC REHAB	0.000000	0	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	704	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	95,577	0	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0 74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0 90.00
91.00	09100	EMERGENCY	0.008496	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0 92.00
200.00		Total (lines 50 through 199)		205,002	10	604 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 12:46 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.115889	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0.156732	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.215927	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.298785	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.206709	0	0	0	0	54.00
54.01 05401 RADIOLOGY - ULTRASOUND	0.126610	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.131994	0	0	0	0	55.00
55.01 05501 INFUSION CENTER	0.072287	0	0	0	0	55.01
56.00 05600 RADIO SOTOPE	0.167827	0	0	0	0	56.00
57.00 05700 CT SCAN	0.036893	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062420	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.082612	0	0	0	0	59.00
60.00 06000 LABORATORY	0.087855	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.104655	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.150543	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.339201	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.383884	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.281939	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.058648	604	0	0	35	69.00
69.01 06901 CARDIAC REHAB	0.428635	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.061746	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.508969	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.467037	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.217492	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.254191	0	0	0	0	74.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.511708	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.209635	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.551025	0	0	0	0	92.00
200.00	Subtotal (see instructions)		604	0	35	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		604	0	35	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 12:46 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 RADIOLOGY - ULTRASOUND	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 05501 INFUSION CENTER	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0002	Period: From 01/01/2022	Worksheet D
		Component CCN: 15-T002	To 12/31/2022	Part II
		Title XVIII	Subprovider - IRF	Date/Time Prepared: 5/25/2023 12:46 pm
				PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,206,291	172,039,906	0.007012	44,635	313	50.00
50.01	05001 ENDOSCOPY	21,790	11,419,398	0.001908	3,283	6	50.01
51.00	05100 RECOVERY ROOM	261,174	11,769,949	0.022190	1,248	28	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	193,493	5,587,972	0.034627	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	937,416	43,045,376	0.021777	31,825	693	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	113,823	24,757,047	0.004598	10,345	48	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	154,980	26,088,940	0.005940	0	0	55.00
55.01	05501 INFUSION CENTER	108,285	19,009,274	0.005696	0	0	55.01
56.00	05600 RADIO SOTOPE	173,006	18,603,735	0.009300	2,814	26	56.00
57.00	05700 CT SCAN	234,244	144,822,556	0.001617	71,274	115	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	93,362	31,624,327	0.002952	12,703	37	58.00
59.00	05900 CARDIAC CATHETERIZATION	209,460	70,788,792	0.002959	0	0	59.00
60.00	06000 LABORATORY	595,282	224,346,171	0.002653	486,332	1,290	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	32,822	23,597,930	0.001391	8,354	12	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	184,272	44,762,155	0.004117	139,704	575	65.00
66.00	06600 PHYSICAL THERAPY	218,632	7,973,843	0.027419	719,930	19,740	66.00
67.00	06700 OCCUPATIONAL THERAPY	186,662	5,726,726	0.032595	642,102	20,929	67.00
68.00	06800 SPEECH PATHOLOGY	34,858	2,802,466	0.012438	115,751	1,440	68.00
69.00	06900 ELECTROCARDIOLOGY	22,007	27,523,086	0.000800	16,906	14	69.00
69.01	06901 CARDIAC REHAB	4,612	1,577,084	0.002924	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	36,748	44,422,872	0.000827	932	1	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	434,654	39,934,592	0.010884	4,655	51	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	376,750	37,655,721	0.010005	37,287	373	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	583,285	216,411,306	0.002695	898,027	2,420	73.00
74.00	07400 RENAL DIALYSIS	89,550	11,465,208	0.007811	81,088	633	74.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,317,061	21,670,219	0.060777	0	0	90.00
91.00	09100 EMERGENCY	718,500	112,097,741	0.006410	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	23,025,891	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	8,543,019	1,424,550,283		3,329,195	48,744	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 12:46 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	49,277	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	49,277	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 INFUSION CENTER	0	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	24,639	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	73,916	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	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
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
91.00	09100 EMERGENCY	0	0	0	0	952,374	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,149,483	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 12:46 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	49,277	49,277	172,039,906	0.000286	50.00
50.01 05001 ENDOSCOPY	0	0	0	11,419,398	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	11,769,949	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	49,277	49,277	5,587,972	0.008818	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	43,045,376	0.000000	54.00
54.01 05401 RADIOLOGY - ULTRASOUND	0	0	0	24,757,047	0.000000	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	26,088,940	0.000000	55.00
55.01 05501 INFUSION CENTER	0	0	0	19,009,274	0.000000	55.01
56.00 05600 RADIOISOTOPE	0	0	0	18,603,735	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	144,822,556	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	31,624,327	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	24,639	24,639	70,788,792	0.000348	59.00
60.00 06000 LABORATORY	0	0	0	224,346,171	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	23,597,930	0.000000	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	73,916	73,916	44,762,155	0.001651	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	7,973,843	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,726,726	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,802,466	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	27,523,086	0.000000	69.00
69.01 06901 CARDIAC REHAB	0	0	0	1,577,084	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	44,422,872	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	39,934,592	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	37,655,721	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	216,411,306	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	11,465,208	0.000000	74.00
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	21,670,219	0.000000	90.00
91.00 09100 EMERGENCY	0	952,374	952,374	112,097,741	0.008496	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	23,025,891	0.000000	92.00
200.00 Total (lines 50 through 199)	0	1,149,483	1,149,483	1,424,550,283		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 12:46 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000286	44,635	13	0	0	50.00
50.01 05001 ENDOSCOPY	0.000000	3,283	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	1,248	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.008818	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	31,825	0	0	0	54.00
54.01 05401 RADIOLOGY - ULTRASOUND	0.000000	10,345	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01 05501 INFUSION CENTER	0.000000	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0.000000	2,814	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	71,274	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	12,703	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000348	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	486,332	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	8,354	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.001651	139,704	231	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	719,930	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	642,102	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	115,751	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	16,906	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	932	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	4,655	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	37,287	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	898,027	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	81,088	0	0	0	74.00
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
91.00 09100 EMERGENCY	0.008496	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00 Total (lines 50 through 199)		3,329,195	244	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 12:46 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)		79,339	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		79,339	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)		67,757	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)		17,859	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)		86,914,608	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		86,914,608	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)		86,914,608	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)		1,095.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,564,177	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)		19,564,177	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	14,983,553	7,946	1,885.67	2,326	4,386,068	43.00
43.01	NEONATAL ICU	2,542,621	1,775	1,432.46	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,227,911	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)					48,178,156	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)					1,514,499	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					851,019	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,365,518	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,812,638	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)					11,582	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/25/2023 12:46 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,095.48	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,687,849	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	6,074,091	86,914,608	0.069886	12,687,849	886,703	90.00
91.00	Nursing Program cost	0	86,914,608	0.000000	12,687,849	0	91.00
92.00	Allied health cost	49,277	86,914,608	0.000567	12,687,849	7,194	92.00
93.00	All other Medical Education	0	86,914,608	0.000000	12,687,849	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 12:46 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,245	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,245	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)		1,245	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)		194	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)		1,765,771	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)		1,765,771	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)		1,765,771	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)		1,418.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		275,148	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)		275,148	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-S002	Date/Time Prepared: 5/25/2023 12:46 pm		
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NEONATAL ICU	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,244		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)					306,392		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)					12,726		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					661		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					13,387		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					293,005		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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 12:46 pm		
		Title XVIII	Subprovider - IPF	PPS		
Cost Center Description			1.00			
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)			0	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)			0.00	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)			0	89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	81,672	1,765,771	0.046253	0	90.00
91.00	Nursing Program cost	0	1,765,771	0.000000	0	91.00
92.00	Allied health cost	0	1,765,771	0.000000	0	92.00
93.00	All other Medical Education	0	1,765,771	0.000000	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 12:46 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,527	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,527	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)		3,527	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)		1,299	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)		4,811,601	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)		4,811,601	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)		4,811,601	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)		1,364.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,772,122	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,772,122	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-T002	Date/Time Prepared: 5/25/2023 12:46 pm		
				Title XVIII	Subprovider - IRF	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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NEONATAL ICU	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					842,461		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)					2,614,583		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)					208,191		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					48,988		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					257,179		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,357,404		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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 12:46 pm		
		Title XVIII	Subprovider - IRF	PPS		
Cost Center Description			1.00			
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)			0	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)			0.00	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)			0	89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	565,273	4,811,601	0.117481	0	90.00
91.00	Nursing Program cost	0	4,811,601	0.000000	0	91.00
92.00	Allied health cost	0	4,811,601	0.000000	0	92.00
93.00	All other Medical Education	0	4,811,601	0.000000	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 12:46 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			79,339 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			79,339 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)			67,757 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)			2,941 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,131 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)			86,914,608 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			86,914,608 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)			86,914,608 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)			1,095.48 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,221,807 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)			3,221,807 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1		
		Title XIX		Hospital		Cost		
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)	3,694,523	2,131	1,733.70	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	14,983,553	7,946	1,885.67	0	0	43.00	
43.01	NEONATAL ICU	2,542,621	1,775	1,432.46	0	0	43.01	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	2,949,233						48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)	0						48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)	6,171,040						49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0						53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges	0						54.00
55.00	Target amount per discharge	0.00						55.00
55.01	Permanent adjustment amount per discharge	0.00						55.01
55.02	Adjustment amount per discharge (contractor use only)	0.00						55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)	0						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0						57.00
58.00	Bonus payment (see instructions)	0						58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)	0.00						59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)	0.00						60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)	0						61.00
62.00	Relief payment (see instructions)	0						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions	0						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	70.00						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	71.00						71.00
72.00	Program routine service cost (line 9 x line 71)	72.00						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	73.00						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	74.00						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	75.00						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	76.00						76.00
77.00	Program capital-related costs (line 9 x line 76)	77.00						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	78.00						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	79.00						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	80.00						80.00
81.00	Inpatient routine service cost per diem limitation	81.00						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	82.00						82.00
83.00	Reasonable inpatient routine service costs (see instructions)	83.00						83.00
84.00	Program inpatient ancillary services (see instructions)	84.00						84.00
85.00	Utilization review - physician compensation (see instructions)	85.00						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	86.00						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)	11,582						87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/25/2023 12:46 pm	
Cost Center Description		Title XIX		Hospital		Cost	
						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,095.48	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,687,849	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	6,074,091	86,914,608	0.069886	12,687,849	886,703	90.00
91.00	Nursing Program cost	0	86,914,608	0.000000	12,687,849	0	91.00
92.00	Allied health cost	0	86,914,608	0.000000	12,687,849	0	92.00
93.00	All other Medical Education	0	86,914,608	0.000000	12,687,849	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 12:46 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			1,245 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,245 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)			1,245 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)			74 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,131 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)			1,765,771 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)			1,765,771 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)			1,765,771 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)			1,418,29 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			104,953 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)			104,953 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1	
		Component CCN: 15-S002				Date/Time Prepared: 5/25/2023 12:46 pm	
		Title XIX		Subprovider - IPF		Cost	
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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NEONATAL ICU	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					35,165	0	48.00
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	0	48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					140,118	0	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge					0.00	0.00	55.00
55.01 Permanent adjustment amount per discharge					0.00	0.00	55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00	0.00	55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	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	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	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 12:46 pm		
		Title XIX	Subprovider - IPF	Cost		
Cost Center Description		1.00				
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)			0	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)			0.00	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)			0	89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	81,672	1,765,771	0.046253	0	90.00
91.00	Nursing Program cost	0	1,765,771	0.000000	0	91.00
92.00	Allied health cost	0	1,765,771	0.000000	0	92.00
93.00	All other Medical Education	0	1,765,771	0.000000	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 12:46 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,527 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,527 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)			3,527 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)			78 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,131 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)			4,811,601 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)			4,811,601 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)			4,811,601 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)			1,364.22 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			106,409 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)			106,409 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-T002		Date/Time Prepared: 5/25/2023 12:46 pm	
				Title XIX	Subprovider - IRF	Cost	
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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NEONATAL ICU	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					216,764	0	48.00
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	0	48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					323,173	0	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge					0.00	0.00	55.00
55.01 Permanent adjustment amount per discharge					0.00	0.00	55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00	0.00	55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	0	57.00
58.00 Bonus payment (see instructions)					0	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	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	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 12:46 pm		
		Title XIX	Subprovider - IRF	Cost		
Cost Center Description			1.00			
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)			0	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)			0.00	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)			0	89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	565,273	4,811,601	0.117481	0	90.00
91.00	Nursing Program cost	0	4,811,601	0.000000	0	91.00
92.00	Allied health cost	0	4,811,601	0.000000	0	92.00
93.00	All other Medical Education	0	4,811,601	0.000000	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/25/2023 12:46 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	
Title XVIII Hospital PPS					
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		22,306,041	30.00
31.00	03100	INTENSIVE CARE UNIT		6,284,885	31.00
31.01	03101	NEONATAL ICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.115889	11,806,567	50.00
50.01	05001	ENDOSCOPY	0.156732	1,419,155	50.01
51.00	05100	RECOVERY ROOM	0.215927	612,038	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.298785	207,260	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.206709	2,786,315	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.126610	1,484,195	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.132163	358,979	55.00
55.01	05501	INFUSION CENTER	0.072287	128	55.01
56.00	05600	RADIOISOTOPE	0.167827	1,162,264	56.00
57.00	05700	CT SCAN	0.036893	14,597,594	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062420	2,875,097	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082612	9,851,796	59.00
60.00	06000	LABORATORY	0.087855	26,843,537	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.104655	988,051	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.150543	11,033,028	65.00
66.00	06600	PHYSICAL THERAPY	0.339201	1,580,547	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.383884	1,012,678	67.00
68.00	06800	SPEECH PATHOLOGY	0.281939	736,445	68.00
69.00	06900	ELECTROCARDIOLOGY	0.058648	3,822,883	69.00
69.01	06901	CARDIAC REHAB	0.428635	85	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.061746	4,194,674	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.508969	5,849,986	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.467037	5,339,995	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217492	25,619,087	73.00
74.00	07400	RENAL DIALYSIS	0.254191	2,735,664	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.511708	53,364	90.00
91.00	09100	EMERGENCY	0.209635	6,755,583	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.551025	1,409,921	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		145,136,916	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)		145,136,916	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/25/2023 12:46 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 NEONATAL ICU				31.01
40.00	04000 SUBPROVIDER - IPF		380,703		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.115889	0	0	50.00
50.01	05001 ENDOSCOPY	0.156732	0	0	50.01
51.00	05100 RECOVERY ROOM	0.215927	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.298785	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.206709	986	204	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.126610	1,200	152	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.132163	0	0	55.00
55.01	05501 INFUSION CENTER	0.072287	0	0	55.01
56.00	05600 RADIOISOTOPE	0.167827	0	0	56.00
57.00	05700 CT SCAN	0.036893	11,086	409	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062420	4,520	282	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082612	0	0	59.00
60.00	06000 LABORATORY	0.087855	75,342	6,619	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.104655	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.150543	5,966	898	65.00
66.00	06600 PHYSICAL THERAPY	0.339201	1,699	576	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.383884	1,522	584	67.00
68.00	06800 SPEECH PATHOLOGY	0.281939	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.058648	6,400	375	69.00
69.01	06901 CARDIAC REHAB	0.428635	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.061746	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.508969	704	358	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.467037	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.217492	95,577	20,787	73.00
74.00	07400 RENAL DIALYSIS	0.254191	0	0	74.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.511708	0	0	90.00
91.00	09100 EMERGENCY	0.209635	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.551025	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		205,002	31,244	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		205,002	31,244	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3	
		Component CCN: 15-T002		Date/Time Prepared: 5/25/2023 12:46 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 NEONATAL ICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY		1,430,482		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.115889	44,635	5,173	50.00
50.01	05001 ENDOSCOPY	0.156732	3,283	515	50.01
51.00	05100 RECOVERY ROOM	0.215927	1,248	269	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.298785	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.206709	31,825	6,579	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.126610	10,345	1,310	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.132163	0	0	55.00
55.01	05501 INFUSION CENTER	0.072287	0	0	55.01
56.00	05600 RADIOISOTOPE	0.167827	2,814	472	56.00
57.00	05700 CT SCAN	0.036893	71,274	2,630	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062420	12,703	793	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082612	0	0	59.00
60.00	06000 LABORATORY	0.087855	486,332	42,727	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.104655	8,354	874	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.150543	139,704	21,031	65.00
66.00	06600 PHYSICAL THERAPY	0.339201	719,930	244,201	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.383884	642,102	246,493	67.00
68.00	06800 SPEECH PATHOLOGY	0.281939	115,751	32,635	68.00
69.00	06900 ELECTROCARDIOLOGY	0.058648	16,906	992	69.00
69.01	06901 CARDIAC REHAB	0.428635	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.061746	932	58	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.508969	4,655	2,369	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.467037	37,287	17,414	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.217492	898,027	195,314	73.00
74.00	07400 RENAL DIALYSIS	0.254191	81,088	20,612	74.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.511708	0	0	90.00
91.00	09100 EMERGENCY	0.209635	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.551025	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,329,195	842,461	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		3,329,195		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/25/2023 12:46 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,754,441	30.00
31.00	03100	INTENSIVE CARE UNIT		632,355	31.00
31.01	03101	NEONATAL ICU		603,131	31.01
40.00	04000	SUBPROVIDER - IPF		100,592	40.00
41.00	04100	SUBPROVIDER - IRF		94,620	41.00
43.00	04300	NURSERY		254,423	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.115889	2,377,222	50.00
50.01	05001	ENDOSCOPY	0.156732	148,653	50.01
51.00	05100	RECOVERY ROOM	0.215927	133,459	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.298785	369,519	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.206709	285,492	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.126610	213,998	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.131994	6,579	55.00
55.01	05501	INFUSION CENTER	0.072287	61	55.01
56.00	05600	RADIOISOTOPE	0.167827	132,071	56.00
57.00	05700	CT SCAN	0.036893	1,510,130	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062420	298,224	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082612	1,368,596	59.00
60.00	06000	LABORATORY	0.087855	3,551,447	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.104655	77,246	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.150543	1,356,766	65.00
66.00	06600	PHYSICAL THERAPY	0.339201	152,785	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.383884	117,167	67.00
68.00	06800	SPEECH PATHOLOGY	0.281939	53,225	68.00
69.00	06900	ELECTROCARDIOLOGY	0.058648	383,859	69.00
69.01	06901	CARDIAC REHAB	0.428635	13,557	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.061746	243,758	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.508969	260,915	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.467037	260,915	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217492	3,162,250	73.00
74.00	07400	RENAL DIALYSIS	0.254191	236,511	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.511708	5,990	90.00
91.00	09100	EMERGENCY	0.209635	763,353	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.551025	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		17,483,748	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)		17,483,748	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3	
		Component CCN: 15-S002		Date/Time Prepared: 5/25/2023 12:46 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 NEONATAL ICU				31.01
40.00	04000 SUBPROVIDER - IPF		412,516		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.115889	0	0	50.00
50.01	05001 ENDOSCOPY	0.156732	0	0	50.01
51.00	05100 RECOVERY ROOM	0.215927	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.298785	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.206709	14,505	2,998	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.126610	1,395	177	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.131994	0	0	55.00
55.01	05501 INFUSION CENTER	0.072287	0	0	55.01
56.00	05600 RADIOISOTOPE	0.167827	0	0	56.00
57.00	05700 CT SCAN	0.036893	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062420	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082612	0	0	59.00
60.00	06000 LABORATORY	0.087855	74,206	6,519	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.104655	5,135	537	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.150543	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.339201	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.383884	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.281939	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.058648	6,025	353	69.00
69.01	06901 CARDIAC REHAB	0.428635	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.061746	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.508969	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.467037	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.217492	106,723	23,211	73.00
74.00	07400 RENAL DIALYSIS	0.254191	0	0	74.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.511708	52	27	90.00
91.00	09100 EMERGENCY	0.209635	6,406	1,343	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.551025	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		214,447	35,165	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		214,447		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3	
		Component CCN: 15-T002		Date/Time Prepared: 5/25/2023 12:46 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 NEONATAL ICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY		357,953		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.115889	11,138	1,291	50.00
50.01	05001 ENDOSCOPY	0.156732	0	0	50.01
51.00	05100 RECOVERY ROOM	0.215927	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.298785	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.206709	7,172	1,483	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.126610	2,955	374	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.131994	0	0	55.00
55.01	05501 INFUSION CENTER	0.072287	0	0	55.01
56.00	05600 RADIOISOTOPE	0.167827	1,337	224	56.00
57.00	05700 CT SCAN	0.036893	25,960	958	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062420	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082612	0	0	59.00
60.00	06000 LABORATORY	0.087855	109,789	9,646	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.104655	5,054	529	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.150543	36,853	5,548	65.00
66.00	06600 PHYSICAL THERAPY	0.339201	179,249	60,801	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.383884	160,557	61,635	67.00
68.00	06800 SPEECH PATHOLOGY	0.281939	26,539	7,482	68.00
69.00	06900 ELECTROCARDIOLOGY	0.058648	13,468	790	69.00
69.01	06901 CARDIAC REHAB	0.428635	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.061746	274	17	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.508969	13,432	6,836	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.467037	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.217492	262,104	57,006	73.00
74.00	07400 RENAL DIALYSIS	0.254191	8,434	2,144	74.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.511708	0	0	90.00
91.00	09100 EMERGENCY	0.209635	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.551025	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		864,315	216,764	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		864,315		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 12:46 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)		21,656,859	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,256,310	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		1,444,936	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		180,209	2.04
3.00	Managed Care Simulated Payments		32,797,406	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		372.98	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)		8.53	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)		8.53	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		3.00	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)		3.00	12.00
13.00	Total allowable FTE count for the prior year.		3.00	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.		3.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		3.00	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		3.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.008043	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.008123	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.008043	21.00
22.00	IME payment adjustment (see instructions)		126,871	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		143,915	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)		-5.53	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)		126,871	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		143,915	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.53	30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.29	31.00
32.00	Sum of lines 30 and 31		39.82	32.00
33.00	Allowable disproportionate share percentage (see instructions)		22.07	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 12:46 pm	
		Title XVIII	Hospital	PPS	
				1.00	
34.00	Disproportionate share adjustment (see instructions)			1,595,284	34.00
			Prior to 10/1	1.00	
			On/After 10/1	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)		0.000486183	0.000494220	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		3,496,630	3,397,293	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		2,615,287	856,305	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		3,471,592		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		5,262		40.00
41.00	Total ESRD Medicare discharges (see instructions)		530		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		530		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		10.07		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		5,037		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		1.357682		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		435.60		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		313,447		46.00
47.00	Subtotal (see instructions)		36,045,508		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)			36,189,423	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,427,924	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).			97,930	52.00
53.00	Nursing and Allied Health Managed Care payment			49,544	53.00
54.00	Special add-on payments for new technologies			473,475	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).			11,073	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			84,684	58.00
59.00	Total (sum of amounts on lines 49 through 58)			39,334,053	59.00
60.00	Primary payer payments			44	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			39,334,009	61.00
62.00	Deductibles billed to program beneficiaries			2,644,928	62.00
63.00	Coinurance billed to program beneficiaries			791,916	63.00
64.00	Allowable bad debts (see instructions)			518,132	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			336,786	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			314,274	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			36,233,951	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)			-243,369	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 12:46 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)			35,990,582	71.00
71.01	Sequestration adjustment (see instructions)			453,481	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			33,944,504	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)			1,592,597	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			858,958	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: 15-0002

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2023 12:46 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	21,656,859	0	21,656,859		21,656,859	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,256,310	0		7,256,310	7,256,310	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,444,936	0	1,444,936		1,444,936	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	180,209	0		180,209	180,209	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	32,797,406	0	24,136,277	8,661,129	32,797,406	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.008043	0.008043	0.008043	0.008043		5.00
6.00	IME payment adjustment (see instructions)	22.00	126,871	0	95,030	31,841	126,871	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	143,915	0	105,910	38,005	143,915	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	126,871	0	95,030	31,841	126,871	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	143,915	0	105,910	38,005	143,915	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2207	0.2207	0.2207	0.2207		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,595,284	0	1,194,917	400,367	1,595,284	11.00
11.01	Uncompensated care payments	36.00	3,471,592	0	2,615,287	856,305	3,471,592	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	313,447	0	234,441	79,006	313,447	12.00
13.00	Subtotal (see instructions)	47.00	36,045,508	0	27,241,470	8,804,038	36,045,508	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	36,189,423	0	27,347,380	8,842,043	36,189,423	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0002

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2023 12:46 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	2,427,924	0	1,834,591	593,333	2,427,924	16.00
17.00	Special add-on payments for new technologies	54.00	473,475	0	409,726	63,748	473,474	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	29,591,697	9,499,124	39,090,821	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,173,207	0	1,632,003	541,204	2,173,207	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	63,692	0	59,135	4,557	63,692	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	0.0040	0.0040	0.0040	0.0040		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	8,693	0	6,528	2,165	8,693	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0839	0.0839	0.0839	0.0839		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	182,332	0	136,925	45,407	182,332	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,427,924	0	1,834,591	593,333	2,427,924	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: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2023 12:46 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	21,656,859	21,656,859		21,656,859	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,256,310		7,256,310	7,256,310	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,444,936	1,444,936		1,444,936	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	180,209		180,209	180,209	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	32,797,406	24,136,278	8,661,129	32,797,407	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.008043	0.008043	0.008043		5.00
6.00	IME payment adjustment (see instructions)	22.00	126,871	95,030	31,841	126,871	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	143,915	105,910	38,005	143,915	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	126,871	95,030	31,841	126,871	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	143,915	105,910	38,005	143,915	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2207	0.2207	0.2207		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,595,284	1,194,917	400,367	1,595,284	11.00
11.01	Uncompensated care payments	36.00	3,471,592	2,615,287	856,305	3,471,592	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	313,447	234,441	79,006	313,447	12.00
13.00	Subtotal (see instructions)	47.00	36,045,508	27,241,470	8,804,038	36,045,508	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	36,189,423	27,347,380	8,842,043	36,189,423	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,427,924	1,834,591	593,333	2,427,924	16.00
17.00	Special add-on payments for new technologies	54.00	473,475	409,727	63,748	473,475	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			29,591,698	9,499,124	39,090,822	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2023 12:46 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	2,173,207	1,632,003	541,204	2,173,207	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	63,692	59,135	4,557	63,692	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	0.0040	0.0040	0.0040		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	8,693	6,528	2,165	8,693	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0839	0.0839	0.0839		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	182,332	136,925	45,407	182,332	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,427,924	1,834,591	593,333	2,427,924	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	-243,369	-222,873	-20,496	-243,369	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: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 12:46 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			966 1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)			23,759,669 2.00
3.00	OPPS payments			22,572,835 3.00
4.00	Outlier payment (see instructions)			254,891 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			90,091 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			966 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			4,474 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)			4,474 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)			4,474 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			3,508 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)			966 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)			22,917,817 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)			3,602,279 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)			19,316,504 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			45,717 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)			19,362,221 30.00
31.00	Primary payer payments			4,668 31.00
32.00	Subtotal (line 30 minus line 31)			19,357,553 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)			735,523 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			478,090 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			671,366 36.00
37.00	Subtotal (see instructions)			19,835,643 37.00
38.00	MSP-LCC reconciliation amount from PS&R			11 38.00
39.00	OTHER			14 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)			0 39.75
39.97	Demonstration payment adjustment amount before sequestration			0 39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			19,835,646 40.00
40.01	Sequestration adjustment (see instructions)			249,929 40.01
40.02	Demonstration payment adjustment amount after sequestration			0 40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs			40.03
41.00	Interim payments			19,423,301 41.00
41.01	Interim payments-PARHM or CHART			41.01
42.00	Tentative settlement (for contractors use only)			0 42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)			162,416 43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 12:46 pm
	Title XVIII	Hospital	PPS
			1.00
200.00 MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 12:46 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35	2.00
3.00	OPPS payments		55	3.00
4.00	Outlier payment (see instructions)		0	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)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		55	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)		11	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)		44	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)		44	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		44	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 1-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		44	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)		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)		44	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs		40.03	
41.00	Interim payments		44	41.00
41.01	Interim payments-PARHM or CHART		41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)		42.01	
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 12:46 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS			200.00
	Part B Combined Billed Days			

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2023 12:46 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		33,252,166		18,948,458	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	12/31/2022	692,338	12/31/2022	474,843	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)		692,338		474,843	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)		33,944,504		19,423,301	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		1,592,597		162,416	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		35,537,101		19,585,717	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0002
Component CCN: 15-S002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2023 12:46 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		158,007		44	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		158,007		44	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		1,311		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		159,318		44	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0002
Component CCN: 15-T002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2023 12:46 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	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		2,421,882		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,421,882		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		39,506		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,461,388		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/25/2023 12:46 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part II Date/Time Prepared: 5/25/2023 12:46 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		177,448	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		3.410959	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		177,448	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		177,448	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		177,448	18.00
19.00	Deductibles		17,116	19.00
20.00	Subtotal (line 18 minus line 19)		160,332	20.00
21.00	Coinsurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		160,332	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		1,552	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		1,009	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		164	25.00
26.00	Subtotal (sum of lines 22 and 24)		161,341	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		10	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.98	Recovery of accelerated depreciation.		0	30.98
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		161,351	31.00
31.01	Sequestration adjustment (see instructions)		2,033	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		158,007	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		1,311	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.		0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)		0.000000	99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part III Date/Time Prepared: 5/25/2023 12:46 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,244,594 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.1009 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			191,239 3.00
4.00	Outlier Payments			105,860 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.663014 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,541,693 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,541,693 17.00
18.00	Primary payer payments			19,150 18.00
19.00	Subtotal (line 17 less line 18).			2,522,543 19.00
20.00	Deductibles			14,004 20.00
21.00	Subtotal (line 19 minus line 20)			2,508,539 21.00
22.00	Coinurance			33,065 22.00
23.00	Subtotal (line 21 minus line 22)			2,475,474 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			26,275 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			17,079 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			26,275 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,492,553 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			244 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,492,797 32.00
32.01	Sequestration adjustment (see instructions)			31,409 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,421,882 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			39,506 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			105,860 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/25/2023 12:46 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		6,171,040		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		6,171,040	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		6,171,040	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		4,439,563		8.00
9.00	Ancillary service charges		17,483,748	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		21,923,311	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		21,923,311	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		15,752,271	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		6,171,040	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		6,171,040	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		6,171,040	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		6,171,040	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		6,171,040	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		6,171,040	0	40.00
41.00	Interim payments		6,931,441	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-760,401	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/25/2023 12:46 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	140,118		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	140,118	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	140,118	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	412,516		8.00
9.00	Ancillary service charges	214,447	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	626,963	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	626,963	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	486,845	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	140,118	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	140,118	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	140,118	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	140,118	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	140,118	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	140,118	0	40.00
41.00	Interim payments	198,226	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-58,108	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/25/2023 12:46 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	323,173		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	323,173	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	323,173	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	357,953		8.00
9.00	Ancillary service charges	864,315	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1,222,268	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	1,222,268	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	899,095	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	323,173	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	323,173	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	323,173	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	323,173	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	323,173	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	323,173	0	40.00
41.00	Interim payments	313,611	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	9,562	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0002		Period: From 01/01/2022 To 12/31/2022		Worksheet E-4	
		Title XVIII		Hospital		Date/Time Prepared: 5/25/2023 12:46 pm	
				PPS			
				1.00			
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					10.83	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)					0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)						2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)						3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)						4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27					10.83	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					3.00	6.00
7.00	Enter the lesser of line 5 or line 6					3.00	7.00
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	2.50	2.50		2.50	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	0.00	2.50	2.50		2.50	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00				10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00				10.01
11.00	Total weighted FTE count	0.00	2.50				11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	2.50				12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	2.50				13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	2.50				14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00				15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00				15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00				16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00				16.01
17.00	Adjusted rolling average FTE count	0.00	2.50				17.00
18.00	Per resident amount	0.00	100,943.00				18.00
18.01	Per resident amount under §131 of the CAA 2021						18.01
19.00	Approved amount for resident costs	0	252,358	252,358			19.00
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)					100,943.00	23.00
24.00	Multiply line 22 time line 23					0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)					252,358	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/25/2023 12:46 pm
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		Title XVIII		Hospital		PPS	
		Inpatient Part A	Managed Care	Total			
		1.00	2.00	3.00			
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	21,678	26,008				26.00
27.00	Total Inpatient Days (see instructions)	82,285	82,285				27.00
28.00	Ratio of inpatient days to total inpatient days	0.263450	0.316072				28.00
29.00	Program direct GME amount	66,484	79,763		146,247		29.00
29.01	Percent reduction for MA DGME		3.26				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		2,600		2,600		30.00
31.00	Net Program direct GME amount				143,647		31.00
						1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)							
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				11,465,208		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				0.000000		34.00
35.00	Medicare outpatient ESRD charges (see instructions)				0		35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				0		36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY							
Part A Reasonable Cost							
37.00	Reasonable cost (see instructions)				51,099,131		37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)				0		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)				0		39.00
40.00	Primary payer payments (see instructions)				19,194		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				51,079,937		41.00
Part B Reasonable Cost							
42.00	Reasonable cost (see instructions)				23,850,761		42.00
43.00	Primary payer payments (see instructions)				4,668		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)				23,846,093		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)				74,926,030		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				0.681738		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				0.318262		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B							
48.00	Total program GME payment (line 31)				143,647		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)				97,930		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)				45,717		50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/25/2023 12:46 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: 15-0002

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

Worksheet G
Date/Time Prepared:
5/25/2023 12:46 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	62,791,549	0	0	0	1.00
2.00	Temporary investments	613,661	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	51,673,429	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	14,807,322	0	0	0	7.00
8.00	Prepaid expenses	4,998,937	0	0	0	8.00
9.00	Other current assets	6,508,559	0	0	0	9.00
10.00	Due from other funds	71,750	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	141,465,207	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,800,874	0	0	0	12.00
13.00	Land improvements	7,039,139	0	0	0	13.00
14.00	Accumulated depreciation	-407,368,667	0	0	0	14.00
15.00	Buildings	314,922,393	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	2,011,838	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	212,060,196	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	134,465,773	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	110,713,364	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	346,503	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	111,059,867	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	386,990,847	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	28,278,312	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,815,000	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	23,047,026	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	54,140,338	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	28,660,564	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	43,578,676	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	72,239,240	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	126,379,578	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	260,611,269	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	260,611,269	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	386,990,847	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0002

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

Worksheet G-1

Date/Time Prepared:
5/25/2023 12:46 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		287,981,063		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-27,369,794				2.00
3.00	Total (sum of line 1 and line 2)		260,611,269		0		3.00
4.00	Additions (credit adjustments) (specify)	0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		260,611,269		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)		260,611,269		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0002

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2023 12:46 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	85,800,853		85,800,853	1.00
2.00	SUBPROVIDER - IPF	2,452,404		2,452,404	2.00
3.00	SUBPROVIDER - IRF	3,880,129		3,880,129	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)	92,133,386		92,133,386	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	26,683,143		26,683,143	11.00
11.01	NEONATAL ICU	0		0	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	26,683,143		26,683,143	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	118,816,529		118,816,529	17.00
18.00	Ancillary services	543,136,819	747,973,954	1,291,110,773	18.00
19.00	Outpatient services	23,958,296	111,233,263	135,191,559	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		3,763,223	3,763,223	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	PROFESSIONAL FEES	484,120	60,383,620	60,867,740	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	686,395,764	923,354,060	1,609,749,824	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		419,898,697		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)		419,898,697		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet G-3 Date/Time Prepared: 5/25/2023 12:46 pm
				1.00
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)			1,609,749,824 1.00
2.00	Less contractual allowances and discounts on patients' accounts			1,218,849,934 2.00
3.00	Net patient revenues (line 1 minus line 2)			390,899,890 3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)			419,898,697 4.00
5.00	Net income from service to patients (line 3 minus line 4)			-28,998,807 5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc			0 6.00
7.00	Income from investments			4,202,856 7.00
8.00	Revenues from telephone and other miscellaneous communication services			0 8.00
9.00	Revenue from television and radio service			0 9.00
10.00	Purchase discounts			0 10.00
11.00	Rebates and refunds of expenses			0 11.00
12.00	Parking lot receipts			0 12.00
13.00	Revenue from laundry and linen service			0 13.00
14.00	Revenue from meals sold to employees and guests			0 14.00
15.00	Revenue from rental of living quarters			0 15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients			0 16.00
17.00	Revenue from sale of drugs to other than patients			0 17.00
18.00	Revenue from sale of medical records and abstracts			0 18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0 19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0 20.00
21.00	Rental of vending machines			0 21.00
22.00	Rental of hospital space			0 22.00
23.00	Governmental appropriations			0 23.00
24.00	OTHER OPERATING INCOME			12,151,434 24.00
24.01	NON OPERATING INCOME			397,700 24.01
24.02	CHANGE IN UNREALIZED GAIN/LOSS			-17,502,903 24.02
24.03	REALIZED GAIN/LOSS ON INVESTMENT SAL			971,504 24.03
24.04	GAIN/LOSS ON ASSET DISPOSAL			193,582 24.04
24.50	COVID-19 PHE Funding			1,433,246 24.50
25.00	Total other income (sum of lines 6-24)			1,847,419 25.00
26.00	Total (line 5 plus line 25)			-27,151,388 26.00
27.00	FOUNDATION SALARIES			202,915 27.00
27.01	FOUNDATION OTHER			15,491 27.01
28.00	Total other expenses (sum of line 27 and subscripts)			218,406 28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)			-27,369,794 29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0002

Period: From 01/01/2022

Worksheet H

HHA CCN: 15-7536

To 12/31/2022

Date/Time Prepared: 5/25/2023 12:46 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	549,831	0	0	377,426	927,257	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	891,161	0	0	0	891,161	6.00
7.00	Physical Therapy	423,016	0	0	0	423,016	7.00
8.00	Occupational Therapy	141,413	0	0	0	141,413	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	3,607	0	0	0	3,607	10.00
11.00	Home Health Aide	65,514	0	0	0	65,514	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,074,542	0	0	377,426	2,451,968	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-52,573	874,684	0	874,684		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	891,161	0	891,161		6.00
7.00	Physical Therapy	0	423,016	0	423,016		7.00
8.00	Occupational Therapy	0	141,413	0	141,413		8.00
9.00	Speech Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	3,607	0	3,607		10.00
11.00	Home Health Aide	0	65,514	0	65,514		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-52,573	2,399,395	0	2,399,395		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0002 HHA CCN: 15-7536		Period: From 01/01/2022 To 12/31/2022		Worksheet H-1 Part I Date/Time Prepared: 5/25/2023 12:46 pm	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	874,684	0	0	0	874,684	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	891,161	0	0	0	891,161	6.00
7.00	Physical Therapy	423,016	0	0	0	423,016	7.00
8.00	Occupational Therapy	141,413	0	0	0	141,413	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	3,607	0	0	0	3,607	10.00
11.00	Home Health Aide	65,514	0	0	0	65,514	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,399,395	0	0	0	2,399,395	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	874,684					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	511,234	1,402,395				6.00
7.00	Physical Therapy	242,672	665,688				7.00
8.00	Occupational Therapy	81,125	222,538				8.00
9.00	Speech Pathology	0	0				9.00
10.00	Medical Social Services	2,069	5,676				10.00
11.00	Home Health Aide	37,584	103,098				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		2,399,395				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0002

Period: From 01/01/2022

Worksheet H-1

HHA CCN: 15-7536

To 12/31/2022

Part II
Date/Time Prepared:
5/25/2023 12:46 pm

Home Health
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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-874,684	1,524,711
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	891,161
7.00	Physical Therapy	0	0	0	0	0	423,016
8.00	Occupational Therapy	0	0	0	0	0	141,413
9.00	Speech Pathology	0	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0	3,607
11.00	Home Health Aide	0	0	0	0	0	65,514
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-874,684	1,524,711
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		874,684
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.573672

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0002

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7536

To 12/31/2022

Part I
Date/Time Prepared: 5/25/2023 12:46 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	
		BLDG & FIXT					
	0	1.00	4.00	5.01	5.02	5.03	
1.00 Administrative and General	0	0	420,640	0	5,517	17,352	1.00
2.00 Skilled Nursing Care	1,402,395	0	0	0	0	0	2.00
3.00 Physical Therapy	665,688	0	0	0	0	0	3.00
4.00 Occupational Therapy	222,538	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	5,676	0	0	0	0	0	6.00
7.00 Home Health Aide	103,098	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	2,399,395	0	420,640	0	5,517	17,352	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER A&G	PATIENT TRANSPORTATION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.04	5A.04	5.05	5.06	7.00	8.00	
1.00 Administrative and General	19,456	462,965	47,281	0	0	0	1.00
2.00 Skilled Nursing Care	0	1,402,395	143,220	0	0	0	2.00
3.00 Physical Therapy	0	665,688	67,984	0	0	0	3.00
4.00 Occupational Therapy	0	222,538	22,727	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	5,676	580	0	0	0	6.00
7.00 Home Health Aide	0	103,098	10,529	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	19,456	2,862,360	292,321	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0002

Period: From 01/01/2022

Worksheet H-2 Part I

HHA CCN: 15-7536

To 12/31/2022

Date/Time Prepared: 5/25/2023 12:46 pm

Home Health Agency I

PPS

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

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		16.00	17.00	17.01	17.02	21.00	22.00	
1.00	Administrative and General	10,093	0	10,661	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	10,093	0	10,661	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0002

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7536

To 12/31/2022

Part I
Date/Time Prepared:
5/25/2023 12:46 pm

Home Health Agency I

PPS

Cost Center Description	PARAMED ED PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.00	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	531,000	0	531,000			1.00
2.00 Skilled Nursing Care	0	1,545,615	0	1,545,615	310,358	1,855,973	2.00
3.00 Physical Therapy	0	733,672	0	733,672	147,321	880,993	3.00
4.00 Occupational Therapy	0	245,265	0	245,265	49,249	294,514	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	6,256	0	6,256	1,256	7,512	6.00
7.00 Home Health Aide	0	113,627	0	113,627	22,816	136,443	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	3,175,435	0	3,175,435	531,000	3,175,435	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.200799		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 15-0002 HHA CCN: 15-7536	Period: From 01/01/2022 To 12/31/2022	Worksheet H-2 Part II Date/Time Prepared: 5/25/2023 12:46 pm
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING RECEIVING AND STORES (PURCHASE REQUISITIONS)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FEET)							
	1.00	4.00						
1.00 Administrative and General	0	2,046,583	0	0	69,851	3,763,223	3,763,223	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	2,046,583	0	0	69,851	3,763,223	3,763,223	20.00
21.00 Total cost to be allocated	0	420,640	0	0	5,517	17,352	19,456	21.00
22.00 Unit cost multiplier	0.000000	0.205533	0.000000	0.000000	0.078982	0.004611	0.005170	22.00
Cost Center Description	Reconciliation	OTHER A&G (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
	5A.05	5.05	5.06	7.00	8.00	9.00		
1.00 Administrative and General	0	462,965	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	1,402,395	0	0	0	0	0	2.00
3.00 Physical Therapy	0	665,688	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	222,538	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	5,676	0	0	0	0	0	6.00
7.00 Home Health Aide	0	103,098	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	2,862,360	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	292,321	0	0	0	0	0	21.00
22.00 Unit cost multiplier		0.102126	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 15-0002 HHA CCN: 15-7536	Period: From 01/01/2022 To 12/31/2022	Worksheet H-2 Part II Date/Time Prepared: 5/25/2023 12:46 pm PPS
			Home Health Agency I	

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	0	0	3,763,223	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	3,763,223	20.00
21.00	Total cost to be allocated	0	0	0	0	0	10,093	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.002682	22.00

Cost Center Description		INTERNS & RESIDENTS						
		SOCIAL SERVICE (TIME SPENT)	STAFF EDUCATION (TIME SPENT)	MEDICAL EDUCATION (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PROGRAM (ASSIGNED TIME)	
		17.00	17.01	17.02	21.00	22.00	23.00	
1.00	Administrative and General	0	1,261	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	1,261	0	0	0	0	20.00
21.00	Total cost to be allocated	0	10,661	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	8.454401	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0002	Period: From 01/01/2022	Worksheet H-3
		HHA CCN: 15-7536	To 12/31/2022	Part I Date/Time Prepared: 5/25/2023 12:46 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,855,973		1,855,973	10,623	174.71	1.00
2.00	Physical Therapy	3.00	880,993	0	880,993	4,487	196.34	2.00
3.00	Occupational Therapy	4.00	294,514	0	294,514	1,568	187.83	3.00
4.00	Speech Pathology	5.00	0	0	0	0	0.00	4.00
5.00	Medical Social Services	6.00	7,512		7,512	50	150.24	5.00
6.00	Home Health Aide	7.00	136,443		136,443	1,554	87.80	6.00
7.00	Total (sum of lines 1-6)		3,175,435	0	3,175,435	18,282		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits		Ratio (col. 3 ÷ col. 4)	
			Part A	Part B		
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles
0	1.00	2.00	3.00	4.00	5.00	

Limitation Cost Computation						
8.00	Skilled Nursing Care		23844	0	2,403	8.00
9.00	Physical Therapy		23844	0	990	9.00
10.00	Occupational Therapy		23844	0	376	10.00
11.00	Speech Pathology		23844	0	0	11.00
12.00	Medical Social Services		23844	0	7	12.00
13.00	Home Health Aide		23844	0	428	13.00
14.00	Total (sum of lines 8-13)			0	4,204	14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0.000000	16.00
Cost Center Description	Part A	Program Visits		Part A	Cost of Services	Subject to Deductibles & Coinsurance	
		Part B					
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
6.00	7.00	8.00	9.00	10.00	11.00		

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	2,403		0	419,828	1.00
2.00	Physical Therapy	0	990		0	194,377	2.00
3.00	Occupational Therapy	0	376		0	70,624	3.00
4.00	Speech Pathology	0	0		0	0	4.00
5.00	Medical Social Services	0	7		0	1,052	5.00
6.00	Home Health Aide	0	428		0	37,578	6.00
7.00	Total (sum of lines 1-6)	0	4,204		0	723,459	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 15-0002 HHA CCN: 15-7536		Period: From 01/01/2022 To 12/31/2022		Worksheet H-3 Part I Date/Time Prepared: 5/25/2023 12:46 pm		
			Title XVIII		Home Health Agency I		PPS		
Cost Center Description			6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	
Program Covered Charges			Cost of Services						
Cost Center Description	Part A	Part B		Part A	Part B		Subject to Deductibles & Coinsurance		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance				
		6.00	7.00		8.00	9.00			10.00
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	107,363	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	419,828						1.00	
2.00	Physical Therapy	194,377						2.00	
3.00	Occupational Therapy	70,624						3.00	
4.00	Speech Pathology	0						4.00	
5.00	Medical Social Services	1,052						5.00	
6.00	Home Health Aide	37,578						6.00	
7.00	Total (sum of lines 1-6)	723,459						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0002 HHA CCN: 15-7536	Period: From 01/01/2022 To 12/31/2022	Worksheet H-3 Part II Date/Time Prepared: 5/25/2023 12:46 pm PPS
			Home Health Agency I	

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.339201	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.383884	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.281939	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.508969	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.217492	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002 HHA CCN: 15-7536	Period: From 01/01/2022 To 12/31/2022	Worksheet H-4 Part I-II Date/Time Prepared: 5/25/2023 12:46 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	716,263	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	41,974	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	11,044	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	8,612	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	10,285	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	788,178	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	788,178	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	788,178	26.00
27.00	Allowable bad debts (from your records)	0	0	27.00
27.01	Adjusted reimbursable bad debts (see instructions)	0	0	27.01
28.00	Allowable bad debts for dual eligible (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (see instructions)	0	788,178	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	788,178	31.00
31.01	Sequestration adjustment (see instructions)	0	9,901	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	1	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)	0	0	31.75
32.00	Interim payments (see instructions)	0	778,276	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-0002 HHA CCN: 15-7536	Period: From 01/01/2022 To 12/31/2022	Worksheet H-5 Date/Time Prepared: 5/25/2023 12:46 pm PPS
		Home Health Agency I	

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		778,276	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		778,276	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		778,276	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0002	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/25/2023 12:46 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,173,207	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		63,692	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)		212.36	3.00
4.00	Number of interns & residents (see instructions)		3.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.40	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)		8,693	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.53	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.29	8.00
9.00	Sum of lines 7 and 8		39.82	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.39	10.00
11.00	Disproportionate share adjustment (see instructions)		182,332	11.00
12.00	Total prospective capital payments (see instructions)		2,427,924	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